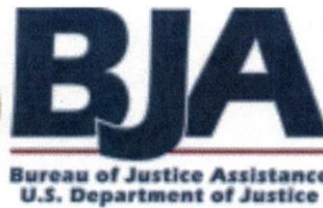


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Brevard Group Treatment Home

Physical Address: 3905 Grissom Parkway, Cocoa, FL 32926

Date report submitted: September 11, 2014

Auditor information: Shirley L. Turner

Address: 3199 Kings Bay Circle, Decatur, GA 30034

Email: shirleyturner3199@comcast.net

Telephone number: 678-895-2829

Date of facility visit: August 12-13, 2014

Facility Information

Facility Mailing Address: Same as Physical Address

Telephone Number: 321-637-1866, ext.221

The Facility is: Military County Federal
 Private for profit Municipal State
 Private not for profit

Facility Type: Detention Correction Other: Residential

Name of PREA Compliance Manager: Joseph M. Nixon **Title: Administrator**

Email Address: Joseph.Nixon@aspirehp.org **Telephone Number: 321-637-1866, ext. 221**

Agency Information

Name of Agency: Aspire Health Partners

Governing Authority or Parent Agency: NA

Physical Address: 5151 Adanson Street, Orlando, FL 32804

Mailing Address: Same as Above

Telephone Number: 407-245-0045

Agency Chief Executive Officer:

Name: Dick Jacobs **Title: CEO**
Email Address: Dick.Jacobs@aspirehp.org **Telephone Number: 407-245-0045**

Agency Wide PREA Coordinator

Name: Joseph Nixon **Title: Administrator DJJ**
Email Address: Joseph.Nixon@aspireHP.org **Telephone Number: 321-637-1866, ext.221**

AUDIT FINDINGS

NARRATIVE:

The Brevard Group Treatment Home is located in Coca, Florida and is operated by Aspire Health Partners through a contract with the Florida Department of Juvenile Justice (DJJ). It is a low/moderate risk residential treatment facility that serves male juvenile offenders between the ages of 12 and 15. The facility capacity is 30 and 63 residents were admitted to the facility in the past 12 months. The length of stay is three to six months for residents classified as low risk and six to nine months for those classified as moderate risk. The Brevard Group Treatment Home program and services include: individual, group and family counseling; anger management sessions; life skills activities; and recreation activities.

Thirty-seven staff members have been employed at the facility during the past 12 months. Medical services are provided on-site by a full-time Registered Nurse and a full-time Licensed Practical Nurse. An Advanced Registered Nurse Practitioner visits the facility weekly. A contract physician is on-site at least weekly and on-call medical services are provided to the facility. The mental health staff includes the Clinical Manager; two Senior Counselors; and a Case Manager. A contract psychiatrist is on-site at least weekly and provides on-call services. Education and related support services are provided to the facility through the Brevard County School District with on-site certified personnel. The education courses focus on English, Math, Science, Social Studies and one elective course.

The program has a behavior management system that includes the use of achievement levels and a weekly point system. There is also an opportunity for residents to participate in community services and outdoor education and activities at various places in the local area. A resident's involvement in community service projects and other off campus activities is based on his achievement level or phase in the program, current behaviors, and risk status.

DESCRIPTION OF FACILITY CHARACTERISTICS:

There are two buildings that contain the program. The main building has a small foyer at the entrance with a check-in/out desk for visitors and the Secretary's office is adjacent to this area. This front section also contains the Administrator's office and other offices. Beyond the front section of the building are the classrooms; computer laboratory/conference room; offices; kitchen; and dining area. A second building serves as the housing unit and it includes the medical office, which also serves as the examination room; another office; large dayroom; staff work station; small day room for special activities; and storage closet. The small dayroom is known as the "Man Cave" where residents engage in special activities and privileges that they have earned through the behavior management system. The bathroom and the configuration of the showers provide residents with a reasonable amount of privacy. The grounds of the facility provide space for outside large muscle and other activities.

SUMMARY OF AUDIT FINDINGS:

The notifications of the on-site audit were posted in the buildings prior to the site visit. Photographs were taken of the posted notices and the photographs were electronically sent to the Auditor, noting their locations. There was communication between the Administrator, who also serves as the PREA Compliance Manager, and the Auditor to review the PREA audit processes. The Pre-Audit Questionnaire, facility policies and supporting documentation were uploaded to a flash drive, which was received by the Auditor prior to the on-site audit. After reviewing the information, notes were sent to the Administrator to seek clarity of information and to note the additional documents needed. In response to the issues noted, additional information was provided and discussed during the site visit and corrective actions were taken to provide clarity and address the issues identified.

The on-site audit was conducted August 12-13, 2014. An entrance meeting was held with the Administrator and the Compliance Coordinator of Aspire Health Partners. After the meeting a comprehensive tour of the facility was conducted by the Administrator, accompanied by the Compliance Coordinator. During the tour, staff members were observed to be providing direct supervision to the residents. Random staff, specialized staff and residents were interviewed during the on-site audit process. The interviews of both staff and residents showed their awareness and knowledge of PREA. The staff members interviewed were aware of the related policies, the facility's operational procedures and understood their role in ensuring PREA compliance through maintaining the safety of the residents. Interviews with the residents revealed their knowledge of what PREA means and that they understand how to report sexual assault and sexual harassment. At the conclusion of the on-site audit, a summary of the findings were provided in a close-out meeting with the Administrator.

Number of Standards Exceeded: 0

Number of Standards Met: 39

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment

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

Auditor Comments:

The Brevard Group Treatment Home has a comprehensive document, Operating Procedure A04, which outlines the facility’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. The Operating Procedure is aligned with the Florida Department of Juvenile Justice PREA Policy 1919 (FDJJ 1919). Operating Procedure A04 and FDJJ 1919 contain definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The facility Administrator serves as the PREA Compliance Manager.

Standard 115.312 Contract With Other Entities for the Confinement of Residents

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

Auditor Comments:

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

Standard 115.313 Supervision and Monitoring

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

Auditor Comments:

In accordance with Operating Procedure A04, the DJJ PREA Coordinator in consultation with the Administrator completed an assessment which included a review of staffing, deployment of cameras, and other related areas. The staffing plan is in accordance with the

current contract with DJJ and Operating Procedure E01. The facility and DJJ are cooperatively working together regarding staffing, through identifying and hiring additional staff, which will be in accordance with the standard. Hold-over staff members are identified for the shifts and a call-in process is in place to provide for the staffing ratios prescribed in the standard.

The Operating Procedure provides for unannounced visits to deter sexual abuse. The unannounced rounds are conducted by the Administrator; Program Managers; Program Supervisors; the Director from another Aspire Health Partners juvenile residential facility; and the Compliance Coordinator. A review of documentation and staff interviews revealed that unannounced rounds occur.

Standard 115.315 Limits to Cross Gender Viewing and Searches

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

Auditor Comments:

Operational Procedure A04 prohibits staff from searching a transgender or intersex resident to determine the resident's genital status. Cross-gender strip and cross-gender pat-down searches are also prohibited according to Operating Procedures A04 and E04. The viewing of residents by opposite gender staff while they are showering, changing clothes, and performing bodily functions is not permitted, unless there are exigent circumstances.

There have been no cross-gender pat-down, strip or body cavity searches of residents during this audit period. All staff interviewed said that the facility policy and practice are that cross-gender searches are prohibited. The residents interviewed confirmed that no cross-gender searches occur. Operating Procedure A04 requires staff of the opposite sex to announce their presence when entering a housing area or area where residents may be showering, changing clothes or performing bodily functions. A sign is posted and interviews with residents and staff confirm this practice.

Standard 115.316 Residents With Disabilities and Residents Who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operating Procedure A04 provides that the facility will not rely on resident interpreters, resident readers or any kind of resident assistance except when a delay in obtaining interpreter services would jeopardize a resident's safety or an investigation. Based on a review of the documentation and staff interviews, the facility provides residents with sign language and other interpreter services.

Standard 115.317 Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility's and DJJ policies and procedures provide for a background checks system that applies to all prospective and current employees. A review of the Operating Procedure and other documentation and interviews with staff revealed that applicants and employees are asked about previous misconduct and that background checks are conducted.

Standard 115.318 Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

A camera system is used for monitoring activities in support of the direct supervision provided by staff. Additional cameras were added in the housing area, some offices and areas in the administration building. The system enables staff to observe activities in various areas. Radios are used for staff communications within and outside of the buildings.

Standard 115.321 Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

A Memorandum of Understanding exists with Sexual Assault Victim Services (SAVS) which also includes the rape crisis center that is staffed with sexual assault nurse examiners. When requested, a qualified staff member from the agency will provide services that include: accompanying the victim through the forensic medical examination process and investigatory interviews; crisis intervention; information and referrals; and emotional support. The provision of services to be provided was confirmed through a representative of the advocacy agency. The facility's Operating Procedure and a SAVS document provide that forensic medical examinations will be provided at no cost to the victim. There has not been a need for a forensic medical examination during this audit period.

According to FDJJ 1919, the facility is not responsible for conducting administrative or criminal investigations. The DJJ Office of the Inspector General (OIG) is responsible for conducting administrative investigations; the Florida Department of Children and Families (DCF) is responsible for conducting allegations of child abuse; and the local law enforcement agency, Brevard County Sheriff's Office, is responsible for conducting criminal investigations.

Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 and FDJJ 1919 identify the agencies that will conduct the criminal and administrative investigations. Both documents instruct the facility staff to cooperate with the investigations and provide that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, there were no allegations of sexual abuse or sexual harassment. The facility's agency website contains information regarding PREA investigations and contains a link to the DJJ website that provides the required information.

Standard 115.331 Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 provides for the PREA training. The staff training includes the key elements of the standard. A review of the training documentation and interviews with staff confirm that the training is provided and the subject matter is aligned with the standard.

Standard 115.332 Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 and FDJJ 1919 require that volunteers and contractors be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The policies and procedures also require that staff complete training as outlined in the Florida Administrative Code, Rule 63-H. A review of documentation and interviews confirmed that the training occurs for volunteers and contractors.

Standard 115.333 Resident Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 requires that all residents receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Residents receive comprehensive education regarding PREA and periodic refreshers through a review of the information. A signed acknowledgement statement by the resident of having received the training is maintained. PREA education will be provided through accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled. Interviews with staff, residents and a review of documentation confirmed the practice.

Standard 115.334 Specialized Training: Investigations

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

Auditor Comments:

FDJJ 1919 states that staff in the OIG will be trained on the related policies and procedures regarding the handling of sexual misconduct incidents and reports. An e-mail response document from the Brevard County Sheriff’s Office indicated responsibility within the county’s jurisdiction. It also provided that the Brevard County Sheriff’s Office Investigators receive advanced training in sex crimes, domestic violence, and interviews and interrogations, in addition to the mandatory training for law enforcement certification.

Standard 115.335 Specialized Training: Medical and Mental Health Care

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

Auditor Comments:

Policy A04 addresses this standard. Documentation shows that the medical and mental health staff members have completed on-line specialized training through the National Commission on Correctional Healthcare and the National Institute of Corrections. The facility nurses do not conduct forensic medical 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 Comments:

Operational Procedure A04 contains a section that outlines the process of screening for risk of victimization and abusiveness and the information to be obtained. The Screening for

Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) instrument is completed on each resident. Staff and resident interviews and a review of documentation confirmed that the screening is being conducted using the objective instrument.

Standard 115.342 Use of Screening Information

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

Auditor Comments:

Operational Procedure A04 provides for the use of the information from the VSAB to assist in determining housing and other program assignments. It also prohibits placing gay, bisexual, transgender, or intersex residents into confinement based solely on such identification or status. Housing and program assignments require determinations on each transgender or intersex resident on a case by case basis. The facility prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. There have been no residents isolated in the last 12 months because he was at risk of sexual victimization.

Standard 115.351 Resident Reporting

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

Auditor Comments:

There are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation(s) that led to abuse. A resident may talk to any staff member; complete a complaint/grievance form and place it in the locked grievance box; the DJJ hotline numbers are available and accessible; and third parties may report allegations to the facility or use the hotline numbers. A dedicated phone and a hotline number are provided in the computer lab/conference room in the main building, accessible to all residents, to call the rape crisis center hotline to report sexual assault. Information regarding reporting is available in brochures, printed in two other dominant languages, and in the Youth Handbook.

Standard 115.352 Exhaustion of Administrative Remedies

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

Auditor Comments:

The facility has an administrative procedure for dealing with resident grievances. Operational Procedure A04 and the Youth Handbook contain information regarding the grievance system. A locked box is posted in the housing building accessible to the residents and complaint/grievance forms are also available in the building. The residents are directed to complete a grievance form and put it in the box and management staff checks the box. The Operational Procedure states that the resident will not be referred to the staff member who is the subject of the complaint. The Operational Procedure also states that there is no time limit for a resident to submit a grievance regarding an allegation of sexual misconduct. There were no emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months.

Standard 115.353 Resident Access to Outside Confidential Support Services

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

Auditor Comments:

Operational Procedure A04 states that all of the residents shall have access to outside victim advocacy services. A Memorandum of Understanding has been obtained with Sexual Assault Victim Services. The information about the advocacy services is explained to the resident during the intake process and it is accessible to the residents. A dedicated phone is provided in the computer lab/conference room for the resident to call the rape crisis center hotline number, if needed.

The facility also has a MOU with trained staff through Aspire Health Partners to provide support services as they relate to child abuse. The services include but are not limited to crisis intervention; therapy; and education for staff and residents on preventing child abuse, including sexual assault. Operational Procedure A04 and staff and resident interviews reveal that residents have confidential access to their attorney or other legal representative and access to their parents or legal guardians.

Standard 115.354 Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility provides methods for third-party reporting of sexual abuse. The Parent Handbook is provided to parents and legal guardians of residents regarding reporting sexual abuse. Posters and brochures are located in areas of the facility accessible to the public. PREA information is available on the facility's website and there is a link to the DJJ website regarding the reporting of sexual abuse or sexual harassment on behalf of a resident. Operational Procedure A04 provides for third party assistance to a resident in filing a grievance alleging sexual abuse.

Standard 115.361 Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 and FDJJ 1919 require staff to report any allegation of sexual misconduct or resident-on-resident sexual activity to the Central Communications Center. The Procedure states that staff members are prohibited from revealing any related information to anyone other than those who are involved in treatment, investigation and other security and management decisions. Policy and procedures require that staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual misconduct; retaliation against residents or staff who report any incidents; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Standard 115.362 Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

According to A04, when staff learns that a resident is subject to substantial risk of imminent sexual abuse, immediate action must be taken to protect the resident. The facility reports that there have been no incidents in the last 12 months where the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to Other Confinement Facilities

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

Auditor Comments:

According to A04, upon receiving an allegation that a resident was sexually abused while confined in another facility, the Administrator will notify the head of that facility or the appropriate office as soon as possible but no later than 72 hours after receiving the allegation. The Operational Procedure and FDJJ 1919 require notifying the appropriate investigative agency of all allegations of sexual abuse. In the past 12 months, there have not been any allegations of sexual abuse occurring to a resident while he was in another facility.

Standard 115.364 Staff First Responder Duties

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

Auditor Comments:

The staff first responder duties are incorporated in Operational Procedure A04 and are aligned with the requirements of FDJJ 1919. A04 outlines the first responder duties and other staff responses. Staff interviews confirmed that they are knowledgeable of their duties as a first responder.

Standard 115.365 Coordinated Response

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

Auditor Comments:

The coordinated response is incorporated in Operational Procedure A04 and is aligned with FDJJ 1919. Interviews with staff revealed that they are familiar with the institutional plan. The plan coordinates the actions to be taken among facility first responders and other staff in response to an incident of sexual abuse.

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

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

Auditor Comments:

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

Standard 115.367 Agency Protection Against Retaliation

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

Auditor Comments:

Operational Procedure A04 identifies the PREA Compliance Manager as the staff member responsible for monitoring for retaliation against residents and staff members who report sexual abuse or sexual harassment. There have been no allegations of sexual abuse or sexual harassment during this audit period. However, Operational Procedure A04 will provide guidance to staff if there is a need for staff or resident protection against retaliation.

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 Comments:

Operational Procedure A04 provides that the Administrator or his designee may coordinate the re-location of a resident if it is determined to improve the safety of others or the integrity of the investigation. Segregated housing or isolation is not used at this facility. However, measures may be taken to separate residents for their safety by changing their assigned room, arranging for the resident to sleep in the large dayroom or open bay as it is called at the facility, and keeping a resident separated to the extent possible by staff.

Standard 115.371 Criminal and Administrative Agency Investigations

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

Auditor Comments:

Operational Procedure A04 and FDJJ 1919 provide direction for this standard. Administrative investigations are conducted by OIG and criminal investigations will be conducted by the Brevard County Sheriff’s Office. The Florida Department of Children and Families will also be called when there is an allegation of sexual abuse and they may conduct investigations. The Operational Procedure and FDJJ 1919 direct staff to cooperate with the investigations.

Standard 115.372 Evidentiary Standards for Administrative Investigations

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

Auditor Comments:

The OIG, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Standard 115.373 Reporting to Residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments:

FDJJ 1919 allows for the victim to be informed that the investigation has been concluded. At the conclusion of an OIG investigation, the victim or the victim's parents or legal guardian will be notified.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 provides for disciplinary sanctions for staff to be up to and including dismissal for violation of the facility's zero-tolerance policy against sexual abuse and sexual harassment. It states that the presumptive disciplinary sanction for staff who engages in sexual abuse will be termination. In the past 12 months, no staff has been terminated or has resigned for violating any PREA related policies.

Standard 115.377 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

According to Operational Procedure A04 and FDJJ 1919, any contractor or volunteer engaging in sexual abuse of residents will be subject to referral to local law enforcement regarding criminal charges and to relevant licensing bodies. FDJJ 1919 states that the contractor or volunteer is prohibited from having contact with residents. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative agency for allegations of sexual abuse.

Standard 115.378 Disciplinary Sanctions for Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operating Procedure A04 addresses this standard. Residents found in violation of the facility's zero tolerance policy regarding sexual abuse, sexual assault, sexual misconduct or sexual harassment against another resident will receive disciplinary sanctions after a formal disciplinary process. The rule violations and the sanctions or consequences for such behavior are provided in the Youth Handbook. The consequences or sanctions do not include isolation. There have been no criminal or administrative investigations of sexual abuse during the last 12 months.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 provides that residents who disclose prior sexual victimization or who disclose previously perpetrating sexual abuse during an intake screening will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Staff interviewed confirmed awareness of the policy and procedure.

Standard 115.382 Access to Emergency Medical and Mental Health Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Operational Procedure A04 requires timely and unimpeded access to emergency medical treatment services for victims of sexual abuse. It also states that access to the services will be based on the professional judgment of the medical and mental health staff. Interviews with staff confirmed their knowledge of the process.

Standard 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

Auditor Comments:

Operational Procedure A04 requires ongoing medical and mental health care for sexual abuse victims and abusers and that the appropriate tests be provided. The Procedure states that the facility will attempt to obtain a mental health evaluation within 60 days of learning of resident-on-resident abusers and offer treatment deemed appropriate by a mental health practitioner. Interviews with staff confirmed their knowledge of the information.

Standard 115.386 Sexual Abuse Incident Reviews

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

Auditor Comments:

There have been no criminal or administrative investigations of sexual abuse in the past 12 months; however, Operational Procedure A04 requires a review of every sexual abuse allegation within 30 days of the conclusion of the investigation. The Operational Procedure also identifies the incident review team and others who may provide input to the process.

Standard 115.387 Data collection

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

Auditor Comments:

FDJJ 1919 and interviews with staff confirmed that DJJ collects incident-based, uniform and aggregated data regarding allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Operational Procedure A04 states that the PREA Compliance Manager is responsible for gathering PREA related data being stored at the facility and on the DJJ website. FDJJ 1919 requires the collection of accurate, uniform data for every allegation of sexual assault. The DJJ provides DOJ with data as requested.

Standard 115.388 Data Review for Corrective Action

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

Auditor Comments:

According to FDJJ 1919, the DJJ PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared. An examination of the DJJ document, PREA Incident Reports, confirms the data gathering and review.

Standard 115.389 Data Storage, Publication and Destruction

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

Auditor Comments:

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

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Shirley L. Turner

September 11, 2014

Auditor Signature

Date