PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES

Name of Facility: Broward Girls Academy				
Physical Address: 8301 South Palm Drive, Pembroke Pines, FL 33025				
Date report submitted: October 23, 2015				
Auditor information: Shirley L. Turner				
Address: 3199 Kings Bay Circle, Decatur, GA 30034				
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Telephone number: 678-895-2829				
Date of facility visit: October 5, 2015				
Facility Information				
Facility Mailing Address: 8301 South Palm Drive, Pembroke Pines, FL 33025				
Telephone Number: (954) 322-6500				
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: Pamela Rollins			**Title:**	**Program Director**
Email Address: pamela.rollins@youthservices.com			**Telephone Number:**	**(954) 322-6500**
Agency Information				
Name of Agency: Youth Services International				
Governing Authority or Parent Agency: NA				
Physical Address: 6000 Cattleridge Dr., Suite 200, Sarasota, FL 34232				
Mailing Address: Same as Above				
Telephone Number: (941) 953-9199				
Agency Chief Executive Officer				
Name: Jim Slattery			**Title:**	**CEO/President**
Email Address: jim.slattery@youthservices.com			**Telephone Number:**	**(941) 953-9199**
Agency Wide PREA Coordinator				
Name: Jesse Williams			**Title:**	**PREA Coordinator**
Email Address: jesse.williams@youthservices.com			**Telephone Number:**	**(941) 953-9199**

AUDIT FINDINGS

NARRATIVE:

The Broward Girls Academy is a 30-bed residential program for low and moderate risk girls, age 14-19 years, who are committed to the Florida Department of Juvenile Justice (DJJ). The facility is operated by Youth Services International, Incorporated (YSI). The girls admitted to the program are assessed and classified as moderate risk with serious to severe mental disturbance. Program services include mental health groups and individual and family counseling. Residents participate in Cannabis Youth Treatment, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Recovery and Empowerment for Adolescent Girls and Youth Women (G-TREM).

Cannabis Youth Treatment includes residents participating in two individual sessions using Motivational Enhancement Therapy to address marijuana usage. Residents participate in 12 group sessions addressing coping skills, meeting needs without marijuana and additional coping skills topics. All residents with a substance abuse diagnosis participate in this group two times per week. Cognitive Behavioral Therapy-Rational Living Therapy (RLT) groups are based on cognitive-behavioral therapy and residents learn rational self-counseling. RLT groups are held twice a week and address unhealthy thinking patterns, such as all or nothing thinking, overgeneralization and mental filter. Dialectical Behavioral Therapy (DBT) groups address mood regulation through four content areas: Mindfulness, Distress Tolerance, Emotional Regulation and Interpersonal Effectiveness. G-TREM groups are held once a week and enhance key trauma recovery and coping skills, decrease risk of re-victimization and strengthen girls' overall functioning.

On-site medical services are provided by a full-time Registered Nurse in the position of Nurse Manager and a contract physician who visits the facility weekly. Mental health staff includes the Clinical Director, three Therapists, and a contract psychologist and contract psychiatrist who both visit the facility once a week. Located within the mental health unit are two Case Managers and four interns. Education/vocational services are provided on-site by Broward County Schools. Youth Counselors provide direct care and supervision to residents during their movement throughout the facility's programs and services. Shift Supervisors provide effective oversight to the general operations of each shift. Social services, recreation services and other activities are also provided.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The program is housed in one main building which is separated to contain another juvenile residential treatment program. The entrance lobby contains a reception area and space and seating for visitors. A conference room is located in this area, beyond the lobby and is shared by the two programs. The Broward Girls Academy is contained in one section of the building, consisting of a long hallway that includes classrooms; control room; offices; storage; medical clinic; housing rooms; bathrooms; and a dayroom. The dayroom space is also used for eating meals and snacks that are delivered from the adjacent program.

There are a total of eight rooms, four beds are in seven rooms and one room has two beds; all rooms are attractively maintained. The bathrooms provide the residents with a reasonable amount of privacy for changing clothes, using the toilet and taking showers. Isolation is not used at this facility. The facility does have a room that is designated as the quiet room. It is accessorized to reflect the state of a tranquil environment and is located in a section that includes administrative and treatment staff members' offices. The residents maintain an outside flower garden, under the supervision of staff. The outside grounds also contain a fenced area for recreation and other activities.

The length of stay ranges from three to nine months. The number of staff currently employed at the facility that may have contact with residents is 32. In the past 12 months there have been three contracts for services with contractors who may have contact with residents. The number of residents admitted to the facility in the past 12 months is 673.

SUMMARY OF AUDIT FINDINGS:

The process began with a conference call which included the facility and other YSI staff, DJJ statewide PREA Coordinator, and the PREA Auditor to discuss the audit process. The notifications of the on-site audit were later posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to this Auditor, noting their locations. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive which was mailed to the Auditor. After reviewing the information on the flash drive, a follow-up call was made to the Program Director to discuss the data and for clarification of information. Additional information was provided or clarified as requested.

The on-site audit was conducted on October 5, 2015. An entrance meeting was held with the Program Director and a comprehensive tour was provided. Interviews were conducted with staff that covered all three shifts. Six random staff and six residents were interviewed. Eleven specialized interviews were conducted and included one volunteer intern. Observations of program activities revealed that staff members were directly supervising and involved with the residents.

File folders were set up in a very neat and organized manner and supplementary information was provided. A close-out meeting was held at the conclusion of the on-site audit and a summary of the audit findings was provided to the Program Director, Assistant Program Director and the YSI PREA Coordinator who participated by telephone.

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 facility has an internal zero-tolerance policy, 1.28-Prison Rape Elimination Act (PREA), which provides guidelines for achieving the requirements of the PREA standards. Policy 1.28 provides the strategies for zero-tolerance toward all forms of sexual abuse and sexual harassment. The Policy contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The Florida Department of Juvenile Justice Policy 1919 (FDJJ 1919) is also used and adhered to for support of the PREA standards. FDJJ 1919 Policy and Procedures serve as the overarching guide to the facility for ensuring PREA compliance.

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 facilities for the confinement of its 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:

Policy 1.28 provides for the implementation of a staffing plan with adequate staffing levels to protect residents against sexual abuse and refers to the current staffing assignments of a minimum of 1:6 during the resident waking hours and 1:8 during the resident sleeping hours. A hold-over system and schedules are in place to maintain the required staff ratios. The Policy provides details regarding scheduling requirements and a staffing plan exists. The

annual assessment of the staffing plan and other related areas have been conducted to determine whether adjustments are needed. A review of the staffing has been documented through the completion of the Staffing Plan Assessment form. A staffing plan assessment was conducted by the Florida DJJ statewide PREA Coordinator and one was conducted by the Program Director.

Unannounced rounds of the facility for the maintenance of a safe environment are conducted and documented by appropriate staff as identified by Policy 1.28. The Policy and facility's practice prohibit staff from alerting other staff while the unannounced rounds are being conducted. Staff interviews and a review of documentation confirmed the practice of unannounced rounds being conducted.

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:

Policy 1.28 prohibits cross-gender pat-down searches, cross-gender strip searches and cross-gender visual body cavity searches of residents, except in exigent circumstances or when performed by medical practitioners. The Policy further provides that in the event of any occurrence, documentation of the situation is required. Staff interviews supported that the facility practice is that no type of cross-gender searches are conducted.

Policy 1.28 has been implemented providing for residents to shower, perform bodily functions, and change clothes without being observed by staff of the opposite gender. In ensuring that all staff and residents are aware of the bathroom procedures, the general rules were posted at the entrance. Interviews with staff and residents confirmed the practices. Policy 1.28 states that staff shall not search a transgender or intersex resident to determine the resident's genital status. The Policy also directs staff to ask a transgender or intersex resident which gender of employee they would prefer to conduct the search. The training curriculum regarding LGBTI youth was reviewed.

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:

According to Policy 1.28, support of various services is provided for residents with disabilities and residents who are limited English proficient so that they may benefit from and participate in PREA education. Resident education materials are accessible in languages other than English. Policy 1.28 ensures that the facility will not rely on resident interpreters or resident readers. The policy contains information regarding the resources to be used and how they will be accessed. A review of the documentation provided and staff interviews confirmed that residents would not be used as interpreters or readers to assist other residents. Documentation was reviewed showing that the Program Director conducted a review of the American Disabilities Act with staff.

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:

Policy 1.28 and FDJJ 1919 provide for background checks on all employees and contractors through a process that is aligned with the standard and used statewide. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted. Both Policies require that criminal background checks be conducted every five years on employees and on contractors who may have contact with residents. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor. An Annual Affidavit of Compliance with Level 2 Screening Standards was signed by the Program Director affirming that all employees and volunteers have been screened as required.

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 secondary monitoring system is used in addition to direct staff supervision. The camera system updates include additional cameras that were installed in the lobby and in the conference room.

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:

Policy 1.28 states that staff will cooperate in investigations conducted by the FDJJ Office of the Inspector General (OIG). The OIG is responsible for administrative investigations and investigations are conducted by the Florida Department of Children and Families (DCF) and the Pembroke Pines Police Department (PPPD).

Correspondence from the PPPD indicates that while they will not be signing the submitted MOU from the facility, they will serve as the lead investigative agency for sexual assault investigations that occur due to the facility being located within their jurisdiction. The correspondence states that the PPPD supports the internal facility protocols that are implemented as a requirement of PREA that are cited in the MOU. It is further documented that reported allegations of sexual assault will be fully investigated under protocols established through PPPD General Orders and other regulations; procedures required for successful criminal prosecution via the Broward State Attorney's Office; and applicable case law best practices.

Policy 1.28 provides for forensic medical examinations to be completed at no financial cost to the victim. There have been no forensic examinations conducted during this audit period. The facility does not have a signed Memorandum of Understanding (MOU) with an advocacy agency at this time; however, The Nancy J. Cotterman Center (NJCC) is reviewing a draft MOU. The NJCC is Broward County's children's advocacy center and certified rape crisis center and there is documentation of collaboration between NJCC and the facility. The personnel of NJCC indicates that the advocacy services will be provided due to the facility being located in Broward County and that forensic exams are provided with no cost to the community.

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:

Facility Policy 1.28 provides that the appropriate investigative entity will be contacted regarding the reporting of allegations. Policy FDJJ 1919 requires that staff report all allegations of sexual abuse and sexual harassment. There has been no allegation from a resident during this audit period.

The facility posts related information regarding reporting allegations in areas which are accessible to the public and parents/guardians receive a copy of the Student Handbook. The DJJ website also contains information regarding the referral of allegations for investigations 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 Comments:

Policy 1.28 and FDJJ 1919 provides for the PREA training of all staff. The facility staff received the DJJ training and the facility has conducted refresher training in the key areas referenced in the standards. Topics within PREA are reviewed in the monthly meetings for all staff members. Documentation of staff participating in training is maintained and staff interviews confirmed that PREA training is provided.

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:

Policy 1.28 contains information regarding the training of volunteers and contractors who have contact with residents. Receipt of the training is documented on the Prison Rape Elimination Act Acknowledgement information sheet, which is signed by the participant. An interview with an intern supported the occurrence of the PREA training.

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:

Policy 1.28 and interviews with residents confirmed that they receive information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. A staff interview and supporting documents also showed that the PREA education occurs with the residents. Training sessions with residents are documented. Policy 1.28 identifies training resources that are used for resident education and training materials were reviewed. The facility will provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled.

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. Training is provided to investigative staff regarding conducting investigations in the DJJ settings.

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 1.28 addresses PREA training for medical and mental health staff. A review of documentation and staff interviews confirmed the specialized training for medical and mental health staff. Forensic medical examinations are not conducted at the facility.

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:

Policy 1.28 and practice document that each resident is screened for vulnerability to victimization and sexually aggressive behavior. A review of documentation and staff and resident interviews confirmed that screening for risk of sexual abuse victimization or sexual abusiveness toward other residents is being conducted on each admission to the facility. The initial screening is done during the intake process and Policy 1.28 and staff and resident interviews provide for residents to receive reassessments within the first 30 days and periodically throughout the resident's stay at the facility.

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:

Policy 1.28 and FDJJ 1919 prohibits placing gay, bisexual, transgender, or intersex residents into particular housing, bed or other assignments solely on such identification or status. According to Policy 1.28 housing and program assignments require determinations on each transgender or intersex resident on a case by case basis. The Policies also prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The facility staff report that isolation is not used. Policy 1.28 provides that residents may be separated or isolated from others only as a last resort when less restrictive measures are inadequate and until other arrangements can be made to keep the resident safe. If separation or isolation should occur, the Policy provides that residents are afforded their rights as required.

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:

Policy 1.28 and staff and resident interviews confirmed that there are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that may lead to abuse. A resident may report allegations of abuse or sexual harassment by completing a grievance form; completing a Speak Out Form

requesting to talk to a specific staff member; talking to any staff member; and third parties may report allegations to staff. PREA related information is posted within the facility, accessible to the residents, staff and visitors. Residents are provided access to a telephone to report allegations of sexual abuse and sexual harassment to the abuse reporting hotline or law enforcement, depending on the age of the resident.

Interviews revealed that staff members are aware of their responsibility to report sexual abuse and sexual harassment. They are also aware that they are to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties in accordance with Policies 1.28 and FDJJ 1919. Staff members are directed to promptly document any verbal reports.

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:

Residents may put a completed grievance form in the locked grievance box. Residents are not required to use an informal grievance process regarding allegations of sexual abuse and sexual harassment. The facility considers resident complaints regarding sexual abuse to be an allegation and when such a complaint is received, Policy 1.28 provides that the procedures for reporting allegations be initiated.

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:

Policy 1.28 requires the facility to provide the residents with access to outside victim advocacy services by the Nancy J. Cotterman Center (NJCC). The MOU drafted by the facility is currently in the review process of the NJCC. There is documented collaboration with the NJCC, a certified rape crisis center for Broward County. Information about the NJCC is provided to the residents. Residents may receive visitors while in the facility and they are allowed to make weekly telephone calls. Attorneys or other legal representation may visit the facility and these visits are conducted in a confidential manner.

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:

Policy 1.28 provides guidelines regarding third-party reporting. Information about reporting incidents of sexual abuse is posted in the facility, accessible to the public. Staff and resident interviews supported that the facility has a method for third party reporting. The YSI website contains a link to the DJJ website which provides information on how to report resident sexual abuse or sexual harassment. Parents and/or guardians are also provided a copy of the Student Handbook.

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:

Policy 1.28, FDJJ 1919 and Florida Statute address this standard and provide that all staff members are mandated reporters. They are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual 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. Policy prohibits staff from sharing information regarding sexual abuse other than as needed to make treatment, investigation, and other security and management decisions. Staff interviews confirmed their knowledge of this information.

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:

Policy 1.28 states that when a staff member learns that a resident is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. Protection measures may include one-to-one staff supervision; reassignment of a room; or change in classroom assignment. There have been no incidents in the last 12 months where the agency or the facility took any action in regards to a resident being in substantial risk of imminent sexual abuse while in this facility.

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:

Policy 1.28 provides that upon receiving an allegation that a resident was sexually abused while confined in another facility, the Program Director will notify the Central Communications Center of the allegation within two hours. The Policy also provides that the Program Director will notify the facility of which the allegation was made, no later than 24 hours.

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:

Policy 1.28 provides a detailed account of first responder duties and responses. There has not been an allegation by a resident regarding sexual abuse within the last 12 months. Initial PREA training and refresher training have been provided to all staff.

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:

There is a written Facility Coordinated Response Plan for Reports of Sexual Abuse. A review of training records and interviews with staff confirmed staff members' knowledge of their responsibilities. The Plan coordinates the actions to be taken among staff including first responders, leadership, medical and mental health 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:

Policy 1.28 provides guidance to staff regarding protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment. According to the Policy, the Program Director or the Assistant Program Director will have the responsibility of monitoring for possible retaliation. If the conduct is identified the practice is that the monitoring is ongoing during the length of stay for the resident and the duration of the staff member's employment. The have been no allegations of sexual assault or sexual harassment during 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 Comments:

Policy 1.28 ensures that if there is any use of segregated housing, it will only be used as a last resort and that the resident is afforded access to the program and services provided by the facility. Staff interviews supported that the facility does not use isolation; however, a resident will be separated and protected from potential abusers when needed and will receive programming and services as required.

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:

Policy 1.28 and FDJJ 1919 address this standard. Administrative investigations are conducted by OIG and DCF is called for all allegations of sexual assault. The Pembroke Pines Police Department conducts criminal investigations. Both Policies direct facility staff to cooperate with the OIG investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

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:

FDJJ 1919 and Policy 1.28 support that a standard of the preponderance of the evidence is used for determining if 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:

Policy 1.28 and FDJJ 1919 provide for notifying residents following an investigation of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. It is required that all notifications or attempted notifications are documented. The Program Director is aware of the requirements of the standard and the Policies.

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:

Policy 1.28 and FDJJ 1919 provide for disciplinary sanctions for staff to be up to and including termination for violation of the sexual abuse and sexual harassment policies. The Policies require that staff terminations or resignations by staff who would have been terminated for violating the Policies, be reported to local law enforcement and that relevant licensing bodies be contacted. No staff has been terminated or has resigned for violating PREA related policies during this audit period.

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:

Policy 1.28 provides that a contractor or volunteer who engages in sexual abuse will have no contact with residents and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The Policy requires that remedial measures be taken and prohibits future contact with residents in the case of any other violation of the PREA related policies. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative entity 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:

Policy 1.28 provides direction to staff regarding this standard. A resident who engages in resident-on-resident sexual abuse will be placed in a DJJ Juvenile Detention Center and receive a court hearing and a determination will be made regarding the subsequent placement.

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:

Policy 1.28 states that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse will be referred for a follow-up meeting with a medical or mental health practitioner within 24 hours of the screening. Staff interviewed confirmed awareness of the policy and the requirements of the standard. A meeting with mental health staff is a part of the intake process for all residents.

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:

Policy 1.28 provides for timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. According to the Policy and staff interviews, the nature and scope of the services are determined by medical and mental health practitioners' professional judgment. Policy 1.28 states that emergency medical and mental health services will be provided the victim whether or not the abuser is named or whether the victim cooperates with any investigation arising out of the incident. Interviews with medical and mental health staff confirmed the Policy.

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:

Policy 1.28 provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment and follow-up services as referred to in the standard. According to Policy 1.28 and staff interviews, medical and mental health care are consistent with the community level of care.

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:

Policy 1.28 serves as the guide for staff in conducting incident reviews. The incident review team has been identified and interviews revealed an understanding of the purpose of the process. The PREA Sexual Abuse Incident Review form will be used to document the meeting and 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:

According to Policy 1.28, the facility reports data to DJJ on a monthly basis. Policy 1.28 and FDJJ 1919 state that there is the collection of accurate, uniform data for every allegation of sexual assault. The DJJ has developed a data collection instrument that includes the required data.

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:

Policy 1.28 and FDJJ 1919 address this standard. The Policies require the review of data for corrective action towards improving the effectiveness of the agencies' prevention, protection and response policies, practices, and training. The annual report prepared by DJJ is made available to the public.

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:

Policies 1.28 and FDJJ 1919 address this standard. Data is collected and securely retained for 10 years. The aggregated PREA data is reviewed, all personal identifiers are removed, and the information is posted on the DJJ website.

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 — October 23, 2015

Auditor Signature — Date