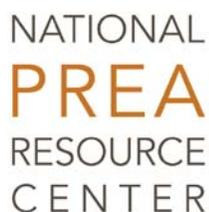


JUVENILE FACILITIES



|  |   |   |   |
|--|---|---|---|
| <b>Auditor Information</b>   |   |   |   |
| <b>Auditor name:</b> Flora Brooks Boyd   |   |   |   |
| <b>Address:</b> 5 Rosemount Court, Blythewood, South Carolina 29016                |   |   |   |
| <b>Email:</b> fbb4577@aol.com  |   |   |   |
| <b>Telephone number:</b> (803) 312-5199  |   |   |   |
| <b>Date of facility visit:</b> May 11-12, 2015                                     |   |   |   |
| <b>Facility Information</b>  |   |   |   |
| <b>Facility name:</b> Bay Regional Juvenile Detention Center                       |   |   |   |
| <b>Facility physical address:</b> 450 East 11th Street, Panama City, Florida 32401 |   |   |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> Same             |   |   |   |
| <b>Facility telephone number:</b> (352) 955-2105                                   |   |   |   |
| <b>The facility is:</b>  | <input type="checkbox"/> Federal                | <input checked="" type="checkbox"/> State     | <input type="checkbox"/> County             |
|  | <input type="checkbox"/> Military               | <input type="checkbox"/> Municipal            | <input type="checkbox"/> Private for profit |
|  | <input type="checkbox"/> Private not for profit |   |   |
| <b>Facility type:</b>  | <input type="checkbox"/> Correctional           | <input checked="" type="checkbox"/> Detention | <input type="checkbox"/> Other              |
| <b>Name of facility's Chief Executive Officer:</b> Heather Hart                    |   |   |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 40          |   |   |   |
| <b>Designed facility capacity:</b> 32  |   |   |   |
| <b>Current population of facility:</b> 24  |   |   |   |
| <b>Facility security levels/inmate custody levels:</b> Secure                      |   |   |   |
| <b>Age range of the population:</b> 8-18   |   |   |   |
| <b>Name of PREA Compliance Manager:</b> Heather Hart                               |   | <b>Title:</b>                                 | Superintendent                              |
| <b>Email address:</b> heather.hart@djj.state.fl.us                                 |   | <b>Telephone number:</b>                      | (850) 872-4706                              |
| <b>Agency Information</b>  |   |   |   |
| <b>Name of agency:</b> Florida Department of Juvenile Justice                      |   |   |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> Same           |   |   |   |
| <b>Physical address:</b> 2737 Centerview Drive, Tallahassee, Florida 32399         |   |   |   |
| <b>Mailing address:</b> <i>(if different from above)</i> Same                      |   |   |   |
| <b>Telephone number:</b> (850) 717-2533  |   |   |   |
| <b>Agency Chief Executive Officer</b>  |   |   |   |
| <b>Name:</b> Christina K. Daly   |   | <b>Title:</b>                                 | DJJ Secretary                               |
| <b>Email address:</b> christy.daly@djj.state.fl.us                                 |   | <b>Telephone number:</b>                      | (850) 413-7143                              |
| <b>Agency-Wide PREA Coordinator</b>  |   |   |   |
| <b>Name:</b> Gene McMahon  |   | <b>Title:</b>                                 | Statewide PREA                              |
| <b>Email address:</b> gene.mcmahon@djj.state.fl.us                                 |   | <b>Telephone number:</b>                      | 850-688-0550                                |

## AUDIT FINDINGS

### NARRATIVE

Bay Regional Juvenile Detention Center (Bay RJDC) is a hardware secure facility operated by the Florida Department of Juvenile Justice (FDJJ) that serves youth detained in Circuit 14 counties of Bay, Gulf Calhoun, Jackson, Holmes, between the ages of 8-18 years of age who are pending adjudication, disposition or placement in commitment facilities. The facility was originally built in 1987 as a 52 bed facility however in 2011, as the result of budget reductions the facility 's capacity was reduced to a 32 and remains as such today. The average daily resident population for the past 6 months is 20 and the average length of stay is 12 days.

The facility operates with a total of 49 full time employees that includes a Superintendent, an Assistant Superintendent, an Administrative Secretary, a Maintenance Mechanic, a Food Service Supervisor, three Food Service Workers, seven Juvenile Justice Detention Officer Supervisors, sixteen Juvenile Justice Detention Officer II's, twelve Juvenile Justice Detention Officers I's and six Operational Support Juvenile Justice Detention Officers.

The facility provides supervision of residents in a safe, secure and humane environment. Services include education, mental health, substance abuse and health care services. Medical and Mental Health services are contracted through Correct Care Solutions (CCS) and are available to youth seven days per week. Contracted staff consist of a full-time Registered nurse, two part-time Licensed Practical Nurses, a part-time medical clerk, a full-time Licensed Mental Health Counselor and a part-time Licensed Mental Health Counselor.

Educational services are funded by the Florida Department of Education through the Bay County School Board. There are two full-time teachers, one part-time para-professional and one full-time educational liaison. The educational program is part of the facility's behavior management system and youth have the opportunity to earn points through their participation in school and completion of assignments as well as through pro-social behavior.

The facility operates a Behavior Management System based on positive reinforcement and allows youth to earn extra privileges and benefits by participating in scheduled activities, following facility rules and abiding by behavioral expectations. Youth are given a weekly "Level Party" during which they are given special food and drink items (popcorn, Chick-fil-a, etc.) and allowed extra game or music time. Youth can also earn additional phone time and extra time in the facility's garden. Bay RJDC supports a strong volunteer basis that includes a large number of faith based volunteers as well as the opportunity for arts and crafts that are scheduled daily.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Bay RJDC consists of one main building and one portable building utilized as a Juvenile Assessment Center. The main building houses the lobby, administrative offices, a conference room, staff break room, file room, master control room, medical clinic, supervisor and mental health offices, two classrooms, library, a facility day room and facility soft room. The facility's day room is the primary location for visitation. Occasionally, when there are a small number of visitors, the dining hall is utilized. Visitation occurs twice a week on Wednesdays and Sundays. There are two holding rooms located on the intake hallway and three isolation rooms located on the confinement hallway.

There are three housing modules however only two are utilized as living spaces. Female youth are housed in Module 3 which can house up to 12 youth and has individual shower stalls with shower curtains. Male youth are currently housed in Module 2 which can hold up to 20 youth and has individual shower stalls with shower curtains. Module 1 is currently closed to youth population due to recent construction on the recreation yard.

Large muscle exercise occurs on the outdoor recreation yards or in the facility day room if weather is inclement. The three recreation areas consists of a basketball court, a volleyball court and the facility 's garden with several fruit trees. The majority of the facility to include all youth access areas are equipped with video surveillance with the exception of shower and toilet areas. Recent improvements with the surveillance system has increased the number of cameras from 32 to a total of 48.

Due to current renovation projects, male youth normally housed in Module 1 are being temporarily housed in Module 2 for the completion of a new basketball court and the repainting of Module 1. In addition, the renovations in the medical clinic area have required that the library books normally housed in the library have been moved into the soft room area to facilitate the clinic being temporarily moved into the library area.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted on March 19, 2015 more than six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the facility's PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received on April 13, 2015 uploaded to a UBS flash drive. A review of the flash drive files revealed the questionnaire was completed properly and key documents were provided; however, additional documentation was requested.

The on-site audit was conducted May 11-12, 2015. After meeting with the facility's management staff and a regional office representative, a complete tour of the facility was conducted. During the tour, youth were observed to be under constant supervision of the direct care staff while involved in school and other activities. Observation revealed a 1:8 staff to residents ratio was maintained. The housing modules were brightly painted with murals on the walls. Shower stalls had shower curtains to allow residents' privacy while taking showers in the community restrooms. Observation of the surveillance system monitors in the main control room, revealed no possibility of cross-gender viewing while residents disrobe, shower or use the toilet.

Over the two-day on-site visit, 15 staff members, including two contractors and direct care staff from all three shifts, were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Eight residents from both housing modules were also interviewed. Residents were informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. The training records of staff interviewed and the files of residents interviewed were reviewed along with policies/procedures and other secondary documentation.

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

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

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

Bay RJDC is a juvenile detention center governed and operated by the FDJJ which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. The PREA Coordinator's interview revealed he has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with PREA standards in all operated and contracted facilities. The facility's Superintendent serves as the PREA Compliance Manager. An interview with the PREA Compliance Manager revealed she has sufficient time to oversee the facility's PREA compliance efforts and to perform her other duties.

### Standard 115.312 Contracting with other entities for the confinement of residents

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

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

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

### Standard 115.313 Supervision and monitoring

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

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

Bay RJDC FOP-PREA requires the facility to develop, implement and document an approved staffing plan. Although there is no mandate in policy for a 1:8 staff to resident ratio during waking hours or a 1:16 staff to resident ratio during sleeping hours, the staffing plan does reflect the ratios as required by this standard. The staffing plan is based upon the facility's capacity of 32 residents. Bay RJDC FOP-PREA requires the facility to document deviations from the staffing plan on the Shift Report however due to the facility's hold-over policy; there were no deviations from the plan to review.

Documentation of the annual review of the staffing plan dated October 8, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

Bay RJDC utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Documentation of unannounced rounds conducted by intermediate and upper level staff were reviewed and revealed unannounced rounds are being conducted on all shifts and in all areas of the facility.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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

Bay RJDC FOP-PREA prohibits cross-gender strip searches, or pat down searches of youth, except in exigent circumstances. Staff and resident interviews verified that the practice is consistent with the policy. The prohibition of cross-gender visual body cavity searches is addressed in Bay RJDC FOP-PREA and was verified during staff interviews however random staff interviews revealed \_\_\_\_\_

Bay RJDC FOP-PREA states the facility must be configured to allow residents to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies. Staff and resident interviews confirm there is no cross-gender viewing by same sex staff and other residents while showering, using the toilet or while dressing. During the tour of the main control room, the monitoring system was observed and revealed no possibility of cross-gender viewing.

FDJJ Policy 1919 PREA requires opposite gender staff, volunteers and contractors entering housing units to announce themselves. This practice was verified during staff and resident interviews.

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

Random staff interviews revealed they had not received training on searching transgender or intersex residents; however, since the on-site visit documentation was provided of transgender/intersex resident search training for all direct care staff

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

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

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

Bay RJDC FOP-PREA requires accommodations be made to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility prohibits the use of resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardizes a resident's safety. Resident and staff interviews verified that residents are not used as interpreters, assistants or readers for other residents.

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

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

## Standard 115.317 Hiring and promotion decisions

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

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

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

An interview with human resources staff and documentation revealed criminal background checks are conducted and questions regarding past conduct are asked and responded to during the interview process. Contract providers and volunteers who have contact with residents are also required to have criminal background checks.

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

### Standard 115.318 Upgrades to facilities and technologies

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

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

Bay RJDC has not acquired any new facilities or updated surveillance technology since August 20, 2012. The video monitoring system was assessed during the annual review of the staffing plan on October 8, 2014. Although specific blind spots were not identified, sixteen additional cameras were recently installed to upgrade the existing surveillance system.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Bay RJDC FOP-PREA requires staff to report allegations of sexual abuse to local law enforcement (the Panama City Police Department or the Bay County Sheriff's Department) for criminal investigations and to the Florida Central Abuse Hot Line and FDJJ's Central Communication Center (CCC). Bay RJDC does not have a MOU or documented attempts to obtain a MOU with local law enforcement; however, the Bay RJDC FOP-PREA requires when the investigating agency arrives at the facility to conduct an investigation, facility staff will provide a copy of Directive 3-05 from DJJ Inspector General requesting the investigative agency to follow uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for criminal prosecution. Since the on-site visit, documentation was provided that the Bay County Sheriff's Office was contacted and provided a copy of Directive 3-05 from DJJ Inspector General.

Bay RJDC provided documented attempts to obtain a MOU for victim advocacy services for sexual assault victims through the Gulf Coast Children's Advocacy Center; however, the advocacy services are only available to victims once they have reported the sexual assault to local law enforcement which does not allow for confidential access to the services. Until confidential support services are identified, the statewide toll-free rape crisis hot line number and the local number for the Gulf Coast Children Advocacy Center are posted in each housing module. Documentation was provided that once a resident's sexual assault has been reported to local law enforcement, the victim will be taken to the Bay Medical/Sacred Heart Center or Gulf Coast Medical Center for a forensic examination which will be conducted by a Board Certified Pediatrician provided by the Gulf Coast Children's Advocacy Center.

### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

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

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

### Standard 115.331 Employee training

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

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

Bay RJDC FOP-PREA, the training curriculum, staff training records and staff interviews indicate staff receive PREA training during initial training and annually during refresher training. Specific topics as outlined in the policy and the curriculum are consistent with this standard's requirements and is tailored to the facility's male and female resident population.

All employees are trained as new hires regardless of their previous experience. Employees training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA standards.

### Standard 115.332 Volunteer and contractor training

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

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

Bay RJDC FOP-PREA requires volunteers and contract providers who have contact with residents to be trained on their responsibilities on sexual misconduct prevention, detection, reporting and responding to sexual abuse, assault or sexual harassment. Volunteers and contractors are trained using the PREA training course on the FDJJ website and completion of the training is verified by an acknowledgment form which must be signed by the volunteer/contractor and the facility's training coordinator or shift supervisor.

Interviews with two contract providers revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

### Standard 115.333 Resident education

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

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

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

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

Resident interviews revealed they are aware of outside hot line and support services they can call, if needed.

### Standard 115.334 Specialized training: Investigations

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

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

The Bay County Sheriff's Department or the Panama City Police Department and the Florida Department of Children and Families conduct criminal investigations into allegations of sexual abuse. Bay RJDC does not conduct any investigations therefore this standard is not applicable.

### Standard 115.335 Specialized training: Medical and mental health care

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

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

Bay RJDC FOP-PREA requires PREA training for all employees and specialized training for medical and mental health staff. Correct Care Solutions, the medical and mental health provider, ensures that specialized training is provided for medical/mental health staff. The training curriculum and documentation of the specialized training was reviewed. Interviews with medical and mental health staff also verified compliance with this standard.

Facility nurses do not conduct forensic examinations.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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

FDJJ's Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) forms are completed by the agency's probation staff; however, Bay RJDC FOP-PREA requires facility staff to complete the VSAB if youth arrives at the facility without a completed form. Documentation and resident interviews revealed that risk screenings are being conducted and indicated they were asked if they have ever been sexually abused, whether they identify with being gay, lesbian, bi-sexual, transgender or intersex, if they have any disabilities, and whether they think they are in danger of sexual abuse at the facility. During the facility tour, the area where incoming resident's screening interviews are conducted was observed and revealed residents are afforded little to no privacy during the interview process. Probation staff Interview also revealed the same concern.

A review of several residents files revealed risk screenings are completed and maintained in resident's files.

### Standard 115.342 Use of screening information

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

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

Bay RJDC FOP-PREA requires victimization screening information to be reviewed and signed by staff who determine a resident's room assignment and the room's proximity to direct care staff to ensure resident's safety. The facility also utilizes the Classification Alerts System to ensure that staff working directly with residents are advised if the resident is identified as being at risk for victimization or posing a risk.

Bay RJDC FOP-PREA precludes lesbian, gay, bi-sexual, transgender and intersex (LGBTI) residents from being placed in a particular module and states that LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his/her safety is given serious consideration.

Transgender and intersex residents are given the opportunity to shower separately from other youth. Staff interviews also verified compliance with this standard.

### Standard 115.351 Resident reporting

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

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

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

Bay RJDC FOP-PREA requires residents to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office that is not a part of the agency. Residents may call the Florida Abuse Hot Line or the Gulf Coast Children's Advocacy Center. Signs are posted throughout the facility with both of the telephone numbers.

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

### Standard 115.352 Exhaustion of administrative remedies

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

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

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

### Standard 115.353 Resident access to outside confidential support services

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

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

Bay RJDC FOP-PREA requires residents are to be provided access to outside confidential supportive services. The facility provided e-mail documentation of their attempts to obtain outside confidential support services. The Gulf Coast Children Advocacy Center provides services once a sexual assault has been reported to the Bay County Sheriff's Department; however, the access is not confidential. The facility will continue to seek confidential support services for youth victims of sexual assault. The Gulf Coast Children's Advocacy Center's telephone number and address are posted throughout the facility.

Attorneys and other legal representatives are provided with reasonable and private access to residents, upon request. Residents may call their parents/legal guardians and receive visits from them up to four times a week.

### Standard 115.354 Third-party reporting

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

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

FDJJ's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.

### Standard 115.361 Staff and agency reporting duties

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

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

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

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

### Standard 115.362 Agency protection duties

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

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

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

### Standard 115.363 Reporting to other confinement facilities

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

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

ARJDC FOP-PREA requires the Superintendent to notify the head of another facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility and there were no allegations of sexual abuse received by ARJDC from other facilities.

### Standard 115.364 Staff first responder duties

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

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

Bay RJDC FOP-PREA requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Random staff interviews revealed knowledge of actions to be taken upon learning that a resident was alleging sexually abuse.

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

### Standard 115.365 Coordinated response

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

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

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

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

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

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

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

FDJJ is not a collective bargaining agency therefore this standard is not applicable.

### Standard 115.367 Agency protection against retaliation

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

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

FDJJ Policy 1919 - PREA requires the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Assistant Superintendent is responsible for monitoring retaliation and an interview revealed she is familiar with her responsibilities as retaliation monitor. There were no incidents of retaliation in the past 12 months.

### Standard 115.368 Post-allegation protective custody

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

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

According to Bay RJDC and verified during staff interviews, the facility would only restrict a resident to his/her single room or an isolation room as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. No resident alleged sexual abuse in the past 12 months.

### Standard 115.371 Criminal and administrative agency investigations

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

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

This standard is not applicable in view of the fact that the Bay RJDC FOP- PREA states that FDJJ does not conduct criminal investigations or administrative investigations of residents' allegations of sexual abuse. Local law enforcement (Bay County Sheriff's Department or Panama City Police Department) and the Florida Department of Children and Families conduct criminal investigations. FDJJ's Office of Inspector General (OIG) reviews allegations to identify any misconduct by staff related to FDJJ regulatory guidance.

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

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

Bay RJDC FOP-PREA states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff is substantiated. There has been no allegations of staff misconduct at Bay RJDC in the past 12 months.

### Standard 115.373 Reporting to residents

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

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

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

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

### Standard 115.376 Disciplinary sanctions for staff

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

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

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

### Standard 115.377 Corrective action for contractors and volunteers

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

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

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

### Standard 115.378 Disciplinary sanctions for residents

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

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

Bay RJDC FOP-PREA states that residents may receive disciplinary sanctions following an administrative finding or a criminal investigation that resident engaged in youth-on-youth sexual abuse and sanctions shall be commensurate with the nature and circumstances of the sexual abuse, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse at Bay RJDC in the past 12 months.

### Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

Bay RJDC FOP- PREA requires residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse to be referred for medical and mental health screening services within 24 hours of the screening. Staff interviews verified compliance with this standard and documentation demonstrating the immediate notification of the medical and mental health staff was provided and found to be in compliance with this standard..

Medical/mental health staff obtain informed consent from residents 18 years of age.

### Standard 115.382 Access to emergency medical and mental health services

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

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

ARJDC FOP-PREA requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. A resident victim would be transported to the Shands North Florida Regional Hospital for a forensic examination at no cost to the victim. Medical staff are required to document the response and timeliness of emergency medical treatment and follow-up.

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

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

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

Bay RJDC FOP-PREA requires that a medical and mental health evaluation and treatment, as determined by medical/mental health staff, be offered to resident victims of sexual abuse. Interviews with medical and mental health staff revealed their awareness of the policy's requirements. There were no resident victims of sexual abuse at Bay RJDC in the past 12 months.

### Standard 115.386 Sexual abuse incident reviews

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

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

Bay RJDC FOP-PREA requires the Superintendent to conduct a sexual assault incident review team meeting within 30 days of the conclusion of each investigation. The policy mandates review team participation to include regional office staff, Assistant Superintendent, facility supervisor, medical and mental health staff, and OIG staff, if OIG investigated the incident. The FDJJ PREA Coordinator will prepare a report of the review team's findings and submit the report to the Assistant Secretary for Detention Services, regional office staff and the facility's Superintendent.

There were no criminal investigations of sexual abuse at Bay RJDC in the past 12 months.

### Standard 115.387 Data collection

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

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

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

### Standard 115.388 Data review for corrective action

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

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

FDJJ's annual report for fiscal year 2013-2014 indicates 32 PREA related allegations reported by detention centers and residential facilities throughout the agency; however, there were no PREA related incidents indicated for Bay RJDC. The FDJJ PREA Coordinator reviews data to improve the effectiveness of its prevention, protection and response policies, practices and training. The annual report is made available to the public on FDJJ's website.

**Standard 115.389 Data storage, publication, and destruction**

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

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

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

**AUDITOR CERTIFICATION**

I certify that:

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



June 9, 2015

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Auditor Signature

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Date