




**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**INTEROFFICE MEMORANDUM**

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**DATE:** June 6, 2017

**TO:** Christina K. Daly, Secretary  
Eric Miller, CIG, Executive Office of the Governor

**FROM:** Robert A. Munson, Inspector General 

**SUBJECT:** Final Report – Audit No. A-1617DJJ-003, *Audit of Secure Detention Supervision*

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Please find attached our final audit report for the *Audit of Secure Detention Supervision*. The Bureau of Internal Audit will conduct a follow-up review to determine the status of corrective actions taken to address the reported findings.

We would like to thank the Office of Detention Services for the assistance extended to our staff during the audit process. Please feel free to contact Michael Yu, Audit Director, at 850-717-2468 if you have any questions.

RM/my/km

Attachment

Cc: Timothy Niermann, Deputy Secretary  
Fred Schuknecht, Chief of Staff  
Dixie Fosler, Assistant Secretary, Detention Services  
Sherrill F. Norman, Auditor General  
Kathy DuBose, Director, Legislative Auditing Committee

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Rick Scott, Governor

Christina K. Daly, Secretary

*The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.*

**Audit of Secure Detention Supervision  
Report Number A-1617DJJ-003  
June 6, 2017**

**By**

**The Office of the Inspector General  
Bureau of Internal Audit**

Robert A. Munson  
Inspector General

Michael Yu, CIA, CIG  
Director of Auditing

Karen Miller  
Auditor-in-Charge

Kelly Neel  
Auditor

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Christina K. Daly, Secretary

**Office of Inspector General  
Bureau of Internal Audit  
Audit of Secure Detention Supervision  
Audit No. A-1617DJJ-003**

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## EXECUTIVE SUMMARY

The Department of Juvenile Justice (Department), Office of the Inspector General, Bureau of Internal Audit has performed the Audit of Secure Detention Supervision. The audit objectives were to provide management with reasonable assurances that secure detention supervision is implemented in compliance with Florida Statutes, Florida Administrative Codes, and Department policies and procedures; and to evaluate whether internal controls are in place to ensure the effectiveness of secure detention supervision for providing care, safety and protection of detained youth. The audit scope was to assess secure detention operations from July 1, 2015 through December 31, 2016, and related activities through the end of fieldwork.

The audit disclosed that, in general, juvenile detention centers had policies and procedures in place that complied with Florida Statutes, Florida Administrative Code, and Department policies and procedures regarding secure detention supervision. In addition, our review indicated facilities had internal controls in place to ensure the effectiveness of secure detention supervision in providing care, safety and protection of detained youth. However, we noted the following areas for improvement in one or more of the facilities:

- Logbooks were not always reviewed by superintendents or their designee and reviews were not always highlighted as required by Facility Operating Procedure (F.O.P.) 1.13;
- Visitation logbooks did not always reflect the visitor's time in and out of the facility;
- Facility key control was not always demonstrated;
- Behavior Management Systems (BMS) were not always understood by staff or youth; youth point-tracking documents were not always current, justification for youths' level drops were not always documented in the living area logbook, and youth in the highest BMS level (Level 3) were not always provided with three additional privileges;
- Youth telephone logs were not always current, did not always reflect the number dialed, and in some instances could not be located for review;
- PREA training certificates for medical and mental health care providers were not always maintained by the facility, and superintendents did not always maintain a copy of all PREA-related incidents reported to the CCC;
- F.O.P. 5.05 and the F.O.P. Emergency Drill Reporting Form concerning suicide prevention drills were not consistent with Florida Administrative Code (F.A.C.) 63G-2.017(5)(b);
- Local fire official's approval of the facility's fire drill procedures could not always be located;
- Required fire drills (monthly on each shift), medical drills (quarterly on each shift), and suicide prevention drills (quarterly on each shift) were not always documented

and completed drill forms were not always signed by the shift supervisor and facility administrator;

- Inventories for all poisonous, flammable, and toxic materials were not always available;
- A perpetual inventory of all tools maintained by the facility was not always reviewed and signed monthly by the superintendent or designee;
- An itemized inventory of all culinary equipment including kitchen knives and other hazardous kitchen sharps was not always maintained; and
- Facility hold-over schedules were not always followed, resulting in staff working 16 hours per day for two or more consecutive work days.

We recommend the Department:

- Ensure superintendents, assistant superintendents, or their designees follow F.A.C. 63G-2.018(3) and F.O.P. 1.13 concerning logbook reviews;
- Update the facilities' individualized BMS plans and re-train youth and staff on the approved plans;
- Ensure BMS point-tracking documents are consistently updated to reflect the youths' current levels, and remind staff to document justification in the living area logbooks when a youth's level is dropped;
- Implement a weekly review of the youth's telephone log sheets;
- Ensure all medical and mental health care providers complete PREA training within 30 days of the date of hire in compliance with Department Policy FDJJ-1520;
- Ensure superintendents are compliant with F.O.P. 3.09 in requesting and maintaining copies of all PREA-related incidents reported to the CCC;
- Update Detention F.O.P. 5.05 and the Emergency Drill Reporting Form to reflect quarterly mock suicide prevention drills, on each shift, in accordance with F.A.C. 63G-2.017;
- Ensure that all drills are conducted according to F.A.C. 63G-2.017, documented appropriately on the Emergency Drill Reporting Form, and maintained in an approved manner;
- Ensure that facilities obtain and maintain the required annual letter of approval from local fire officials for facility fire drill procedures;
- Ensure superintendents or their designees follow F.O.P. 5.14 and 5.15 regarding tool and chemical inventories;
- Ensure superintendents or their designees follow F.A.C. 63G-2.016 and F.O.P. 5.15 by daily maintaining the appropriate account sheets for kitchen knives and other hazardous kitchen sharps; and
- Conduct a research or study to develop a better strategy for handling hold-over shifts.

## Audit of Secure Detention Supervision Audit # A-1617DJJ-003

### INTRODUCTION

The Office of the Inspector General, Bureau of Internal Audit, conducted an Audit of Secure Detention Supervision operations from July 1, 2015 through December 31, 2016, and related activities through the end of fieldwork. This audit was initiated based on our Fiscal Year 2016-2017 Audit Plan and conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*, published by the Institute of Internal Auditors.

### Background

The Department of Juvenile Justice operates 21 juvenile detention centers in 21 counties, with a total of 1302 beds, in the State of Florida. Secure Detention is a physically restrictive facility for the housing of youth pending adjudication, disposition, placement or by court order. Youth placed in Secure Detention have been assessed as risks to public safety, per the Detention Risk Assessment Instrument (DRAI) and must remain in a physically secure detention center while awaiting court proceedings. Youth appear before the court within 24 hours of being taken into custody, at which time the juvenile judge determines whether there is a need for continued detention. Generally, there is a 21-day limit to secure detention, but those charged with serious offenses can be held up to 30 days.

According to Florida Statute 985.601(9)(a)-(b), the Department shall operate a statewide, regionally administered system of detention services for children, in accordance with a comprehensive plan for the regional administration of all detention services in the state. Additionally, the Department shall adopt rules prescribing standards and requirements with reference to:

- The construction, equipping, maintenance, staffing, programming, and operation of detention facilities;
- The treatment, training, and education of children confined in detention facilities;
- The cleanliness and sanitation of detention facilities;
- The number of children who may be housed in detention facilities per specified unit of floor space;
- The quality, quantity, and supply of bedding furnished to children housed in detention facilities;
- The quality, quantity, and diversity of food served in detention facilities and the manner in which it is served;
- The furnishing of medical attention and health and comfort times in detention facilities; and
- The disciplinary treatment administered in detention facilities.

## **Objectives, Scope, and Methodology**

The objectives of this audit were to provide management with reasonable assurances that secure detention supervision is implemented in compliance with Florida Statutes, Florida Administrative Codes, and Department policies and procedures; and to evaluate whether internal controls are in place to ensure the effectiveness of secure detention supervision operations for providing care, safety and protection of detained youth.

To achieve the audit objectives, we:

- reviewed applicable statutes and rules;
- reviewed Department policies and procedures;
- selected a sample of detention centers for review;
- interviewed detention center Superintendents, staff, and youth;
- reviewed selected documentation (reports, logs, etc.) in selected detention centers;
- reviewed youths' files;
- reviewed Bureau of Monitoring and Quality Improvement program reports; and
- conducted other activities deemed necessary.

We visited and conducted audit procedures for the following detention centers:

- Escambia Regional Juvenile Detention Center
- Duval Regional Juvenile Detention Center
- Manatee Regional Juvenile Detention Center
- Pinellas Juvenile Detention Center
- Broward Juvenile Detention Center

We used judgmental sampling to improve the overall efficiency of the audit. Errors or irregularities could have occurred, but not detected, because of inherent limitations associated with judgmental sampling. As such, projection of the auditors' conclusions based on our sampling method may be different from that reached if all juvenile detention centers were subject to the audit procedures applied during the audit process.

## **RESULTS OF AUDIT**

This audit disclosed that in general, the Department provided a safe, secure, and humane environment for the youth in the detention centers. Superintendents in selected detention centers have implemented secure detention supervision policies and procedures in compliance with Florida Statutes, Florida Administrative Codes, and Department policies and procedures; and staff, in most of the selected detention centers, had a clear understanding of the implemented policies and procedures and followed secure detention

supervision procedures in providing care, safety, and protection of the youth. Additionally, the audit indicated that youth in selected detention centers are provided the required health and educational services, communication and visitation opportunities, a behavior management system to guide their behavior, and a grievance process. However, the audit indicated that facility management (logbooks, hold-overs), youth management (behavior management, telephone logs, Prison Rape Elimination Act) and safety and security (drills, toxic materials, key control, and tools and sensitive item control) could be improved.

### **DETAILS OF FINDINGS AND RECOMMENDATIONS**

**Finding 1: The Visitor logbook notations were not always complete; logbook reviews were not always performed by superintendents or their designee; and logbook reviews were not always highlighted.**

Florida Administrative Code (F.A.C.) 63G-2.018(3) requires, at a minimum, a logbook be maintained in Master Control, each living area, and for visitors. Living area logbooks must document date and time of an event or activity, names of staff and youths involved, a brief description of the event, initials of the person making the entry and the date and time of the entry. The Master Control logbook must document emergency situations and incidents, drills, receipt of medical and mental health alerts, required population counts, youth group movement, admissions and releases, presence of law enforcement personnel, youths placed in or released from confinement and youths placed on or released from precautionary/secure observation. Facility Operating Procedure (F.O.P.) 1.13 specifies that the visitor logbook must include signatures of all visitors entering the facility and their time in and out of the facility. Both F.A.C. 63G-2.018(3) and F.O.P. 1.13 require the superintendent or designee to conduct a weekly review of all logbooks and highlight the documentation review.

During the audit, we randomly selected five juvenile detention facilities for site visits. As part of the audit process, we reviewed logbooks for Master Control, all living areas, and visitors. Among the five facilities reviewed, superintendents in two facilities (Broward and Duval) did not review the logbooks consistently. In Broward, logbooks were reviewed sporadically. In Duval, the Master Control logbook did not appear to have been reviewed for seven days, and living area logbooks had not been reviewed for 20 days.

In the other three facilities (Escambia, Manatee, and Pinellas) superintendents notated the required weekly reviews in blue ink but did not highlight the reviews as specified in F.A.C. 63G-2.018(3) and F.O.P. 1.13.

Additionally, in four facilities (Broward, Manatee, Pinellas, and Duval) the visitor logbooks were not always reviewed by the Superintendents or their designees, and in Pinellas the logbook did not always capture the visitor's time in and out of the facility.



Logbooks serve as a written format for communication and record keeping in a secure detention facility. Weekly reviews ensure the facility superintendent or their designee are aware of visitors to the facility, youth incidents/codes that have been called, and maintenance/security issues affecting the care, safety, and security of detained youth.

During our site visits, we noted that Juvenile Detention Officers in the central region were receiving logbook re-training. We recommend that the Department ensure superintendents, assistant superintendents, or their designees follow F.A.C. 63G-2.018(3) and F.O.P. 1.13 and complete logbook reviews in a timely manner.

**Finding 2: Facility key control was not always demonstrated.**

F.A.C. 63G-2.019 and F.O.P. 5.05 require the superintendent to outline a system of key control that addresses assignment, tracking, storage, disposal, and replacement of lost or damaged keys, including keys to the center's vehicles.

All five facilities visited have developed a key control system for assigning, tracking, storing, disposing, and replacing lost or damaged keys. In some centers, facility keys were assigned through Master Control, requiring staff to exchange their personal keys for facility keys. In other centers, facility keys were assigned to staff by the shift supervisor during briefing. In all cases, officers were required to sign key assignment sheets. During site visits, one facility was unable to provide auditors with all of December 2016 key control logs for each shift.

Key control logs provide a clear line of accountability in maintaining the security and safety of youth and staff within the facility. We recommend the Department ensure key control management in accordance with established policies and procedures.

**Finding 3: Behavior Management Systems (BMS) were not always understood by staff or youth; youth point-tracking documents were not always current; justification for youths' level drops were not always documented in the living area logbook; and youth in the highest BMS level (Level 3) were not always provided with three additional privileges.**

F.A.C. 63G-2.022 requires all detention centers to implement a BMS that promotes safety, respect, fairness and protection of rights for youth within the facility. The implemented BMS must include: fair and consistent consequences; a three level system for rewarding positive behavior; a process for youth to move up or down the level system; and an internal procedure for the tracking of youth on the BMS. The behavior norms and expectations must be explained to all youth during the admission process, during orientation, and be posted in all living areas and clearly specify appropriate and inappropriate behaviors. Additionally, per F.O.P. 3.02, each facility will determine the

specifics regarding their level system and incentives; submit annually an individualized BMS plan to the Regional Director for review and approval; provide youth on Level 3 with three additional privileges as well as some additional activities and incentives determined by the facility; document the reason for a youth's level drop in the mod logbook along with the supervisors' approval; and in addition to explaining BMS during the admission process, it must be explained at the beginning of each awake shift.

Regional Directors provided auditors with individualized BMS plans approved for each of the five facility's visited. Each plan consistently reflected a three-tiered BMS in which youth are required to demonstrate appropriate behavior for three consecutive days (days are calculated as a 24-hour period) in order to level up. Additionally, each BMS plan indicated the following:

- Level 1 is the most restrictive level where youth receive all basic rights;
- Level 2 is the level on which all youth admitted to the facility start, which includes all basic rights and a minimum of two additional privileges; and
- Level 3 is the highest level, which includes all basic rights, all Level 2 privileges, and a minimum of three additional privileges.

During the site visits, auditors observed BMS posters in living area mods, point tracking documents, and signed orientation documents in youth files reflecting the required BMS training. However, further document reviews and interviews with youth and staff indicated that not all facilities properly implemented BMS.

At each facility, auditors interviewed the superintendent, two shift supervisors, two juvenile detention officers, and a 10 percent random selection of the facility's youth population. In two facilities (Broward and Duval) youth interviewed were unable to explain how the BMS worked. In Duval, the provided BMS plan did not detail how points are earned. Interviews with detention officers and youth indicated canteen (token store) is the only BMS reward. In Broward, auditors observed during the facility tour that daily point totals were not being updated in the male living areas. Additionally, youth interviewed in Broward indicated BMS Level 3 youth only received an end of week party and canteen, even though the BMS brochure indicated Level 3 privileges are a later bed time, an extra phone call, culinary and green house activities, and an opportunity to complete community services hours.

In a separate facility (Pinellas), auditors observed that BMS posters were not updated and officers were not documenting justification for youth's level drops in the living area logbooks.

BMS is used to modify the youths' behavior while offering a predictable set of rewards, privileges, and consequences. It is intended to support responsibility and discourage acting out. The youth's behavior determines the amount of points the youth receives and

points earned are used for privileges and advancement in the BMS. The point system is designed to teach the youth to develop personal responsibility, accountability, and skill development.

Without a properly implemented BMS, it is difficult to modify the youths' behavior. We recommend all facilities update their individualized BMS plans and re-train youth and staff on the approved BMS plan; ensure BMS point tracking is consistently updated; and remind staff to document justification for a youth's level drop in the living area logbooks.

**Finding 4: Youth telephone logs were not always current. It did not always reflect the number dialed; and in some instances, it could not be located for review.**

F.O.P. 3.08 mandates that, when a youth makes a phone call, officers will dial the number, verify the identity of the person being called and document the number dialed on the youth's telephone log. It further requires that all telephone calls and attempted calls shall be documented on the youth's telephone log.

In the five facilities visited, auditors interviewed 40 youths and reviewed their telephone log sheets. All youth stated they were able to make weekly telephone calls. However, auditors noted that telephone log sheets for some of the youth were not provided and staff did not fully complete the youths' log sheet for each completed or attempted call. Additionally, information documented on the youths' telephone log sheets for numbers dialed and the identity of the person called did not always correspond to information provided during interviews with youth.

Documenting youths' telephone calls on log sheets ensures that the youths' rights to communicate are not violated, while ensuring youth do not contact victims or co-defendants.

We recommend management implement a weekly review of youth telephone log sheets.

**Finding 5: Prison Rape Elimination Act (PREA) training certificates for medical and mental health care providers were not always maintained by the facility; and superintendents did not always maintain a copy of all PREA-related incidents reported to the Central Communications Center (CCC).**

F.O.P. 3.09 outlines the facility's approach to prevent, detect, and respond to sexual abuse and sexual harassment. Section 115.332 Volunteer and Contractor Training specifies that all DJJ service providers, volunteers and mentors, and interns in Detention facilities that provide assistance on a continuous basis and at regular intervals, or who volunteer 10 hours or more, must complete the agency's zero-tolerance of sexual misconduct training within 30 days of hire. Upon completion of the course, the individual

must sign and date the form, including a witness signature, and a copy of the form must be retained by the PREA facility compliance manager.

During our site visits, auditors requested PREA training documents for all medical and mental health staff members. In one facility (Manatee), staff was unable to provide a signed PREA training form for a contracted employee of Maxim Healthcare Services. Instead, auditors were provided with a signed copy of the Criminal History Acknowledgement and Prison Rape Elimination Act (PREA) Compliance Form completed as part of the background screening packet for Maxim Healthcare Services. The form was not dated or signed by a witness.

F.O.P. 3.09, Section 115.387 mandates the superintendent request all PREA-related incidents reported to the CCC and maintain a copy in a file folder labeled 115.387. During the preliminary review process, auditors reviewed all CCC incident reports, including PREA-related incidents, for the five facilities selected for site visits. Documents reviewed indicated each of the facilities had CCC PREA incidents reported between January 1, 2016 and December 31, 2016. However, only two of the five facilities (Manatee and Pinellas) had the PREA incident reports contained in a file folder labeled 115.387.

PREA training is mandated to ensure all employees, contractors, juveniles, and volunteers have a clear understanding that the Department strictly prohibits any type of sexual relationship with an individual under the Department's supervision, and considers such a relationship a serious breach of the standards of employee conduct and contract compliance. Aggregated PREA data collection is important and necessary to assess and improve the effectiveness of sexual misconduct prevention, detection, and response policies, practices, and training.

We recommend that management ensure all medical and mental health care providers complete PREA training within 30 days of the date of hire in compliance with Department policy FDJJ-1520. We further recommend that management ensure superintendents are compliant with F.O.P. 3.09 in requesting and maintaining copies of all PREA-related incidents reported to the CCC.

**Finding 6: Facility Operating Procedure (F.O.P.) 5.05 and the F.O.P. Emergency Drill Reporting Form concerning suicide prevention drills were not consistent with Florida Administrative Code (F.A.C.) 63G-2.017(5)(b). Required fire drills, medical drills, and suicide prevention drills were not always documented and completed drill forms were not always signed by the shift supervisor and facility administrator; and local fire official's approval of the facility's fire drill procedures could not always be located.**

F.A.C. 63G-2.017 mandates drills ensuring the safety and security of all youths and employees be conducted in the following manner: Continuity of Operations Planning (COOP) drills shall be conducted, at a minimum, twice a year, with one drill being completed prior to the hurricane season; escape drills shall be conducted on a quarterly basis; fire drills shall be conducted monthly, on each shift; medical drills shall be conducted quarterly, on each shift; and suicide prevention mock drills shall be conducted quarterly, on each shift. Detention F.O.P. 5.05 indicates the same drill requirements and frequency except that suicide prevention drills are only required quarterly. F.O.P. 5.03 requires the superintendent to contact the State Fire Marshal and local fire officials and request them to review all policies and procedures related to fire safety and protection annually. The local fire official is required to provide a written approval of the facility's fire drill procedures.

The requirement for suicide prevention mock drills to be conducted quarterly in F.O.P. 5.05, and the mock suicide drill requirement of twice per year listed on the Emergency Drill Reporting Form do not meet the requirement listed in F.A.C. 63G-2.017(5)(b), for suicide prevention mock drills to be conducted quarterly, on each shift.

Our audit indicated that all five facilities maintained separate notebooks for each required drill. One facility retained documentation for August 2016 through January 2017, showing that all required drills were conducted. In the remaining four facilities (Broward, Duval, Manatee, and Pinellas), Broward conducted all monthly fire drills per shift, after July 2016, but did not have documentation to support that escape, medical, and mock suicide prevention drills were being conducted as required; additionally, the Emergency Drills Reporting Forms retained for fire, escape, and mock suicide prevention drills were not always signed by the facility administrator. Duval did not conduct all required fire or mock suicide prevention drills, on each shift; and Emergency Drill Reporting Forms for fire drills were not always signed by the facility administrator. In Manatee, the facility did not conduct all required fire, medical, and mock suicide prevention drills. Pinellas did not perform all required fire drills, on each shift.

Our audit also indicated that four facilities (Broward, Duval, Manatee, and Pinellas) did not have letters from local fire officials signifying written approval of the facility's fire drill procedures. Pinellas stated they had a letter from the local fire official approving the facilities' fire drill procedures, which was reviewed and approved by the Bureau of Quality Improvement staff in November 2016; however, the letter could not be located during the auditors' site visit. Broward and Manatee obtained and provided auditors with signed copies of approved fire drill procedures after the site visits.

A planned and comprehensive approach to effectively manage emergencies and disaster events is critical to ensure safety and security for youth and staff. Conducting and maintaining documentation of required drills is an integral tool in determining problematic

areas of concern and developing recommendations for improvement in managing emergencies and disaster events.

We recommend Detention Management:

- Update Detention F.O.P. 5.05 and the Emergency Drill Reporting Form to reflect quarterly mock suicide prevention drills on each shift, in accordance with F.A.C. 63G-2.017;
- Ensure that all drills are conducted in accordance with F.A.C. 63G-2.017, documented appropriately on the Emergency Drill Reporting Form, and maintained in an approved manner; and
- Ensure that facilities obtain and maintain the required annual letter of approval from local fire officials in accordance with Detention F.O.P. 5.03.

**Finding 7: A perpetual inventory of all tools maintained by the facility was not always reviewed and signed monthly by the superintendent or designee; and inventories for all poisonous, flammable and toxic materials were not always available.**

F.A.C. 63G-2.016 mandates that the superintendent or designee shall ensure all tools and equipment are properly cared for, stored, and inventoried. Detention F.O.P. 5.15 requires the facility to maintain a perpetual inventory of all tools, which is to be reviewed and signed monthly by the superintendent or designee; while F.O.P. 5.14 requires all poisonous, flammable and toxic materials to be inventoried and secured when not in use.

During site visits, auditors observed that all five facilities followed Department safety policies by ensuring youth could not access tools. Maintenance areas were securely locked, tools were displayed on shadow boards to determine when an item was missing, and sign-in/out logs indicated who removed a tool and when it was returned. However, auditors noted in three facilities (Broward, Duval, and Pinellas) that monthly tool inspection logs were not always signed by the superintendent or designee. Additionally, in two of those facilities, Duval had not completed an inventory on the chemicals located in an outside shed; and Broward was unable to provide the chemical inventory list.

Tool and chemical inventories are critical for ensuring the safety and security of youth and staff. We recommend the Department ensure superintendents or their designees follow F.O.P. 5.14 and 5.15 regarding tool and chemical inventories.

**Finding 8: An itemized inventory of all culinary equipment including kitchen knives and other hazardous kitchen sharps was not always maintained.**

F.A.C. 63G-2.016 and F.O.P. 5.15 require that kitchen knives and other hazardous kitchen sharps shall be stored in a locked cabinet, drawer or toolbox that contains an inventory list and shall be accounted for daily.

Auditors toured cafeteria/kitchen areas in all five facilities and observed that detention center staff were ensuring that youth were not able to access kitchen knives or other hazardous kitchen sharps by maintaining such items in locked cabinets and drawers and maintaining required inventory logs. However, in one facility (Broward), the daily account sheet for all culinary equipment had not been completed since the end of December 2016.

Daily inventories of kitchen knives and other hazardous kitchen sharps are critical for ensuring the safety and security of youth and staff. We recommend the Department ensure superintendents or their designees follow F.A.C. 63G-2.016 and F.O.P. 5.15 by daily maintaining the appropriate account sheets for kitchen knives and other hazardous kitchen sharps.

**Finding 9: Facility hold-over schedules were not always followed, resulting in staff working 16 hour days for two or more consecutive work days.**

F.A.C. 63G-2.017 mandates that staffing patterns will ensure that the safety, well-being and appropriate supervision of youths are addressed at all times, that staff identified on the officer schedule as responsible for performing "double-on" duty (working two consecutive shifts) shall be prepared to perform this duty at the direction of the supervisors, and that administrators shall make an effort to allow the officers 16 consecutive hours off prior to returning to work. F.O.P. 1.04 further stipulates that the facility superintendent or designee will ensure that a holdover schedule is developed, denoting that "volunteers" will not be accepted and that supervisors shall first attempt to utilize staff who have been on leave during the week or who have called in during that week, utilizing staff that have called off sick first, followed by staff that have used annual or special comp leave.

Auditors reviewed hold-over (double-on) schedules in all five facilities. Each hold-over schedule depicted a weekly calendar for each shift and officers' names were listed under each day of the week, for which they might be required to work 16 hours. Superintendents and supervisors advised that holding staff over from their assigned shift to cover the next immediate shift is necessary to ensure appropriate staffing levels when an officer calls out sick or takes leave. For example, Broward's C-Shift indicated staff hold-over days as follows:

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Johnson	Salmon	Tarpley	Clark	S. Henry	McCoun	Clark
Collins	Fordham	McDaniel	Reed	Collins	Mondesire	Tarpley
Junior	Henry	McCoun	Nicholas	Johnson	McDaniel	Battle
Mondesire	Reed	Laramore		Fordham	Junor	Laramore
	Rickey				Salmon	

Using this calendar, Officer Johnson could expect to work 16 hours on Friday and 16 hours on Tuesday; Officer Junior could expect to work 16 hours on Friday and Wednesday; and Officer Reed could expect to work 16 hours on Saturday and Monday.

When interviewed, Superintendents and supervisors stated that officers are notified at the start of each shift when it is their day to work a hold-over shift. Superintendents and supervisors also indicated that the facilities are short-staffed and they are having difficulties hiring and retaining detention officers. Some managers indicated that detention officers are working one to two hold-over shifts per week, while others stated detention officers are working at least three hold-over shifts per week. Superintendents and supervisors stated that they try to release the hold-over staff early without keeping them for 16 hours and typically assign the hold-over staff to posts that do not require as much direct contact with the youths (i.e. nurse's station/escort, master control, transportation). The majority of superintendents and staff indicated that due to limited staff, they are not able to provide the officers 16 hours off prior to returning to work. Interviews with detention officers confirmed this statement.

Auditors reviewed overtime reports and pulled January 2017 timesheets for two of the facilities (Broward and Duval). Approved timesheets for sampled employees in one facility reflected the following:

Employee "A"

During the week of January 16-20, 2017, the employee worked 28 hours in two days with eight hours off between shifts.

Monday	Tuesday	Wednesday	Thursday	Friday
14.50	13.50	8	8	12

During the week of January 30-February 3, 2017, the employee worked 26.50 hours in two days with eight hours off between shifts.

Monday	Tuesday	Wednesday	Thursday	Friday
12.50	14	8	13.50	8.50



Employee "B"

During the week of January 14-18, 2017, the employee worked 25.50 hours in two days with eight hours off between shifts.

Saturday	Sunday	Monday	Tuesday	Wednesday
8.50	8.50	13.25	12.25	8.25

During the week of January 28-February 1, 2017, the employee worked 71.50 hours in five days, with eight hours off between each shift.

Saturday	Sunday	Monday	Tuesday	Wednesday
14.75	12.75	13.50	16.50	14

Employee "C"

During the week of January 1-5, 2017, the employee worked 30.50 hours in two days with eight hours off between shifts.

Sunday	Monday	Tuesday	Wednesday	Thursday
16	14.50	8	8	14.50

During January 29-February 2, 2017, the employee worked three separate hold-over shifts with eight hours off following each hold-over shift.

Sunday	Monday	Tuesday	Wednesday	Thursday
14	8	15	8	13.50

Sampled employees' timesheets at the second facility reflected the following:

Employee "A"

During the week of January 13-17, 2017, the employee worked 49 hours in three days with eight hours off between shifts.

Friday	Saturday	Sunday	Monday	Tuesday
8	16.50	16.50	16	2.75

During January 27-31, 2017, the employee worked 32.50 hours in two days with eight hours off between shifts.

Friday	Saturday	Sunday	Monday	Tuesday
16	16.50	8	16	8

Employee "B"

During January 11-16, 2017, the employee worked 32 hours in two days with eight hours off between shifts.

Wednesday	Thursday	Friday	Saturday	Sunday	Monday
8	16	8	16	16	8

During January 18-23, 2017, the employee worked 32 hours in two days with eight hours off between shifts.

Wednesday	Thursday	Friday	Saturday	Sunday	Monday
8	16	8	16	16	8

Employee "C"

During the week of January 1-5, 2017, the employee worked 48.25 hours in three days with eight hours off between shifts.

Sunday	Monday	Tuesday	Wednesday	Thursday
16	16	16.25	8	7

During the week of January 14-17, 2017, the employee worked 48 hours in three days with eight hours off between shifts.

Saturday	Sunday	Monday	Tuesday	Wednesday
9	17	16	15	0

To stem the increase in employee turn-over, prevent burn-out and enhance safety for the youth and staff, we recommend that management conduct a research or study to develop a better strategy for handling hold-over shifts.

## APPENDIX

### MANAGEMENT RESPONSE



STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

INTEROFFICE MEMORANDUM

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**DATE:** June 6, 2017  
**TO:** Robert Munson, Inspector General  
**FROM:** Dixie Fosler, Assistant Secretary for Detention Services  
**SUBJECT:** Response to the Audit of Secure Detention Supervision

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The following responses represent Detention Services management's plan for correcting or improving the findings of the recent Audit of Secure Detention Supervision:

**Finding 1: The Visitor logbook notations were not always complete; logbook reviews were not always performed by superintendents or their designee; and logbook reviews were not always highlighted.**

**Recommendation:** Ensure superintendents, assistant superintendents, or their designees follow F.A.C. 63G-2.018(3) and F.O.P. 1.13 concerning logbook reviews.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

FOP 1.13, Logbooks, will be revised to state that Superintendents do not need to review the visitor's logbooks. In addition, we will clarify in FOP 1.13 that the Superintendent's review of all of the other logbooks must be highlighted in yellow marker.

**Finding 2: Facility key control was not always demonstrated.**

**Recommendation:** We recommend the Department ensure key control management in accordance with established policies and procedures.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

FOP 5.12, Key Control, states that the issuance of the key(s) and key rings shall be documented on each shift. This is done at facilities by either completing a key control log

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Rick Scott, Governor

Christina K. Daly, Secretary

*The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.*

or documenting it on the shift report. We will ensure, through re-training supervisors, that each facility complies with this standard.

**Finding 3: Behavior Management Systems (BMS) were not always understood by staff or youth; youth point-tracking documents were not always current; justification for youths' level drops were not always documented in the living area logbook; and youth in the highest BMS level (Level 3) were not always provided with three additional privileges.**

**Recommendation:** All facilities need to update their individualized BMS plans and re-train youth and staff on the approved BMS plan; ensure BMS point tracking is consistently updated; and remind staff to document justification for a youth's level drop in the living area logbooks.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

We will modify FOP 3.02, Behavior Management System, to change the language to read that Level 3 youth will receive more additional privileges than Level 2 instead of mandating three additional privileges. We will ensure that staff are re-trained on the Behavior Management System at each facility and on documentation of level drops. We will also ensure that all Behavior Management information at each facility is current.

**Finding 4: Youth telephone logs were not always current. They did not always reflect the number dialed; and in some instances, it could not be located for review.**

**Recommendation:** Management needs to implement a weekly review of youth telephone log sheets.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

FOP 3.08, Mail/Telephone Use/Visitation, states that staff check the youth's telephone log to make sure the youth is not contacting victims or co-defendants. We will ensure, through re-training the supervisors, that staff complete the log for each youth and ensure that only the persons listed on the log are contacted by the youth.

**Finding 5: Prison Rape Elimination Act (PREA) training certificates for medical and mental health care providers were not always maintained by the facility; and superintendents did not always maintain a copy of all PREA-related incidents reported to the Central Communications Center (CCC).**

**Recommendation:** Management must ensure all medical and mental health care providers complete PREA training within 30 days of the date of hire in compliance with Department policy FDJJ-1520. We further recommend that management ensure superintendents are compliant with F.O.P. 3.09 in requesting and maintaining copies of all PREA-related incidents reported to the CCC.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

We will ensure that all medical and mental health care providers have their PREA training documented. We will further ensure, through re-training the superintendents, that each facility maintains a copy of all PREA incidents in a labeled folder.

**Finding 6: Facility Operating Procedure (F.O.P.) 5.05 and the F.O.P. Emergency Drill Reporting Form concerning suicide prevention drills were not consistent with Florida Administrative Code (F.A.C.) 63G-2.017(5)(b). Required fire drills, medical drills, and suicide prevention drills were not always documented and completed drill forms were not always signed by the shift supervisor and facility administrator; and local fire official's approval of the facility's fire drill procedures could not always be located.**

**Recommendation:** Update Detention F.O.P. 5.05 and the Emergency Drill Reporting Form to reflect quarterly mock suicide prevention drills on each shift, in accordance with F.A.C. 63G-2.017; Ensure that all drills are conducted in accordance with F.A.C. 63G-2.017, documented appropriately on the Emergency Drill Reporting Form, and maintained in an approved manner; and Ensure that facilities obtain and maintain the required annual letter of approval from local fire officials in accordance with Detention F.O.P. 5.03

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

We will revise FOP 5.05, Drills, to include Suicide Mock Drills quarterly on each shift and modify the Emergency Drill Reporting Form. We will also ensure, through re-training the superintendents, that each facility acquires the annual letter of approval from the local fire official and/or documents their attempts to get it.

**Finding 7: A perpetual inventory of all tools maintained by the facility was not always reviewed and signed monthly by the superintendent or designee; and inventories for all poisonous, flammable and toxic materials were not always available.**

**Recommendation:** Ensure superintendents or their designees follow F.O.P. 5.14 and 5.15 regarding tool and chemical inventories.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

We will ensure, through re-training of the maintenance staff, that an inventory of chemicals and a chemical inventory list is maintained at each facility. In addition, we will ensure, through re-training, that the monthly tool inspection logs are signed by the Superintendent or designee.

**Finding 8: An itemized inventory of all culinary equipment including kitchen knives and other hazardous kitchen sharps was not always maintained.**

**Recommendation:** Ensure superintendents or their designees follow F.A.C. 63G-2.016 and F.O.P. 5.15 by daily maintaining the appropriate account sheets for kitchen knives and other hazardous kitchen sharps.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

We will ensure, through re-training of the food services manager and support from other facility's food service managers, that the daily account sheet for all culinary equipment is completed.

**Finding 9: Facility hold-over schedules were not always followed, resulting in staff working 16 hour days for two or more consecutive work days.**

**Recommendation:** Management should conduct a research or study to develop a better strategy for handling hold-over shifts.

**Management Response:** We agree with the auditors' findings and the following action will be taken to improve the situation:

Staff shortages in our facilities require holdovers. We have instituted temporary 12-hour shifts at a few centers to alleviate some of the holdover and staff burnout issues. Although this is a temporary measure, we are currently formulating plans to address a more expeditious hiring process as well as developing strategies to effectively retain staff that may relieve the number of holdovers needed.