

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: December 30, 2020

Auditor Information

Name: Shirley L. Turner

Email: shirleyturner3199@comcast.net

Company Name: Correctional Management and Communications Group, LLC

Mailing Address: P. O. Box 370003

City, State, Zip: Decatur, GA 30037

Telephone: 678-895-2829

Date of Facility Visit: November 30, 2020

Agency Information

Name of Agency: Sequel Youth and Family Services

Governing Authority or Parent Agency (If Applicable):

Address: 1131 Eagletree Lane, SE

City, State, Zip: Huntsville, AL 35801

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.sequelyouthservices.com/the-prison-rape-elimination-act/
[www.djj.state.fl.us/partners/prison-rape-elimination-act-\(prea\)](http://www.djj.state.fl.us/partners/prison-rape-elimination-act-(prea))

Agency Chief Executive Officer

Name: Chris W. Roussos, Chief Executive Officer

Email: chris.roussos@sequelyouthservices.com

Telephone: 256-880-3339

Interim PREA Coordinator

Name: Johnnie L. Downing, Jr.

Email: johnnie.downing@sequelyouthservices.com

Telephone: 352-857-2636

PREA Coordinator Reports to: Manny Alvarez, South,
and Central Florida Regional Coordinator

**Number of Compliance Managers who report to the PREA
Coordinator:** 1

Facility Information

Name of Facility: Charles Britt Academy

Physical Address: 3001 26th Ave., South

City, State, Zip: St. Petersburg, FL 33712

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: [www.djj.state.fl.us/partners/prison-rape-elimination-act\(prea\)](http://www.djj.state.fl.us/partners/prison-rape-elimination-act(prea))

Has the facility been accredited within the past 3 years? Yes No

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Annual compliance audit which is based on agency policies, procedures, and practices, conducted by the Florida Department of Juvenile Justice.

Facility Administrator/Superintendent/Director

Name: Johnnie L. Downing, Jr.

Email: johnnie.downing@sequelyouthservices.com

Telephone: 352-857-2636

Facility PREA Compliance Manager

Name: Roddrice Griffin

Email: roddrice.griffin@sequelyouthservices.com

Telephone: 727-954-5402

Facility Health Service Administrator N/A

Name: Edia Ghnaim, RN

Email: edia.ghnaim@sequelyouthservices.com

Telephone: 727-954-5402

Facility Characteristics

Designated Facility Capacity:

28

Current Population of Facility:

13

Average daily population for the past 12 months:

21

Has the facility been over capacity at any point in the past 12 months?

Yes No

Which population(s) does the facility hold?

Females Males Both Females and Males

Age range of population:

14-18

Average length of stay or time under supervision	8 months	
Facility security levels/resident custody levels	Staff Secure	
Number of residents admitted to facility during the past 12 months	53	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	53	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	53	
Does the audited facility hold residents for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	28	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	45	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	5	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	4
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	8
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe Suncoast Center, Inc.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply.</i>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Florida Department of Juvenile Justice)) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Charles Britt Academy, located in St. Petersburg, Florida, serves adolescent male juvenile offenders. Program services include but is not limited to providing individual, group, and family therapy and psychiatric services. The facility is managed by Sequel Youth and Family Services, LLC through a contract with the Florida Department of Juvenile Justice (DJJ). The facility serves a population from 14 to 18 years of age and is staff secure. The Prison Rape Elimination Act (PREA) Audit was conducted by Shirley Turner, certified US Department of Justice PREA Auditor and a colleague assisted with the interviews.

The audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There were no known existing conflicts of interest regarding the completion of this audit. There were no barriers in completing any phase of the audit. Scheduling considerations were implemented out of an abundance of caution due to the spread of the global pandemic and the threat and effects of Hurricane/Tropical Storm Eta and caused delays in the schedule. Due to COVID-19 safety concerns, all interviews were conducted remotely which included video arrangements. The virtual interviews were conducted November 24, 2020 and the site visit was conducted on November 30, 2020. A PREA audit was previously conducted in December 2017.

The agency had a vested interest in the audit being completed within the current year and ensured that the challenges of COVID-19 concerns would not eliminate the occurrence of the audit and that safety measures would be implemented. The agency, facility and Auditor supported the use of the alternative method regarding the interviews as a safety measure to protect all parties involved. Limiting direct contact among the Auditor, residents and all staff during the pandemic was instrumental in the attempts to complete a safe audit by applying measures that would reduce and prevent COVID-19 transmission.

Information about programs, services and activities conducted at the facility are also summarized on the parent agency and the contract agency, Florida Department of Juvenile Justice (DJJ), websites. Detailed information, specific to the facility, is found on both agencies' websites and include how to report allegations, facility reports, and general PREA information. Policy that may be accessed by the general public. The DJJ website provides a specific overview of each contract facility for the State of Florida and all related PREA information.

Pre-Onsite Audit Phase

Key Processes and Methodology

The initial planning for the audit was conducted with the DJJ statewide PREA Coordinator, Jeff Wenhold, and the CMCG Senior Vice President of Program Reviews and Audits, Flora Boyd. There was follow-up communication with the Auditor and the statewide PREA Coordinator. A conference call was arranged by the DJJ statewide PREA Coordinator with the Executive Director, Johnnie Downing who also serves as the interim PREA Coordinator. The Assistant Facility Administrator who serves as the PREA Compliance Manager also participated in the conference call. The methodology, logistics and site review plans were discussed, and the Auditor provided the opportunity for questions and clarification of information as needed. The conference call was facilitated by the Auditor with input from the DJJ statewide PREA Coordinator.

After the initial communication, PREA documents were provided to the Auditor. During follow-up conversations with Mr. Downing, the audit processes and logistics were reviewed. Communication was maintained with the statewide PREA Coordinator and the Executive Director throughout the duration of the audit. The audit dates were adjusted as restrictions and concerns related to COVID-19 and Hurricane/Tropical Storm Eta.

All parties involved supported the use of the alternative method of virtual interviewing to eliminate direct contact among residents, staff, and Auditor out of an abundance of caution and agency restrictions in an effort to minimize anyone contracting or spreading the coronavirus. A final date was agreed upon for the interviews and the site review. The virtual interviews were conducted on November 24, 2020 by the Auditor and associate using two separate computers, controlling the video calls. The interviews did not reveal any information that warranted further inquiry during the in-person site review which was conducted on November 30, 2020.

The Auditor maintained communication with the Executive Director regarding the virtual interviews; site review; access to the various staff members; and goals and expectations of the audit process. The facility staff members and residents were receptive to the alternative method for conducting the interviews. Many staff members were already familiar with the PREA audit process, having participated in and/or aware of the previous PREA audit and through the implementation of the PREA Standards.

The PREA audit notice was copied and posted in various areas of the facility prior to the onsite audit phase, at least six weeks prior to the audit. The pictures of the notices were taken in their various locations and emailed to the Auditor by the Executive Director. The audit notices were in a format that was easy to see and read and were posted at varying eye levels and easy to see. The DJJ statewide PREA Coordinator provided supporting information to the Executive Director, ensuring placement of the audit notices in areas where they could be seen by residents, staff, contractors, and visitors to the facility.

During the site review, the posted notices were strategically posted, accessible to residents, staff, any visitors, and contractors during this time period. The notices contained the Auditor's contact information and information regarding confidentiality of information. No

correspondence was received during any phase of the audit and the facility has a process in place to ensure confidential communication by residents. Verification of the postings was made by pictures emailed to the Auditor; observations during the comprehensive site review; and as indicated through the interviews conducted with residents and staff.

The completed PREA Pre-Audit Questionnaire, agency and facility policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The documentation on the flash drive was organized by each standard. This information was received by the Auditor prior to the site review. An initial assessment was conducted of the information and the Auditor conducted a telephonic review with the Executive Director who provided the information requested. The Auditor also provided a written review (issue log) regarding the information reviewed, detailing the additional documentation needed.

The Auditor provided a document to the Executive Director that assisted in the completion of the interview schedule titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document, which was completed and returned to the Auditor, requested shift assignments; identification of staff members who served and performed in specific PREA related specialized roles; and volunteers and contractors who have contact with residents.

The Auditor requested, through the interview document, a list of direct care staff and their scheduled shifts and the additional direct care staff, where applicable, and a current resident population roster. The written request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, bisexual and/or transgender residents; and residents housed in isolation. The information regarding the residents and staff was made available to the Auditor prior to the onsite audit phase and contributed to the development of the interview schedules.

Staff and residents were randomly selected by the Auditor based on the interview requirements. The interview schedule was developed by the Auditor with input through the Executive Director. All interviews were conducted in private. When the residents were interviewed, the interviewer ensured that there was no staff in the room with the resident and understood that the residents were not coerced to be interviewed. A view of the room and the residents confirmed that no staff member was present during the interviews. The Executive Director also provided assurance the interviews were conducted in private. The areas where staff and resident interviews occurred were observed during the site review.

The Auditor communicated with the Executive Director to confirm the interview and site review schedules. Assistance was provided to the Auditor by the Executive Director in clarifying specialized PREA roles and there was collaboration in efforts to identify residents in vulnerable categories. A resident roster was provided to the Auditor and as a result of the information received, the interview schedules of specialized and random staffs and residents were constructed. The resident roster provided was organized by housing assignment, laying the foundation for the selection of a diverse group of residents. The Auditor solicited and received input from the Executive Director regarding conflicts in staff coverage and availability of staff from all shifts and residents.

There were 14 residents in the facility during the scheduling and on the day of the interviews and 13 residents in the facility on the day of the site review. There were no targeted interviews conducted due to the general characteristics shared by the population served and there were no residents identified in other specific vulnerable categories. The Executive Director and the Auditor reviewed and discussed the population make-up currently within the facility and the Executive Director requested additional review by treatment staff regarding the identification of any residents in specific vulnerable categories.

The Auditor reviewed the documents provided initially on the flash drive and subsequently by email and conferred with the Executive Director for clarity of information as needed. A representative sample of residents and staff interviews were conducted to ensure the reliability of the triangulated data gleaned from the interviews; review of policies, procedures, and other documents; and observations. Once the interview schedules were developed and provided by the Auditor, all interviews were conducted objectively and none of the interviewees were coerced to participate.

The Facility Administrator provided documents that assisted with the following determinations and interview selections:

Information	Comments
Resident Roster	Provided
Youthful Inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with Physical Disabilities	None Identified
Residents who are Limited English Proficient	None Identified
LGBTI Residents	None Identified
Residents in segregated housing	Not Used
Residents in Isolation	Not Used
Residents who reported sexual abuse	None Identified
Residents who reported sexual victimization during risk screening.	None Identified
Residents with Cognitive Disabilities	None Identified
Staff Roster	Provided
Specialized Staff	Provided
Contractors/Volunteers that have contact with residents.	Provided, No volunteers at this time.
All grievances/allegations made in the 12 months preceding the audit.	None
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.	Provided
Hotline calls made during the 12 months preceding the audit.	None
Number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	Provided

The agenda for the site visit was reviewed by the Auditor with the Executive Director, Assistant Facility Administrator, and statewide PREA Coordinator; there were no primary concerns. There was assurance by the Auditor that the process would be as non-intrusive as possible where these actions did not interfere with the completion of the sight review while also providing consideration due to COVID-19 concerns. The site review included taking the paths that residents take within the facility while pointing out the restricted areas where residents may go only with staff supervision and areas where residents are not allowed.

Site Review

Key Processes and Methodology

The site visit review of the facility was conducted by the Executive Director. The facility has a sign-in and search process for visitors entering the facility. The site review included observations of the building and grounds of the facility. The areas examined included the lobby; administrative area; medical office; education area, including classrooms; offices; housing unit; bathrooms; laundry room; and dining room; multi-purpose area; patio; and outside recreation area. Staff members were observed interacting with residents as the residents were gathered in the multi-purpose area and during a group activity conducted in a classroom.

Printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, visible to residents, staff, contractors, and visitors. The notices contained large enough print to make them noticeable and easy to see and read and were observed posted in the administrative and main areas of the building. The Executive Director and residents stated that female staff announce their presence upon entering the housing units. Residents' files were observed to be maintained in a secure manner, locked cabinet behind locked door, and computers are password protected. The resident population during the site review was 13.

There are signs posted throughout the facility regarding PREA information and materials are available and accessible that contain contact information of the assisting agencies for reporting allegations and seeking help regarding sexual abuse and sexual harassment. The posted information includes instructions on accessing assistance; Grievance and Request to Speak Forms; and safety information regarding sexual abuse and sexual harassment. The Request to Speak Form allows the resident to formally request, in writing, to speak to various staff members at different level of positions. Additionally, no staff member can deny a resident use of a telephone to access the Florida abuse reporting hotline.

Forensic medical examinations and victim advocacy services will be provided by the Suncoast Center Inc., located in St. Petersburg, Florida. The services to be provided were confirmed by the Director of Quality Improvement. An advocate may also accompany the resident during the forensic medical examination conducted by Sexual Assault Nurse Examiner (SANE). Accompaniment may also be provided during the investigative interview. Information about the Suncoast Center is posted on a large, customized poster in the dining room and is contained in the Youth Handbook.

The community support interview regarding advocacy and forensic examination services was conducted by telephone during the Post Audit Phase. The interview confirmed the accessibility of advocacy services to the residents if needed and verified that the forensic medical services will be provided as indicated in the written agreement, Memorandum of Understanding, between the facility and the Suncoast Center, Inc.

Victim advocacy services for a resident will be a response to an alleged victim due to the agency involvement in performing a forensic medical examination or may be contacted for advocacy services by the resident, staff, or law enforcement. The advocacy services include but are not limited to the aforementioned accompaniment, emotional support, information, counseling, and referral services. The forensic medical examination may be conducted by a SANE at the Sexual Assault Victim Exams and Children's Advocacy Center or the facility if deemed necessary.

During the site review, the Executive Director answered questions regarding resident activities and staff duties. The discussions during the site review included but were not limited to the intake process; daily activities; treatment services; staff supervision; alternative methods of communication with parents/guardians during the pandemic; staff ratios; recreation activities; visitation; and other processes and program services. Residents have access to writing materials as observed and determined from the interviews of residents and staff. PREA information signs are professionally printed in both English and Spanish and posted in common areas accessible to residents, staff, and visitors.

Twenty cameras are strategically installed to supplement direct staff supervision. A reasonable amount of privacy is provided to residents when they use the toilet, change clothes and shower. Residents are provided privacy when they use the bathroom which consist of toilet stalls with doors and curtains for showers. Grievance Forms, Sick Call Forms, Request to Speak Forms to request to speak to specific staff, and locked receptacles for the forms are posted in the common area. Each resident receives a Youth Handbook which is also accessible in Spanish and other languages as needed. The PREA information is also provided in Spanish.

Investigations

Allegations of sexual abuse and sexual harassment are reported to the Florida Department of Juvenile Justice (DJJ), Central Communications Center. Allegations may also be made to the Florida Department of Children and Families (DCF) through the abuse reporting hotline and reported to law enforcement. During the past 12 months, there was one allegation of sexual abuse and none regarding sexual harassment. The allegation was reported to the Central Communications Center and through the Florida abuse reporting hotline which involved DCF and also to law enforcement. The allegation was resident-on-resident sexual abuse and the investigation by law enforcement determined the allegation was unsubstantiated and was closed with no arrest. The findings by DCF determined the case would be closed with no treatment needs determined. The case was closed as Information Only by the DJJ Investigator.

Interviews

The interviews with residents and staff assisted the Auditor in understanding and confirming the facility's practices. The interviews with residents helped the Auditor to determine how knowledgeable the residents were about the facility's efforts to keep them safe from sexual abuse and sexual harassment. Twenty-eight staff members are currently employed at the facility that may have contact with residents. A total of 13 residents were in the facility on the day of the site review. Ten residents were previously interviewed on November 24, 2020 through the use of controlled video after being randomly selected by the Auditor. There were no targeted interviews conducted which considered information regarding the general vulnerabilities' make-up of the population and by utilizing the methodology in the PREA Auditor Handbook.

A total of 12 random staff members were interviewed covering all shifts. Nine individual specialized staff members were interviewed based on their job duties related to the PREA roles, including two contractors. The number of interview protocols used was 10 due to the Executive Director being interviewed in two specialized roles. The Executive Director was interviewed in the roles of Superintendent, Intermediate or Higher-Level Staff, PREA Coordinator, and Retaliation Monitor however the interviews in the roles of Superintendent and PREA Coordinator were not counted as specialized staff. The Assistant Facility Administrator was interviewed in the roles of Incident Review Team Member and PREA Compliance Manager. The role of PREA Compliance Manager was also not counted as a specialized role.

The Executive Director, Assistant Facility Administrator and direct care staff ensured that all resident and staff interviews were conducted in private and residents were not coerced to participate in the interviews. Specific questions were asked of residents to confirm no one else was in the room with them and the description of where a staff member was posted outside of the room. The room was also viewed to confirm there was no one in the room with the resident. During the site review, the areas where the interviews were conducted were observed. Some of the residents and staff, including contractors, encountered from the virtual interviews were pointed out to the Auditor as the site review progressed. Randomly selected residents and a contractor previously interviewed, were approached during the site review to determine if there was any additional information they would like to provide, and all stated there was no additional information to share. Two additional contractors were informally interviewed during the site review while in the school area.

The contractors formally and informally interviewed provide education services to the residents. The formal random and specialized staff and resident interviews were conducted in the privacy of offices which was verified by the interviewer and interviewees. The Executive Director and Assistant Facility Administrator managed the accessibility of staff and residents for the interviews. The Auditor identified the residents and staff for the interviews and did not rely on the facility or agency staff to make selections.

All interviews conducted were voluntary by the selected participants and there was no coercion. The interviews with residents and staff assisted significantly in gaining insight regarding processes, duties, and responsibilities. None of the interviewees appeared surprised by the interviews and were aware of program operations and zero-tolerance of sexual abuse and sexual harassment.

The following number of staff interviews were conducted:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractors Who Have Contact with Residents	2
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Number of Specialized Staff Interviews	10
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	22
Total interviews including with the Executive Director in the roles of Superintendent and PREA Coordinator; and the Assistant Facility Administrator in the role of PREA Compliance Manager.	25

The community support interview was conducted by telephone during the Post Audit Phase with the Director of Quality Improvement of the Suncoast, Inc. The interview confirmed the accessibility of advocacy services to the residents and verified the performance of a forensic medical examination by a Sexual Assault Nurse Examiner at the Sexual Assault Victims Exam and Children’s Advocacy Center. The Director of Quality Improvement at the Suncoast Center stated that the examination may be conducted at the facility if deemed necessary. The interviews with the residents revealed their knowledge of the advocacy agency and the services available through the Suncoast Center.

Document Review

The Auditor received documentation for each standard as part of the pre-onsite audit phase data gathering process. Additional documentation was provided as requested until the completion of the audit report. The PREA Pre-Audit Questionnaire, facility policies and procedures and supporting documentation were reviewed by the Auditor and communication was maintained with facility staff and the DJJ statewide PREA Coordinator.

The supporting documentation reviewed included but was not limited to various forms documenting service delivery and activities such as vulnerability assessments; PREA education and training materials; training certificates; training and other logs; checklists; evidence of unannounced rounds; coordinated response plan; related written communication; annual staffing plan assessment; written agreements; staff meeting minutes; staff schedules/staffing plan; investigation report; personnel records; and organization chart. PREA training was documented by training logs, acknowledgement statements; training materials; policies and procedures; and the PREA Pre-Audit Questionnaire.

Exit Meeting

An exit meeting was held with the Executive Director at the conclusion of the site review. The exit meeting served to review the process and provided the Auditor the opportunity to share the notes and request additional information resulting from the review of policies and procedures and other documents, interviews, and observations during the site review. The pending information was discussed, and the proposed date of receipt was confirmed. The Executive Director was given the opportunity to ask additional questions about the audit process and provided the timelines regarding the delivery of interim and final reports as determined.

Post Site Review Phase

Key Processes and Methodology

The Director of Quality Improvement of the Suncoast Center confirmed advocacy services in a telephone interview. The services include but are not limited to accompaniment during the forensic medical examination and investigative interview, counseling services, confidential emotional support; referral services; and staff education.

The Auditor maintained communication with the Executive Director and the DJJ statewide PREA Coordinator until all requested additional information was received. The documentation and information provided prior to and after the onsite audit phase; consideration of all interviews; and observations made during the site review verified the standards were met. The final report was concluded and submitted to the DJJ statewide PREA Coordinator for subsequent delivery to the facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The facility consists of one building that include the following areas: lobby/reception area; administration; living unit; dining room; kitchen; two classrooms; multi-purpose room; offices; conference room; laundry room; and medical office. The facility uses space for indoor leisure activities and has a patio and outdoor space for recreation activities and large muscle exercise. The outside grounds contain a volleyball net and a basketball court. There is also a section on the outside grounds where other activities may be conducted. Weight equipment is maintained on an end of the patio. Visitors to the facility are received in the lobby/reception area in the front main entrance of the building. All visitors must sign-in and sign-out; visitors must check their keys and receive a chit for the keys, where applicable.

The facility has no observation or segregated rooms. Surveillance cameras are located inside and outside of the facility. There are no cameras in the bathrooms or bedrooms. The bathroom

provides a reasonable amount of privacy for the residents with doors to the toilet stalls and shower curtains. Use of the bathroom is supervised by direct care staff and the shower protocols are posted on the wall just outside of the bathroom. All residents interviewed stated that female staff members announce their presence upon entering the living unit. During the site review, the sign was observed at the entrance of the living unit, informing female residents to announce their presence upon entering. The practice of the announcement was also observed during the site review.

The security camera system is monitored periodically, and cameras are strategically placed inside and outside of the building. The camera monitors are located in the office of the Executive Director. The camera system retains video for 30 days. There are 20 cameras located at the facility and all cameras were operational during the time of the site visit. Direct supervision is provided by staff and all resident movement is monitored by staff and may be observed electronically by staff through the camera system. Cameras do not interfere with a resident's privacy during personal hygiene activities.

During the comprehensive site review, PREA posters and signs were observed posted and were in both English and Spanish. Grievance, Sick Call and Request to Speak Forms to make a complaint in writing were observed posted across from and near the multi-purpose/dayroom. The deposit box was also posted in the same area as the multi-purpose/dayroom area, accessible to all residents.

Residents have the opportunity to communicate with approved family members or others. Residents also have the opportunity also communicate with Case Workers with the Florida Department of Children and Families where that agency is the guardian. Telephone calls are scheduled and made on specific days according to level. Residents are allowed to write and receive letters from an approved mailing list. Visitation is conducted on the weekends. Special visits may be scheduled during the week where deemed necessary and approved by the Executive Director.

The interviews and observations during the comprehensive site review and discussions with staff confirmed that residents are afforded access to visitors, attorneys, probation officers and case workers and visits may be conducted in private. During the suspension and restrictions of visitation during COVID-19 restrictions, residents were allowed to visit through video calls, in addition to telephone calls. Residents also have access to writing materials to make contact with parents, guardians, attorneys, court personnel, and other approved persons. Upon a resident's request to make a telephone call to report an allegation of sexual abuse or sexual harassment, the staff must ensure this occurs without impediment.

Third-party reporting information is available and accessible to visitors, residents, contractors, volunteers, and employees through the posting of the hotline numbers and information contained on the Sequel Youth and Family Services and DJJ websites. Administrative investigations are conducted by the DJJ/OIG investigators. An allegation of sexual abuse or sexual harassment is also referred to local law enforcement. Additionally, allegations of sexual abuse and sexual harassment are reported to the Florida Department of Children and Families. The Auditor observed postings within the facility that contain the information for

reporting sexual abuse and sexual harassment. Information on the DJJ website is specific to each state-run and contract facility. Both agency websites contain information about the facility.

All youth admitted to the facility completes the orientation process which includes but is not limited to:

- Identification of key staff and their roles;
- Daily schedule;
- PREA education, including reporting allegations of sexual abuse and sexual harassment;
- Dress codes and hygiene practices;
- Youth rights and responsibilities;
- Concerns and grievances;
- Access to medical; dental and sick call;
- Access to mental health and substance abuse services;
- Visitation Policies;
- Use of the telephone;
- Correspondence;
- Consequences for rule violations; and
- Rules governing resident conduct.

The residents served in the facility have been identified as needing substance abuse treatment services in a non-secure residential commitment program. Substance abuse treatment overlay services are provided for a resident with a diagnosed substance related disorder and functional impairment associated with substance abuse or substance dependence. The resident may have a co-occurring mental disorder, but the substance abuse must be the primary disorder. The anticipated average length of stay depends on the resident's pace of success in completing the individualized treatment plan and goals.

The program provides gender-responsive services that are tailored to the special needs of the population served. Onsite medical and mental health services also address the individual needs of the residents. Each resident receives case management services and is assigned a Therapist. An individualized treatment plan is developed with each resident and goals are identified.

An array of treatment and program services are provided at the facility and include but are not limited to the following:

- Education and Vocational Planning
- Mental Health
- Medical
- Individual, Group and Family Therapy
- General Counseling
- Group and Individual Skill Development
- Religious

- Victim Awareness Groups
- Aggression Replacement Training
- Physical Education and Recreational Activities
- Transition and Discharge Planning

The program places emphasis on the cognitive-behavioral model, which means the focus is on changing thinking patterns, which will help change behavior. The program also incorporates the Florida Department of Juvenile Justice's Restorative Justice practices. Residents must progress through a series of four levels to successfully complete the cognitive-behavior program. The four levels of consist of the following:

Level 1: Learning Past Patterns of Delinquent Thinking and Behavior

Level 2: Learning Victim Impact and Interpersonal Responsibilities

Level 3: Learning Alternatives to Past Delinquent Thinking and Behavior

Level 4: Relapse Prevention and Community Transition

The orientation process is not considered a level however it must be successfully completed in order for the resident to proceed to Level 1.

The general rights of the residents are reviewed during orientation and are contained in the Youth Handbook and include but are not limited to the following areas: equal treatment; protection from abuse; medical, dental, and mental health care; religious freedom; right to receive visitors; access to general public; access to courts; right to orientation; and right to treatment. PREA education and general PREA information is included in the Youth Handbook. The victim advocacy information was observed posted in the dayroom/multi-purpose area and has been reviewed with residents during PREA education sessions as confirmed by the resident interviews.

The program has a behavior management system which is also used to assist in changing a resident's behavior. The system rewards residents for making good choices. Residents have the opportunity to earn points by demonstrating such behavior throughout the day. Positive behavior has incentives attached and there are consequences for negative behavior. Progressing up the level system allows the resident to earn increasing privileges and assume increasing levels of responsibility. Residents are also provided the opportunity to learn positive ways of dealing with stressful situations and ultimately transition back to their local communities.

The mental health staff include the Clinical Director, two Therapists, two Case Managers, and a Transition Specialist. A contract psychiatrist provides every two weeks and as needed. Mental health services include but are not limited to individual, group, and family therapy; group services; evaluations services; and psychiatric medication management. The therapy sessions are aligned with the individualized performance plan. Medical services are provided and coordinated by the Lead Nurse. In addition to the Lead Nurse, the medical unit includes one additional Nurse. A contract physician provides services at the facility weekly. Nursing assessments are conducted initially with new admissions to the facility. During the resident's stay at the facility, he receives routine medical care as needed.

The Pinellas County School System provide general academic instruction for the residents. The academic courses offered are English, Mathematics, Science, Social Studies, and one elective source. The elective is typically used to provide additional reading assistance to needy students or vocational training. Vocational programming is offered and includes pre-vocational services that identify the resident's interest, aptitudes, and skills, as well as classes focusing on various subject areas. The program also offers GED preparation.

The Case Managers oversee all aspects of the resident's program involvement and serves as a liaison to all service areas within the facility. Direct care staff members are responsible for the daily and direct supervision of residents and manage them during daily activities. The staff to resident ratio was observed to be met during the site review. There is a host of staff members consisting of management, supervisory, support, and contractors who provide oversight of or participation in processes and activities that contribute to the facility operations and service delivery.

Documentation and staff and resident interviews confirmed the provision of the programs and services described. The residents indicated during the interviews that they could communicate with their parents/guardians and others as approved. Communication is maintained through telephone calls, video calls, and visitation. Observations during the site review revealed adequate space for conducting the programs and services described and regular and special visitation.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Organization Charts

Interviews:

Executive Director
Assistant Facility Administrator
Random Staff
Residents

Provision (a):

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The Policies are aligned and provide guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The Policies provide and address conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in Policy and include sanctions for those found to have participated in the prohibited behaviors. The DJJ agency Policy, FDJJ 1919, serves as the overarching PREA Policy for the state-run and contract facilities. The facility also has additional policies which support adherence to the PREA standards.

Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The identified and other supporting Policies include but are not limited to responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The interviews confirmed knowledge of the zero-tolerance Policies regarding sexual abuse and sexual harassment.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The Assistant Facility Administrator serves as the PREA Compliance Manager and serves on the facility's management team, answering directly to the Executive Director. The Executive Director serves as his agency's interim PREA Coordinator for the facility and has knowledge of the standards and their implementation and the audit processes. The Executive Director collaborates with the Florida Department of Juvenile Justice's (DJJ) statewide PREA Coordinator regarding PREA related issues as needed.

The interview with the Executive Director the time and observations and the other interviews revealed his authority to develop, implement and oversee the PREA initiatives and efforts. The DJJ statewide PREA Coordinator lends support to all of the contract facilities as determined from interviews,

observations, review of documentation and previous interview and continual communication between the Auditor and the DJJ statewide PREA Coordinator.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The Assistant Facility Administrator has been designated as the PREA Compliance Manager and indicated he has the time to fulfill the PREA duties and it was determined that he has the authority required to fulfill those duties. Interviews conducted with staff revealed their awareness of the role of the PREA Compliance Manager. Observations confirmed he has the support of the Executive Director, facility staff, and the DJJ statewide PREA Coordinator. The facility and agency policies provide for the designation of the PREA Compliance Manager within the facility.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.

Standard 115.312: Contracting with Other Entities for the Confinement of Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy FDJJ 1919
Contract Log
PREA Audit Reports

Interviews:

Executive Director
DJJ Statewide PREA Coordinator

Provision (a) and (b):

Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The public agency, Florida Department of Juvenile Justice, contracts for the confinement of its residents. Contracts exist that inform the contractors of the requirements by the Florida Department of Juvenile Justice to comply with the PREA Standards and participate in PREA audits. The practice was also confirmed by previous and current interviews and completed PREA audit reports for this facility and other contract sites. The facility does not contract with other entities for the confinement of its residents.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined compliance with this standard.

Standard 115.313: Supervision and Monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
 Agency Policy FDJJ 1919
 Work Schedule/Staffing Plan
 Annual Staffing Assessment
 PREA Unannounced Rounds

Interviews:

Assistant Facility Administrator
 Executive Director

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;

- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The Policies and staffing plan provide details for maintaining the staffing ratios and the staffing plan outlines the staffing requirements. The facility's staffing plan, internal controls and management ensures that the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. Direct supervision is provided to residents during the daily activities and program services. The number of staff increases as needed due to program activities, one-on-one supervision indicated, or other relevant factors. Observations during the site review and interviews indicated the PREA staffing ratios are maintained. The facility maintains a mandatory hold-over system to ensure adherence to the staffing ratio and staffing plan.

The camera system is located in the Executive Director's office and is periodically monitored. Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews which outline staffing requirements. The work schedules are based on the facility's staffing plan which is less resident to a staff member during the waking hours and during the sleeping hours. The interview with the Executive Director revealed collaboration and review of the work schedules on a regular basis. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; composition of the resident population; inclement weather; and emergencies.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The facility reports no deviations from the staffing ratios in the past 12 months. A coordinated effort was described in maintaining the staffing ratios which meets or exceeds the PREA ratios. The operations of the facility provide for staff to be held-over on identified mandated hold-over days. The facility is prepared to document any deviations from the staffing requirements. The Executive Director and the Assistant Facility Administrator monitor the effectiveness of the work schedules based on the staffing plan requirements. The staffing plan shows the required staffing ratios. The staffing plan provides for the staffing ratios to be met and can provide for additional staff for days and times when increased staffing is required.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

Staffing ratios for the facility are provided by the direct care staff. The security practices and policies ensure the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours. The

facility's contract requires less residents to a staff member which ensures the PREA ratios will be met. The ratios were discussed and observed for and met during the site review and review of documentation. Direct care staff members provide direct observation of residents. Since the last PREA audit the average daily number of residents is 21. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 21. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by §115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The formally documented assessment data was completed by the DJJ statewide PREA Coordinator who also facilitated the process, in collaboration with the Assistant Facility Administrator. The document reviews but is not limited to the following areas: prevailing staffing patterns and review of staffing plan; electronic monitoring system; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made by the construction and implementation of a corrective action plan where indicated through findings of recommendations. The annual assessment documents the summarization of the review including the staffing, physical plant, and the electronic monitoring system; no corrective actions were recommended.

Provision (e):

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Policy provides for the occurrence of unannounced rounds that are conducted by management staff members. The documents show the rounds are made at various times. A form is used which records the areas visited and considerations and observations may be included. The interviews with the Executive Director and Assistant Facility Administrator and review of documentation and Policy confirmed the unannounced rounds occur.

The staff is not informed of when the rounds will occur, and the visits are not conducted at scheduled times in accordance with Policy. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff when the rounds are occurring. The facility reports there were no deviations from the staffing plan which was also supported by the Staffing Plan Assessment.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.

Standard 115.315: Limits to Cross-Gender Viewing and Searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Training Curricula
Statement of Preference Form
Training Records

Interviews:

Executive Director
Random Staff
Residents

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Cross-gender strip and visual body cavity searches are prohibited. Cross-gender pat-down searches are not permitted, except in exigent circumstances and they must be documented. Policy and training provide guidance to staff on how the searches are to be conducted. The practice is that cross-gender pat searches are not conducted. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to

the interviews, cross-gender searches have not been conducted at the facility during the past 12 months.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Policy does not support staff conducting cross-gender pat-down searches. All searches must be documented. Responses from staff included that only male staff conduct searches. The training materials show staff receives training on how to conduct searches, including cross gender searches. Staff participation in the training is documented. Staff interviews confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Cross-gender strip and cross-gender visual body cavity searches are prohibited. Policy provides for documenting the occurrence of searches. All interviews confirmed that no cross-gender searches have not occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches. There was no evidence documenting any cross-gender searches.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The shower and use of bathroom protocols are posted at the entrance of the bathroom. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, supported by policy and interviews. This practice was confirmed through interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. During the site review, the Executive Director explained how hygiene practices are conducted and the bathroom procedures. It was observed that residents have a reasonable amount of privacy during use of the bathroom. Residents use the bathroom one at a time and shower curtains are utilized and the toilets are encased.

Signs are posted to inform staff members of the opposite gender to announce their presence when entering the residents' housing unit. The Auditor observed this practice during the site review. The residents stated that female staff announce their presence upon entering the living units. The practice of opposite gender announcement was confirmed by the random staff interviews. The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. The staff interviews and observations supported that viewing of the camera monitors does not show residents when they are showering, using the toilet,

or changing clothes. The shower and toilet area do not allow staff to get a view of the resident's body. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The Policies and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status. Staff interviews verified no such searches have occurred or would occur at the facility. The facility reports that staff received the training on conducting searches and searches of transgender and intersex youth. Staff interviews confirmed they are aware that Policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private. The facility will utilize the Statement of Preference Form where indicated when a youth indicates the gender of the staff preferred to conduct the search.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The training curricula for staff provides information on conducting cross-gender pat-down searches and searches of transgender and intersex youth. Training records, interviews and training materials indicate the provision of search techniques consistent with the security needs. A dedicated form, Statement of Preference, may be used for a youth to identify the sexual preference of the staff to conduct the searches. The training materials and interviews indicate staff receive the training. No such searches have been conducted during the past 12 months.

Conclusion:

Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.

Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
 Agency Policy FDJJ 1919
 Memorandum of Understanding

Interviews:

Residents
 Random Staff
 Executive Director
 Assistant Facility Administrator

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or

through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

A Memorandum of Understanding (MOU) exists between the facility and the Pinellas County School Board. The Policies also address the provision of support services for Limited English Proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents are not used as readers or interpreters, confirmed by staff interviews.

Policy and the MOU provide for interpreter and translation services, including the services for the Deaf. The education staff also provides support services through certified teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted on the living unit and in various areas of the facility.

Provision (b):

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The MOU provides for professional interpreting services as needed to ensure the residents' understanding of PREA and other information. Each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.

Provision (c):

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

Policies prohibit the use of resident readers and interpreters except in limited circumstances where an extended delay in obtaining an interpreter could compromise a resident's safety; performance of first responder duties; or investigation of allegations of sexual abuse or sexual harassment. The facility documents that there is access to services. The school system and teachers assist, and facility mental health staff members have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in the additional languages as needed.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.317: Hiring and Promotion Decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing

information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1800
Agency Policy FDJJ 1919

Interview:

Human Resources/Business Manager

Provision (a) & (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The Policies address hiring and other personnel matters, including and not limited to promotion processes and decisions, position descriptions, and background checks, including child abuse registries. The background checks occur initially and every five years thereafter, aligned with agency Policy. The personnel files include the completed background checks and hiring documents. Background checks are obtained through the Florida Department of Juvenile Justice, Background Screening Unit.

Through the employment application process, prior to hire and promotion, applicants are asked to verify, in writing, the following information which is a part of the background screening information packet:

- Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
- Have been civilly or administratively adjudicated to have engaged in the activity described above.

The interview and a review of Policies provided details about the hiring process, completion of background checks, and grounds for termination. The forms completed and included in the personnel files are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity. The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the background information packet, required for conducting the background checks.

Provision (b):

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation shows the inquiries made during the application process regarding previous misconduct.

Policy and the interview indicate the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (d):

Provision (c): Before hiring new employees, who may have contact with residents, the agency shall:

- (1) Perform a criminal background record check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Provision (d): The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The background check process includes consulting a child abuse registry as confirmed during the interview. The prospective employee or contractor also has to be cleared through the Florida Department of Children and Families. Best efforts would be made to identify information of incidents or allegations of sexual abuse by a prospective employee.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Initial background checks are conducted and are conducted every five years thereafter, in accordance with Policy. The interview, review of documentation and a review of the Policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The omission of sexual misconduct information or providing false information is grounds for termination in accordance with Policy. According to the interview, this information is also covered in the new employee orientation training. Staff members have a continuing duty to report related misconduct. According to the interview, employees are informed during new employee orientation that they have a continuing affirmative duty to disclose any such misconduct. Additionally, DJJ notifies the facility if an employee is arrested.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The interview revealed that when a former employee applies for work at another institution, upon the request from that institution, she will verify employment, provide the hire date and whether the person would be re-hired.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.

Standard 115.318: Upgrades to Facilities and Technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interview:
Executive Director

Provision (a):
If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

The facility has not completed major renovations since the last PREA audit conducted in 2017.

Provision (b):
If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse.

The camera system supplements direct supervision provided to residents by staff. The system has not received an update since the last PREA audit conducted in 2017.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
 Agency Policy FDJJ 1800
 Agency Policy FDJJ 1919
 Memorandum of Understanding
 PREA Compliance Form

Interviews:

Random Staff
Lead Nurse
Executive Director
Assistant Facility Administrator
Director of Quality Improvement, Suncoast Center Inc.

Provisions (a) & (b):

Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Provision (b): The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Administrative investigations are investigated by the Florida Department of Juvenile Justice (DJJ), Office of Inspector General (OIG), agency investigators. All allegations of sexual abuse are also reported to the St. Petersburg Police Department. The Policy will be followed regarding investigations of sexual abuse in accordance with the standard. The investigator's interview from a previous audit and random staff members' interviews confirmed awareness of protocol for obtaining usable physical evidence and knowledge of the entities responsible for conducting investigations. The protocol for investigations is appropriate for youth and provided by DJJ/OIG. The PREA Compliance Form is shared with local law enforcement investigators outlining the PREA standards that must be adhered to regarding an investigation of an allegation of sexual abuse. The DJJ investigators are also aware of the PREA Compliance Form and investigation protocols.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

A Memorandum of Understanding exists between the facility and Suncoast Center, Inc. Forensic medical examinations will be conducted by a Sexual Assault Nurse Examiner (SANE) at the Suncoast Center, Inc. Where indicated, a forensic medical examination may be conducted at the facility by a SANE from the Suncoast Center, Inc. Continuity of care will be provided at the facility to include medical and mental health follow-up services. Forensic examinations will be provided at no cost to the victim. No forensic medical examinations were conducted during this audit period. Information regarding advocacy services is posted in the common area of the facility which is accessible to residents, staff, and visitors.

Provisions (d) & (e):

Provision (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C.

14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Provision (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocacy services have been arranged and outlined in a Memorandum of Understanding between the facility and the Suncoast Center, Inc. The Center provides a range of programs and services including forensic examinations, advocacy, and resource assistance for survivors of sexual assault. The advocacy agency follows all applicable laws and regulations with respect to confidentiality.

The victim advocacy services include but are not limited to the following:

- 24-hour hotline;
- Information;
- Referrals;
- Access to therapy services;
- Accompaniment services;
- Follow-up support services; and
- Staff Education

Information regarding victim advocacy services is provided to the residents during the intake process, according to staff, and is provided through the accessibility of posted information. Victim advocacy services are provided at no cost to the victim. Auxiliary aids, interpreter/language services and accommodations due to a disability will be provided as needed and also at no cost to the victim. The Director of Quality Improvement confirmed the items contained in the written agreement of services.

Provisions (f) & (g):

Provision (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

Provision (g): The requirements of paragraphs (a) through (f) of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Florida DJJ/OIG investigators from its central office will conduct administrative investigations in accordance with agency Policy, and the protocols as outlined on the PREA Compliance Form, aligned with the Standard. Investigations of allegations of sexual abuse or sexual harassment that is criminal in nature is investigated by the St. Petersburg Police Department.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility has made arrangements for victim advocacy services with the Suncoast Center confirmed through the interviews and written agreement. The background and training of some treatment staff

provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
FDJJ Agency Policy Directive 3-05
Agency Policy FDJJ 1919
Investigation Report
Websites

Interviews:

Random Staff
Executive Director
Assistant Facility Administrator

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Policies provide that staff report all allegations of sexual abuse and sexual harassment and to document reports; staff members are aware of the requirements. Sexual abuse and sexual harassment allegations are referred to the Florida Department of Juvenile Justice/Office of Inspector General (DJJ/OIG), Florida Department of Children and Families, and the St. Petersburg Police Department where the allegation is criminal in nature. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. The facility reports one allegation of resident-on-resident sexual abuse and no allegation of sexual harassment. The allegation received an investigation by a DJJ/OIG Investigator, DCF and St. Petersburg Police Department and the findings determined the allegation to be unsubstantiated.

Provision (b) and (c):

Provision (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Policy and reporting information are located on the DJJ and facility's parent agency websites and posted within the facility and accessible to the public. Policies, documents, and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by trained DJJ/OIG investigators from the DJJ central office. Allegations of sexual abuse and sexual harassment that are criminal in nature are referred to the St. Petersburg Police Department. Allegations are also reported to the Florida Department of Children and Families.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The DJJ/OIG has policies and a directive governing investigations. The agency utilizes trained investigators. A previous interview with an investigator and agency records confirm that administrative investigations are conducted by a trained investigator and allegations that are criminal in nature will be referred to the St. Petersburg Police Department.

Provision (e):

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Training Curriculum
Training Records

Interviews:

Random Staff
Assistant Facility Administrator

Provisions (a) and (c):

Provision (a): The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;

- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

Provision (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The Policies address PREA related training for staff which is provided initially upon employment and annually. Interviewed staff members were generally familiar with the PREA information. Facility Policy provides for refresher training to occur every two years. PREA training is provided to staff, as indicated by a review of facility and agency Policies, training documents and interviews. The facility reports 28 staff members that may have contact with residents were trained or re-trained on the PREA requirements.

Provision (b):

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and staff training does consider the needs of the population served as indicated by the interviews. The Policies and interviews support training being tailored to the needs and attributes of the population served. All staff within the facility are provided PREA training.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The PREA training reviewed was documented electronically and verified through staff interviews and agency training curriculum.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the standard.

Standard 115.332: Volunteer and Contractor Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Training Curriculum/Materials
Acknowledgement Statements

Interviews:

Contractors
Executive Director

Provision (a):

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Volunteers and contractors who have contact with residents must be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of documents, training curriculum, interviews and observation confirm the training occurs. The training curriculum includes but is not limited to information in the

following areas: reporting allegations of sexual abuse and sexual harassment; related definitions; detecting sexual abuse and sexual harassment; and maintaining professional relationships with residents. There are no volunteers providing services in the facility during this time.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of sexual abuse or sexual harassment. The training is based on the services provided by the contractors and volunteers.

The interviews with the contractors revealed their familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. The interviews confirmed that the review of the zero-tolerance policy for the facility and agency is included in the PREA training. The contractors interviewed provide education services to the residents and there were no volunteers providing services within the facility during the time of the PREA audit. PREA education is available within the facility, DJJ online courses and through the school system.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The training documentation and interviews confirmed the receipt and awareness of PREA training by the contractors and accessibility by volunteers where applicable. The interviews indicated the contractors understand the training received. The DJJ online training course is made available to contractors and volunteers prior to providing services within the facility and as refresher training.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.

Standard 115.333: Resident Education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Acknowledgement Statements
Brochures
Youth Handbook
Memorandum of Understanding

Interviews:

Residents
Case Manager
Assistant Facility Administrator

Provisions (a) and (b):

Provision (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Provision (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Policies provide that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting, according to the documentation and interview with the Case Manager who provides PREA education to residents. A review of the education materials indicated the information provided to the residents is age-appropriate. PREA refresher education sessions are conducted during group sessions as a rotating topic and whenever a resident has questions or staff deems a review of PREA information is warranted.

The residents initially sign acknowledgement statements which represent receipt of the PREA information provided. The interviews with the residents revealed their understanding of the information covered in the PREA education sessions. The Case Manager revealed that the initial PREA education

is generally conducted on the first day of admission to the facility and no later than 24 hours after admission. The interviews with the residents revealed that the PREA education session was conducted by the Case Manager on the first day they were admitted to the facility.

Provision (c):

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), including corrective actions and interviews, residents received PREA education. The facility reports that 53 youth were admitted to the facility during the past 12 months and that all participated in PREA education sessions. Acknowledgement statements observed posted information, and the interviews indicate that general PREA education is provided to residents.

Provision (d):

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The education unit is also a resource for accessibility of translation services and other accommodations.

A Memorandum of Understanding (MOU) exists between the facility and the Pinellas County School Board. The Policies also address the provision of support services for limited English proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy and the MOU provide for interpreter and translation services, including the services for the Deaf. The education staff also provides support services through certified teachers with the educational background to modify/adapt information for all residents to understand. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted within the facility, accessible to residents, staff, and visitors.

The staff revealed a practice of residents not used as translators or readers for other residents. The facility has knowledge of the youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents. The special arrangements are coordinated by treatment team staff in collaboration with the Executive Director and Assistant Facility Administrator.

Residents are asked about feelings of safety during informal encounters with staff and during formal treatment team meetings. PREA information is included in the resident handbook and the information is posted in the cafeteria and on the living unit. The PREA brochures and Youth Handbook are accessible in languages other than English, as needed.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

Signed acknowledgement statements were reviewed which supported the residents’ involvement in PREA education sessions. The residents’ interviews confirmed that PREA education sessions occur. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. The residents are aware of their PREA related rights and are aware of the advocacy services available is they are sexually abused.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The interviews with the residents confirmed that PREA information is continuously and readily available and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; steps victims may take; and reporting information. Each resident is provided a Youth Handbook which also contains PREA information which was also observed posted within the facility.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.

Standard 115.334: Specialized Training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Agency Policy FDJJ 1919
 Agency Policy FDJJ 1800
 DJJ/OIG Training Curriculum

Interview:

Executive Director

Provision (a) & (b):

Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement

settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Administrative investigations are conducted by the Florida Department of Juvenile Justice (DJJ), Office of Inspector General (OIG) PREA training is required in addition to the specialized training regarding conducting administrative investigations. Allegations of sexual abuse are referred for investigation by local law enforcement. The previously conducted interview with an agency investigator and review of agency documents confirmed administrative investigations are conducted by trained investigators within the DJJ/OIG. The specialized training includes but is not limited to interviewing techniques; proper use of Garrity and Miranda warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated, or unfounded.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Documentation of training logs and any training certificates of the investigators are maintained by the contract agency, DJJ. Allegations of sexual abuse and allegations that are criminal in nature are referred to local law enforcement, in accordance with Policy.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The DJJ provides training to its investigators who will conduct administrative investigations at the contract facilities which was confirmed by interviews. Local law enforcement is responsible for training their investigators who conduct sexual abuse investigations and allegations that are criminal in nature.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.335: Specialized Training: Medical and Mental Health Care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Training Curricula

Training Logs

Interviews:

Clinical Director

Lead Nurse

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment.
- (2) How to preserve physical evidence of sexual abuse.
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health staff members receive the regular PREA training as well as the specialized training provided through the Florida Department of Juvenile Justice. Electronic training logs and interviews document regular PREA training and the specialized training for medical and mental health staff members and the interviews confirmed the training.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted by facility staff.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Electronic training logs and interviews with medical and mental health staffs confirmed receipt of the regular and specialized training. The regular and specialized PREA training is provided online by the Florida Department of Juvenile Justice. Regular PREA training is also provided online and at the facility through refresher sessions incorporated in staff meetings.

Provision (d):

Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.

Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided online by the Florida Department of Juvenile Justice and the records are maintained electronically.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28

Agency Policy FDJJ 1919

Screening for Vulnerability, Victimization and Sexually Aggressive Behavior (VSAB)

Interviews:

Therapist

Assistant Facility Administrator

Residents

Provision (a):

The Policy provides that upon arrival or within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The Policies provide for each resident to be screened for risk of victimization or abusiveness prior to room assignment in order to reduce the risk of sexual abuse by or upon a resident. The interviews and practice indicate the risk assessment is completed on the day of admission. The Therapist revealed that the youth is asked questions and elaboration may be needed regarding some of the questions. The youth is interviewed to obtain information about personal history and behavior. The court packet for the youth is also reviewed to gather pertinent information.

The intake screening instrument, Screening for Vulnerability, Victimization and Sexually Aggressive Behavior (VSAB) is used to document such assessment. The interviews revealed the practice of the risk screening being conducted in accordance with the Policies and Standard. Screening instruments and interview with the Therapist confirmed the information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;
- Resident's own perception of vulnerability;
- Current charges and offense history;
- Self-identification of resident;
- Intellectual or developmental disabilities;
- Physical disabilities;
- Mental illness or mental disabilities
- Information regarding relationships with other youth
- Confirmation of size and stature
- Confirmation of Age

Facility Policy addresses the occurrence and criteria regarding formal reassessments of residents. It is reported that the number of youths admitted to the facility within the past 12 months who were screened during the admission process for risk of sexual victimization and the risk of sexually abusing other residents is 20. The risk assessments are accessible to the clinical and case management staff. The resident files were observed to be maintained in a confidential manner in a locked file room.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The interview with the Therapist supports that reassessments are conducted when new information is obtained or observed. An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification;

current charges and offense history; disabilities; and a resident's concern regarding his/her own safety. The instrument, VSAB, is tabulated based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness. An additional assessment tool is used in the facility by Therapists in measuring risks.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included within the instrument. The interview with the Therapist confirmed awareness of the elements of the risk screening instrument and the instrument was explained to the Auditor by the Therapist. The resident interviews also confirmed the administration of the screening instrument and the general inquiries made. The interviews revealed the practice is that the instrument is administered the first day of the youth's admission to the facility. The VSAB screening instrument is administered by the resident's assigned Therapist.

Provision (d):

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The information to complete the risk screening instrument is gleaned from various sources. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth and review of the commitment packet from the court. Additional information may be obtained from interviews with parents/guardians. The facility is aware of the youth's pending arrival to the facility and treatment staff has the opportunity to review the residents electronic record in an effort to preliminarily prepare for the needs prior to arrival. Additional assessments are completed after the youth is admitted to the facility to obtain supportive information for treatment planning and keeping the youth safe.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Staff takes appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files in a locked and secure manner, locked cabinet behind locked door. The online information on computers is password protected and is only accessible to identified staff. The Therapist and Assistant Facility Administrator addressed the management of sensitive information and the limited and guarded access by treatment and management staff. Pertinent information is provided to other staff based on the need to know. Staff training includes information regarding confidentiality of information concerning residents.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.342: Use of Screening Information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to §115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to §115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28

Agency Policy FDJJ 1919

Screening for Vulnerability, Victimization and Sexually Aggressive Behavior (VSAB)

Interviews:

Therapist
Clinical Director
Lead Nurse
Residents
Executive Director
Random Staff
Assistant Facility Administrator

Provision (a):

The agency shall use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Policy provides guidance to staff regarding the use of the information obtained from the screening instrument, VSAB. The interviews with the Executive Director and Therapist indicate the screening information is used to inform staff of information based on the need to know, housing and program assignments, and assist in identifying treatment and any special services.

Provision (b):

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Protective custody is not used regarding a potential or victim of sexual abuse. The facility does not use isolation as determined through the interviews and observation during the site review. The interviews supported the practice of isolation is not used in this facility. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents; notifying other staff, including administrators; closer supervision; and documenting the information. There were not any residents identified as at risk of sexual victimization placed in isolation in the 12 months preceding the audit.

Provision (c):

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Gay, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status. Staff members are prohibited from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the site review, there were no rooms or units observed or identified to be reserved for LGBTI youth. Housing assignments are made on a case-by-case basis as supported by Policy, interviews, and practice.

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a

case-by-case basis whether a placement would ensure residents' health and safety, and whether the placement would present management or security problems.

Policy and practice support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis which was evident from staff interviews and observations. The interview with the Therapist confirmed that staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staffs' awareness and efforts in keeping residents safe, including transgender and intersex youth.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy provides placement and programming assignments for each transgender or intersex resident be reassessed twice per year to determine any threats to safety experienced by the resident. The interview with the Therapist confirmed awareness of Policy.

Provision (f):

A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

The resident's concern for his own safety is considered through the administration of the risk vulnerability screening instruments, treatment team meetings and individual sessions and informal interactions with Therapists, Case Managers, and other staff. The interviews with staff and review of documentation were aligned with the Policy. The interviews did not reveal or identify any issues in this area.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender or intersex residents are given the opportunity to shower separately from other residents which is supported by interviews and Policy. No problems or issues were identified.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Agency Policy provides that a resident would only be placed in isolation as a last resort for protection and it would only be until other arrangements could be made to keep the resident safe. The provisions of this standard would be provided if such occurs however the practice is that isolation is not used in this facility. No residents determined at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. The interviews and observations during the site review confirm that isolation is not used in this facility.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Isolation is not used in this facility. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

REPORTING

Standard 115.351: Resident Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
 Agency Policy FDJJ 1919
 Florida Administrative Code, Rule 63F-11
 Youth Handbook
 Grievance Form
 Speak Out Form
 Posted Information

Interviews:

Random Staff
 Residents
 Executive Director
 Assistant Facility Administrator

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy provides for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour Florida abuse reporting hotline. Telephones are made accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to make the use of the telephone accessible for residents to report allegations of sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy, posters, brochures, and the Youth Handbook collectively provide telephone numbers and instructions for reporting allegations of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions, determined from the interviews, that they may tell staff; submit a complaint in writing utilizing the use of a Grievance Form; Speak Out Form, or use the Florida abuse reporting hotline regarding allegations of sexual abuse or sexual harassment. The residents interviewed identified someone who did not work at the facility that they could report to about sexual abuse or sexual harassment. The random staff and resident interviews collectively revealed residents may use a telephone, submit a complaint in writing, or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing in the Youth Handbook, brochures, and posted information.

Residents have access to writing materials; Grievance, Speak Out and Sick Call Forms; and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with Policy. The Grievance Form informs the resident that all PREA related incidents will be handled directly by the facility administrators and reported to and investigated by law enforcement and the Florida Department of Children and Families.

The Speak Out Form allows the resident to request the specific staff member he would like to speak with and includes the following staff:

- Executive Director;
- Assistant Facility Administrator/Grievance Officer;
- A Specific Case Manager;
- Transition Specialist;
- A Specific Nurse;
- Clinical Director;
- A Specific Mental Health Therapist;
- A Specific Shift Supervisor; and
- Recreation Therapist

PREA information is posted and each resident is provided a Youth Handbook which contains reporting and other PREA related information. Residents sign an acknowledgement statement confirming receipt of the Youth Handbook by the Case Manager. Residents also sign an acknowledgement statement regarding receipt of the information regarding the advocacy agency, Suncoast Center, Inc. Both forms are included in the back of the Youth Handbook. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.

Provision (b):

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The Florida abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The interviews revealed familiarity with Policy and posted and other printed information on how to report allegations of sexual abuse and sexual harassment. Telephones are accessible to all staff and are made accessible to residents by staff. The reports of sexual abuse or sexual harassment are accepted and referred for an investigation. The facility does not detain residents solely for civil immigration purposes according to written communication between the DJJ statewide PREA Coordinator and the DJJ legal department.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. Interviewed staff members are aware of their duty to receive and document the receipt of verbal reports and that the documentation must be done as soon as possible.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Observations during the site review and interviews revealed writing materials are available for residents to complete Grievance and other the other Forms or write notes. Each resident is provided a Resident Handbook which contains information regarding reporting allegations and the residents are confirmed of the reporting methods during PREA education sessions. The interviews, review of documents and facility practices revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews collectively revealed staff can privately report allegations of sexual abuse and sexual harassment through a call to the Florida abuse reporting hotline, talk to administrators/supervisor, or complete an incident report.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.352: Exhaustion of Administrative Remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy FDJJ 1919
Grievance Form
Youth Handbook

Interviews:

Random Staff
Residents
Assistant Facility Administrator
Executive Director

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

When an emergency grievance is received that contains an allegation of sexual abuse or sexual harassment, the policy, and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for the facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported, and an investigation will be conducted by the FDJJ/OIG, Florida Department of Children and Families, or local law enforcement.

Provision (b):

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Policy provides that there is no time limit for completing a Grievance Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Grievance Form to any staff member regarding allegations of sexual abuse. Locked boxes are located in the dining room for residents to deposit forms or notes if they choose. Policy does not restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Provision (c):

The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

The regular grievance system does not include investigating allegations of sexual abuse and sexual harassment. Residents are not required to use an informal process or give the grievance to any staff member regarding allegations of sexual abuse. The staff member involved in the grievance will not be involved in reporting the allegation stated in the grievance. To assist in the prompt and proper handling of the allegation of sexual abuse or sexual harassment, youth may put the Form used in the grievance box.

The Florida abuse reporting hotline and the contact information is provided, and the resident is informed that he will have unhindered access to a telephone. The locked boxes are located in the common area for depositing Forms. The Youth Handbook explains the regular grievance system and contains information regarding reporting allegations of sexual abuse and sexual harassment. The Grievance Form informs residents that the administrators will report the allegations of sexual abuse to the Florida Department of Children and Families and local law enforcement for an investigation.

Provision (d):

(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Initial response is required within 48 hours to inform the resident of receipt of the grievance containing an allegation of sexual abuse and that it has been referred for investigation. All grievances alleging sexual abuse or sexual harassment will be referred for an investigation in accordance with policy. The purpose of the submission of a PREA related grievance provides residents and staff another avenue for ensuring the reporting of allegations and provides management staff with the opportunity to protect the resident.

Provision (e):

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported, and an investigation will be conducted by the investigative entity as appropriate.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy provides for emergency grievances to be responded to within 48 hours. The response is to inform the resident of the receipt of the grievance and the referral for an investigation. If a grievance alleging sexual abuse is received, it is reported by staff to the appropriate investigative entity. The response to the grievance will include measures to ensure safety and also include but not limited to determining an immediate corrective action that would be implemented within 48 hours where applicable to ensure the safety of the resident.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

A resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. There has not been a grievance submitted alleging sexual abuse during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.353: Resident Access to Outside Confidential Support Services and Legal Representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
 Agency Policy FDJJ 1919
 Memorandum of Understanding (MOU)
 Youth Handbook
 Posted Information

Interviews:

Residents
 Therapist
 Executive Director
 Assistant Facility Administrator
 Director of Quality Improvement, Suncoast Center, Inc.

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Interviews revealed that residents are familiar with the victim advocacy agency, Suncoast Center, and the services provided by the facility for residents if needed. The MOU with the Suncoast Center

remains in effect, according to the agency representative. The interview with the advocacy agency representative confirmed the services to be provided when needed. The Youth Handbook includes contact information for the Suncoast Center, including mailing address and telephone number. The information outlines how the resident will contact the Center for emotional support and other advocacy services related to sexual abuse.

Provision (b):

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Policy, facility staff interviews and the PREA education sessions provide that there will be adherence to confidentiality measures. The acknowledgement statement located in the Youth Handbook and that is posted in the facility collectively address privacy of the resident in contacting the advocacy agency and general confidentiality.

Provision (c):

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The advocacy agency representative's interview documents the provision of advocacy services including but not limited to emotional support; accompaniment through the forensic medical examination and investigative interview; access to therapy services; and referrals. The agency representative confirmed the information contained in the written agreement. In accordance with the MOU, a Sexual Assault Nurse Examiner will conduct the forensic medical examination.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Policy and the Youth Handbook. During the pandemic when visitation to the facility was suspended, youth have been provided the opportunity to video chat with parents or guardians and with attorneys and court workers where requested. All residents interviewed confirmed communication opportunities occur.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.

Standard 115.354: Third-Party Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Youth Handbook
Posted and other Printed Materials
Website Information

Interviews:

Random Staff
Residents
Executive Director

Standard 115.354:

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff members are to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline, complete a report, and tell administrators/shift supervisor. The DJJ agency website contains the information needed for third parties to report allegations of sexual abuse and sexual harassment.

Information regarding reporting is posted within the facility and accessible to residents, staff, and visitors. Reporting information is also contained in the Youth Handbook. All residents interviewed indicated knowing someone who did not work at the facility they have contact with. It was determined that a person outside of the facility may report allegations of sexual abuse and may make a report for a

resident without giving the resident's name. No third-party reports were received during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility follows this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28

Agency Policy FDJJ 1919
Florida Administrative Code, Rule 63F-11
Investigation Report

Interviews:

Random Staff
Executive Director
Assistant Facility Administrator
Clinical Director
Lead Nurse

Provision (a) and (b):

Provision (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Collectively, the Administrative Code and Policies support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment, or incidents of retaliation. Staff members are deemed as mandated reporters by the State. Trained DJJ agency investigators conduct administrative investigations and allegations that are criminal in nature are investigated by trained local law enforcement investigators. The facility and agency Policies provides guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy addresses confidentiality of information and the conditions for providing information. Policy indicates that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation and treatment and management decisions.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with policy and State requirements.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.

Reports of allegations are made as soon as possible to the investigative entities, including the DJJ Central Communications Center, and parents/legal guardians. Policy and interviews with the Executive Director and Assistant Facility Administrator confirmed that a resident’s caseworker rather than a parent would be notified where indicated by the resident being under the guardianship of the Florida Department of Children and Families. The resident’s attorney would be notified of an allegation of sexual abuse within 14 days, in accordance with Policy, which also provides the appropriate timelines and directions to staff for reporting allegations. There was one allegation of resident-on-resident sexual abuse and no allegation of sexual harassment during this audit period. The findings from the investigative entities determined the allegation was unsubstantiated.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

Policy and interviews provide for all allegations to be reported and include the Office of the Inspector General (OIG) through the Central Communications Center. Administrative investigations are conducted by a DJJ/OIG investigator. Sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to local law enforcement. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews. The interviews confirmed that all allegations are reported to the DJJ Central Communications Center, DCF and to local law enforcement, where the allegation is criminal in nature.

Conclusion:

The review of evidence and interviews indicate the facility is in compliance with this standard.

Standard 115.362: Agency Protection Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28

Agency Policy FDJJ 1919

Screening for Vulnerability, Victimization and Sexually Aggressive Behavior (VSAB)

Interviews:

Executive Director

Random Staff

Residents

Provision (a):

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The staff is required to protect the residents through implementing protective measures. Administration of the risk screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additional assessment instruments provide information which offer supporting information in determining the risk level of each resident. The interviews revealed protective measures include but are not limited to separating youth and contacting administrators and supervisors.

The expectation is that any action to protect a resident would be taken immediately as deemed from interviews. During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the Screening for Vulnerability, Victimization and Sexually Aggressive Behavior. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.363: Reporting to Other Confinement Facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interview:

Executive Director

Provisions (a) - (d):

Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Provision (c): The agency shall document that it has provided such notification.

Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

If an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the Executive Director will notify the head of the facility where the alleged abuse occurred. The notification will be made as soon as possible and within 72 hours in accordance with Policy. The Executive Director is also required to make a report to the Central Communications Center. The Policy and interview support that allegations of sexual abuse or sexual harassment from a resident regarding his stay in another facility will be reported and investigated as required. In the past 12 months, there were no allegations reported of sexual abuse occurring at another facility.

Conclusion:

Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.364: Staff First Responder Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interviews:

Random Staff
Executive Director

Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser.
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The interviews and staff training information support the training areas provided in this standard. There were no allegations or incidents where staff had to act as a first responder in the last 12 months. Policy and training provide that upon learning of an allegation that a resident was sexually abused the general staff response would basically include but not be limited to the following:

- a. Separate the victim and alleged abuser.
- b. Preserve and protect the scene until appropriate steps can be taken to collect any evidence.
- c. Request that the alleged victim not take any actions that could destroy physical evidence.
- d. Take actions to ensure the alleged abuser does not take any actions that could destroy physical evidence.
- e. Ensure the safety of the victim.

f. Make the required notifications.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The non-security staff who may act as a first responder will request that physical evidence be preserved and contact direct care staff for assistance, in accordance with policy. There were no allegations or incidents where a non-security staff member had to act as a first responder in the last 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.365: Coordinated Response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interviews:

Random Staff
Executive Director

Provision (a):

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The institutional plan to be implemented in the event of an allegation or incident of sexual abuse is a section of facility Policy 1.28, Coordinated Response. The Policy outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management staff. Policy provides guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse.

The Coordinated Response section of the Policy has been posted and is accessible to all staff. This section of the Policy is also aligned with FDJJ 1919. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interview:

Executive Director

Provision (a) and (b):

Provision(a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Provision (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §115.372 and §115.376; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The facility is not involved in any collective bargaining agreements.

Standard 115.367: Agency Protection Against Retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fears retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interview:

Executive Director

Provision (a):

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Policy supports protecting residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Executive Director is responsible for conducting and ensuring retaliation monitoring. The Retaliation Monitoring (PREA) form will be used to document the monitoring activities. The Executive Director is familiar with the role of retaliation monitor and its purpose.

Provision (b):

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

General protective measures were generally identified during the interviews with random staff and the Executive Director and aligned with Policy. Implementation measures to protect residents from retaliation include but are not limited to housing changes for resident victims or abusers; removing alleged staff or resident; closer monitoring; change in shift assignments; and transferring youth, if needed. The retaliation monitoring will be documented, and follow-up checks with the parties involved ensure safe feelings and identifies whether retaliation is occurring. The interview confirmed the measures to detect and protect staff and residents from retaliation by others.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Policy provides that the monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period could last longer, including until the resident graduates from the program, according to the Executive Director. The interview identified items that would be monitored to assess retaliation and included but were not limited to program and housing changes; shift assignments; point cards; and observed staff and resident interactions.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks. Policy and the interview with the Executive Director indicate that status checks will occur as a part of retaliation monitoring. The dedicated monitoring form and the interview revealed that initial contact would be made, and follow-up checks will be documented.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Policy application is extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interview indicated that the appropriate measures would be taken to protect any related individuals against retaliation.

Provision (f):

An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The obligation to monitor for retaliation terminates if it is determined that the allegation is unfounded. The interview determined familiarity with the requirements regarding retaliation monitoring.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.368: Post-Allegation Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interviews:

Executive Director
Clinical Director
Lead Nurse

Provision (a):

The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.

Policies guide staff on measures to be taken to protect residents but does not include segregated housing for alleged victims. Segregated housing is not used in the facility to protect residents who alleged to have suffered sexual abuse. The interviews were aligned with this practice. The Policies provide for the separation of residents by housing reassignments and other strategies for separating residents.

Conclusion:

Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
PREA Form

Interviews:

Executive Director
Assistant Facility Administrator

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The administrative investigations are conducted by the investigators with the Florida Department of Juvenile Justice (DJJ), Office of the Inspector General (OIG). Based on Policies and other documentation and interviews, trained investigators conduct administrative investigations as prescribed by Policies. Allegations that are criminal in nature are referred to local law enforcement and the Florida Department of Children and Families and all allegations are reported through the Central Communications Center. Investigations are conducted thoroughly and objectively, and the agencies' Policy provides for the training of investigators.

Provision (b) and (c):

Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.334.

Provision (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The DJJ investigative staff is trained through the Office of the Inspector General (OIG). The Investigator gathers direct and circumstantial evidence that includes but is not limited to reviewing video; gathering witness statements; listening to any related telephone calls; and reviewing logs. The law enforcement investigator and/or qualified medical practitioner are responsible for collecting direct physical and DNA evidence. The facility staff and DJJ investigators are trained on how to assist in preserving evidence. The agency, DJJ, provides each facility with the PREA Form which is provided to law enforcement investigators referencing the PREA standards regarding conducting investigations in accordance with

the standards. The DJJ investigators follow the OIG guidelines governing PREA related investigations, in accordance with Policy.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The interviews and Policy confirm the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment. Documentation revealed that an investigation is not terminated because the source of the allegation recants the allegation.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The DJJ agency investigators do not conduct compelled interviews.

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff as supported by the interviews of the administrators and a previous interview with an investigator, training, and in accordance with Policy. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

Provision (g): Administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Provision (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The interviews revealed that PREA investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Investigations in all facilities are completed with written reports that include a description of the evidence and investigative facts and findings as gleaned from review of investigation reports completed by agency investigators and a previous interview with and agency investigator.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The DJJ agency investigators do not conduct criminal investigations. It is the responsibility of local law enforcement personnel to refer cases for prosecution.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The written investigative reports are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years as stated in Policy.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

A previous interview with an investigator and the interviews with the administrators confirmed that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the facility will not terminate the investigation.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative agencies are aware of the PREA standards requirements through the initial sharing of PREA information, PREA Compliance Form, and subsequent interactions.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Policies and interviews indicate that staff cooperate with investigators and that the agency/facility is kept informed of the progress of an investigation. The Executive Director maintains contact with the investigator from the applicable investigative entity and added that he also remains informed through the DJJ statewide PREA Coordinator.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.372: Evidentiary Standard for Administrative Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:
Agency Policy FDJJ 1919

Interview:
Executive Director

Provision (a):
The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Florida Department of Juvenile Justice/Office of Inspector General, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Conclusion:
Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.373: Reporting to Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Incident Review Team Minutes

Interviews:

Executive Director
Assistant Facility Administrator

Provision (a):

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Policy addresses the resident being informed when a sexual abuse investigation is completed, and the outcome of the investigation provided in writing. The results of such investigations will be documented and provided to the resident. The interviews revealed awareness of the requirement.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The Executive Director remains abreast of an investigation conducted by law enforcement or the DJJ investigator and will be provided a copy of completed investigations. The results of the investigation will be provided to the resident in writing.

Provision (c):

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit.
- (2) The staff member is no longer employed at the facility.
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed, in writing, of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer posted within the resident's housing unit.
- b. The staff member is no longer employed at the facility.
- c. The staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The staff member has been convicted on a charge related to sexual abuse in the facility.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy provides that following a resident's allegation of being sexually abused by another resident the alleged victim shall be informed, in writing, whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

Policy provides for the notification to the resident be documented and be made by the administrator. There is familiarity with the requirement by the Executive Director. Such notifications and results of investigations are provided by the Executive Director and documented.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency's obligation to report under this standard terminates if the resident is released from the agency's custody. All notifications or attempted notifications are documented in accordance with DJJ agency Policy.

Conclusion:

The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staffs subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interview:

Executive Director

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The Policies and interview support that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The interview was aligned with Policies. The facility reports that no staff member violated Policy regarding sexual abuse or sexual harassment during this audit period.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Any staff with findings other than actually engaging in sexual abuse will be subject to termination, and other measures appropriate to the circumstance of the incident and the other components of the provision and remedial in-service if permitted to return to work, in accordance with Policy. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the act committed, the staff member's disciplinary history, and the similar history of other staff.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this audit period.

Conclusion:

Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.

Standard 115.377: Corrective Action for Contractors and Volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Acknowledgement Statements

Interviews:

Contractors (2)
Executive Director

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Policies provide for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies. Documentation and interviews with contractors confirm contractors and volunteers receive a clear understanding that sexual misconduct

with a resident is prohibited. Any contractor or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents. During this audit period, there have been no allegation of sexual abuse and no allegation of sexual harassment regarding a contractor or volunteer.

Provision (b):

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Policies and the interview confirm that the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the sexual abuse and sexual harassment Policies by a contractor or volunteer. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review of the documentation and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Youth Handbook

Interviews:

Executive Director
Clinical Director
Lead Nurse

Provision (a):

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

An administrative process exists for dealing with violations and that residents be held accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to a formal process. The consequences will be administered through the administrative system, encompassing the behavior management system. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities and may result in charges being filed and the resident being removed from the facility. Sexual activity between residents is prohibited.

Provision (b):

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; considers similar disciplinary history of other residents. The interview with the Executive Director supported there is consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations may result in charges filed and the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. Isolation is not used as a disciplinary sanction.

Provision (c):

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. The interviews with the Executive Director and Clinical Director were aligned with this provision and Policy.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Based on the interview with the Clinical Director, the facility would consider whether to offer an offending resident intervention services designed to address and correct underlying reasons or motivations for the abuse participation. The facility would not require participation in such interventions as a condition for participation in the behavior management system or to access general programming or education as determined from the interview. Staff members within the mental health unit are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents. A psychiatrist provides services to the residents every two weeks and as needed.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Policy provides that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Any resident reporting in good faith shall be immune from any civil or criminal liability. A report of sexual abuse made in good faith based on the belief that the alleged incident occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, in accordance with Policy.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action as a rule violation. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.

Conclusion:

Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28

Agency Policy FDJJ 1919

Screening for Vulnerability, Victimization and Sexually Aggressive Behavior

Interviews:

Lead Nurse

Clinical Director

Therapist

Executive Director

Residents

Provision (a) and (b):

Provision (a): If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (b): If the screening pursuant to §115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policy and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed that the issues are identified and addressed. The practice is residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process and follow-up is provided immediately. Therapists administer the screening assessment, Screening for Vulnerability, Victimization and Sexually Aggressive Behavior.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual abuse history. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to clinical and treatment staff and to other staff, based on their need to know, to make effective management decisions. During the site review, the files are observed to be maintained in a secure manner in a locked cabinet behind a locked door and information maintained electronically is password protected.

Provision (d):

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

Policy addresses informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. Clinical staff members understand the practice of informed consent.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.382: Access to Emergency Medical and Mental Health Services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to §115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Memorandum of Understanding (MOU)

Interviews:

Clinical Director
Lead Nurse
Director of Quality Improvement, Suncoast Center Inc.

Provision (a):

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The interviews and Policies support the alleged victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The interviews were aligned with the Policies including that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services and meet with those practitioners and are provided services during the intake process and during their stay in the facility.

The alleged victim will get services within the facility as well as timely services in the community. An alleged victim will be transported to the Suncoast Center for a forensic medical examination that will be conducted by a Sexual Assault Nurse Examiner (SANE). The examination will be performed at no cost to the victim and in accordance with the MOU and Policy, in response to an allegation of sexual abuse. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents.

Provision (b):

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. The Policies provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the documentation and Policies; observations of

the interactions among residents and staff during the site review; and the interviews indicated unimpeded medical and crisis intervention services are available to an alleged victim of sexual abuse. Staff training also prepare staff members to appropriately report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities.

Provision (c):

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy, review of documentation and interviews confirmed processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. If needed after an incident, follow-up services may be provided by the facility's medical and mental health staff members to provide support services coordinated by staff as needed or services not available within the facility will be contracted. The standard of care within the facility ensures the appropriate medical and mental health follow-up as needed.

Provision (d):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The interviews, MOU and Policies provide that treatment services will be provided to the victim without financial cost to the victim. Treatment services will also be provided at no cost to the victim regardless of whether the victim names the abuser or cooperate with any investigation arising out of the incident.

Conclusion:

Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919

Interviews:

Lead Nurse
Clinical Director
Executive Director

Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The Policies and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews revealed that follow-up services will be provided that include but are not limited to additional testing; medication monitoring; crisis intervention counseling; increased therapy sessions; and contract and referral services as needed.

Provision (b):

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews and documentation of encounters confirm on-going medical and mental health care will be provided as appropriate and will include but not be limited to treatment planning; evaluations, and clinical follow-up and referrals as needed. Specialized treatment may also be provided by clinicians on site and through contract services. Additionally, directions contained in the discharge summary will be followed.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Review of Policies, staff interviews and observations during the site review indicated medical and mental health services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interviews and observations during the site review underscored the treatment services at the facility are consistent with the community level of care.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The facility houses male residents only.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility houses male residents only.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The interviews and Policies ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate as confirmed by the Lead Nurse and Clinical Director. There have been no allegations of sexual abuse that required the resident being offered tests for sexually transmitted infections during this audit period.

Provision (g):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to Policy, interviews, and the MOU.

Provision (h):

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The Clinical Director, confirmed that the resident would get a mental health evaluation within two hours of learning of a resident's abusive history however Policy does provide for the mental health evaluation to be conducted within 60 days.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386 (d) (1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Incident Review Team Meeting Minutes

Interviews:

Assistant Facility Administrator
Executive Director
DJJ Statewide PREA Coordinator

Provision (a):

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of the Policies, documentation and interviews confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with the Policy. The interviews confirm this premise and the DJJ statewide PREA Coordinator serves as the facilitator of the PREA incident review teams.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews will occur within the stated time period. However, the incident review regarding the allegation of sexual abuse was delayed due to COVID-19 concerns and the related restrictions. There was no delay in the initiation of the investigation by the investigative entities in fulfilling their roles. The interviews revealed knowledge of the purpose of the incident review process.

Provision (c):

The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy and interviews collectively identify members of the incident review team. The DJJ statewide PREA Coordinator facilitates the incident review. Members of the team are identified in Policy and includes upper-level management staff such as the Executive Director, Assistant Facility Administrator, program staff, with input from line supervisors including mental health and medical staff. The DJJ Office of Inspector General investigator may also participate in the incident review where applicable. The additional staff members will attend the meeting as needed, related to the incident. The minutes of the incident review for the allegation of sexual abuse identified the team members as the Executive Director, Assistant Facility Administrator, Clinical Director, and Operations Review Specialist.

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Policy and interviews collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation. The incident review process is documented and is facilitated by the DJJ statewide PREA Coordinator.

The meeting minutes are recorded by the DJJ statewide Coordinator and the written report also includes any recommendations for improvement. The review of the minutes from the incident review team meeting documented that consideration was given in accordance with this provision of the Standard. It was documented there were no PREA related recommendations or actions necessary at the time of the incident review team meeting.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Policy indicates the reasons for not following recommendations are documented. The interviews revealed familiarity with the Policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident. A format for documenting the incident review process has been developed by the DJJ statewide PREA Coordinator and include recommendations where indicated as determined from a review of documentation of other reports. It was documented there were no PREA related recommendations or actions necessary at the time of the incident review team meeting.

Conclusion:

Based upon the review of Policy and other documentation and interviews, the Auditor has determined the facility is compliant with this standard.

Standard 115.387: Data Collection**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.387 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility 1.28

Agency Policy FDJJ 1919
Agency Policy FDJJ 2020
Agency Data Log

Interview:

Executive Director

Provisions (a) & (c):

Provision (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Provision (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Policies provide for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. The agency collects the data and completes an annual report with the compilation of data gleaned from the facilities through the central reporting system. Agency Policy FDJJ 2020 contains a standardized set of definitions and provides support for the collection of accurate and uniform data. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency aggregates the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the annual report for the agency which is supported by the reviewed data and Policy.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The data is collected, and various types of data are identified and related documents regarding PREA information as applicable. Policy requires that statistical information be maintained for various service areas and occurrences, including major incidents and medical and mental health emergencies. The agency collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the agency's annual report.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency collects and maintains data for state-run and contract facilities and aggregates the data which culminates into the annual report. The data is collected from the contract facilities and is included in the agency's annual reports. The data is aggregated at the central office level.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization.

Conclusion:

Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.388: Data Review for Corrective Action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1919
Annual Reports

Interviews:

Executive Director
Assistant Facility Administrator

Provision (a):

The agency shall review data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.

The interviews and previous interview with the DJJ statewide PREA Coordinator support the review of data and that it is used to improve the agency's PREA efforts. The interviews and review of documentation revealed the collection of various types of data, including PREA related information. Data is reviewed to assess and improve the effectiveness of prevention, detection, and response within the agency as well as individual facilities. The data is also primary to preparing annual reports.

Provisions (b)-(d):

Provision (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Provision (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The annual report is prepared by the DJJ statewide PREA Coordinator for the agency and includes data from all state-run and contract facilities within the agency. The annual reports are approved by the

agency head/designee. There are no personal identifiers in the report. The annual report contains PREA related data that represents previous calendar years allowing for the comparison of data. The overarching annual report for the agency is posted on the agency's website, accessible to the public.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the agency is compliant with this standard.

Standard 115.389: Data Storage, Publication, and Destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy 1.28
Agency Policy FDJJ 1316
Agency Policy FDJJ 1919
Agency Annual Report

Interview:

Executive Director

Provision (a)-(d):

Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained.

Provision (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Provision (d): The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Policy provides that the data collected is securely stored and maintained for at least 10 years after the date of collection unless a law requires otherwise. Personal identifiers are removed from aggregated data before making the data publicly available. The annual report is available to the public through the DJJ agency website. A review of the annual report verified there are no personal identifiers. All facility and agency records are securely stored in locked cabinets behind locked doors and electronic records are password protected. The interviews support the premise and Policies.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The previous audit was conducted in 2017. The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor on a flash drive. The Auditor was provided additional information by email, as requested. During the post audit phase, the Executive Director provided the Auditor with evidence that the corrective action of refresher education for residents was implemented. The FDJJ ensured the completion of PREA audits for each state-run and contract facility as required, including this facility.

The site review was led by the Executive Director; all areas of the facility where residents go were included. The areas containing posted information were observed, including the areas where the virtual interviews were conducted. The Executive Director, Assistant Facility Administrator and DJJ statewide PREA Coordinator were cooperative in providing information and participating in or assisting in coordinating the interviews.

The virtual interviews were conducted in private with the residents and staff. The PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or from staff.

Standard 115.403: Audit Contents and Findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Annual Reports

Interviews:

Executive Director

DJJ Statewide PREA Coordinator

Provision (f):

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The posted PREA reports do not contain any personal identifying information other than names and job titles. The facility and agency policies and additional documentation, practices and interviews with the Executive Director, Assistant Facility Administrator and other staff were reviewed regarding compliance with the standards and have been identified in the reports.

The audit findings were based on a review of policies, procedures, supporting documentation, observations, and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility and agency staff and the community resource staff member.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner

December 30, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.