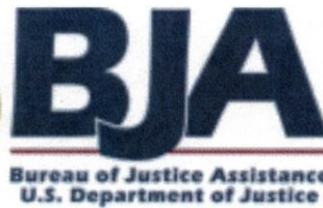


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Broward Youth Treatment Center

Physical Address: 8301 South Palm Drive, Madison Bldg. #2, Pembroke Pines, FL 33025

Date report submitted: October 24, 2015

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: October 6, 2015

Facility Information

Facility Mailing Address: 8301 South Palm Drive, Madison Bldg. # 2, Pembroke Pines, FL 33025

Telephone Number: (954) 962-1088

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: Latoya Jackson-Singletary **Title: Program Director**

Email Address: latoya.jackson@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**

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 Youth Treatment Center is a 28-bed residential program for low and moderate risk male juvenile offenders who have been committed to the Florida Department of Juvenile Justice (DJJ). The facility is located in Pembroke Pines, Florida and is operated through a contract between DJJ and Youth Services International (YSI). The program provides programming for males between the ages of 13-19. The length of stay is three to nine months.

The facility provides behavioral health services; psycho-educational groups; anger management; victim awareness; social skills; moral development; substance abuse services; and gang intervention. The program components and services comprehensively address the special needs of adolescent males and include gender-specific services. Talks My Father Never Had With Me is one of the program components that facilitates the sharing of critical issues between generations. Another program component is Parenting Wisely that addresses basic parenting skills and the stages of child development, as well as other aspects for a new parent, teen parent and caregiver.

On-site medical services are provided by a full-time Registered Nurse and a contract physician who visits the facility weekly. Mental health staff includes the Clinical Director, two Therapists, a contract psychiatrist who visits the facility weekly, and a contract psychologist as needed. Also, within the mental health unit are two Case Managers. Education/vocational services are provided on-site by Broward County Schools' staff. Vocational services include three training programs that offer industry-recognized certifications: Culinary Arts, Computing for College and Careers, and Barber Program. Youth Care Workers provide direct care and supervision to residents during their movement throughout the facility's programs and services. Shift Supervisors provide 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 seating for visitors. A conference room is located in the other program's area of the building and is shared by the two programs. The Broward Youth Treatment Center is contained in one section of the building, consisting of a long hallway that includes classrooms; control area; offices; kitchen; storage; medical clinic; laundry room; housing rooms; bathrooms; and three dayrooms. The dayrooms are used according to the behavior management program level the resident is on and the items and activities in each dayroom are advanced according to the level of the resident.

There are a total of four rooms of various sizes and include bunk beds, 10 beds are in one room; eight beds are in two rooms, with one of those serving as an honor room; and one room has two beds. 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. Located in the back of the building on the outside is a patio area which has tables with attached chairs. The patio leads to the fenced courtyard grounds that contain two basketball goals. The courtyard also contains space for other recreation and activities.

The number of staff currently employed at the facility that may have contact with residents is 28. In the past 12 months there have been 12 volunteers and contractors who may have contact with residents. The number of residents admitted to the facility in the past 12 months is 46.

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, follow-up telephone conversations were held with the Program Director and the Assistant Program Director to discuss the data and for clarification of information.

The on-site audit was conducted on October 6, 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 contractor. Observations of program activities revealed that staff members were directly supervising and interacting 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, YSI Regional Vice President, and the YSI PREA Coordinator who participated by telephone.

Number of Standards Exceeded: 0

Number of Standards Met: 38

Number of Standards Not Met: 0

Number of Standards Not Applicable: 3

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:

Policy 1.28, Prison Rape Elimination Act (PREA), provides the guidelines for achieving the requirements of the PREA standards. Policy 1.28 includes 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)

Auditor Comments:

This standard is Not Applicable; 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 to protect residents against sexual abuse and refers to the current staffing assignments of a minimum of 1:10 during the resident waking hours and 1:10 during the resident sleeping hours. A hold-over system and schedules are in place to maintain the required staff ratios for the current contract. Policy 1.28 provides details regarding scheduling requirements. 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 and other areas has been documented through the completion of the Staffing Plan Assessment form by the Program Director who also serves as the PREA Compliance Manager.

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. Staff and resident interviews 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 Register/Sign-in Sheet was reviewed documenting required training.

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:

Policy 1.28 provide that support services are provided for residents with disabilities and residents who are limited English proficient so that they may benefit from and participate in

the PREA training sessions. Additionally, staff members that speak Spanish or Creole may be used as needed. 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 will not be used as interpreters or readers to assist other residents.

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.

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:

This standard is Not Applicable; no expansions or updates have been made during this audit period.

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). Through correspondence on behalf of the Pembroke Pines Police Department (PPPD), it has been re-affirmed that the PPPD will serve as the lead investigative agency for sexual assault investigations that occur due to the facility being located within their jurisdiction. The PPPD has been provided the DJJ PREA Compliance Form which contains the contact information of the DJJ Office of Inspector General. The PPPD has already indicated its support of the internal facility protocols that are implemented as a requirement of PREA.

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 examinations are provided with no cost to the community. Services also include crisis/intake and sexual assault/child abuse counseling. Supportive services may also be provided by the facility’s Clinical Director who is a Licensed Mental Health Counselor.

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:

Policy 1.28 provides that the appropriate investigative entity will be contacted regarding the reporting of allegations. Additionally, 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 information about reporting allegations of sexual assault or sexual harassment in areas of the facility which are accessible to residents, staff and the public. 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. 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 a contract staff and a review of the training curriculum and rosters confirmed 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. 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. Isolation is not used at the facility.

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. The Policy further provides that if separation or isolation should occur, residents must be 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; 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, as verified by interviews.

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 or sexual harassment 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.

Visitation is allowed at the facility three days a week and residents may 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 DJJ's website which provides information on how to report resident sexual abuse or sexual harassment.

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 members are aware of this Policy requirement.

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 as confirmed through staff interviews and training records.

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)

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 for protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment and identifies the staff who has the responsibility of retaliation monitoring. 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. There 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, Policy provides information on how a resident will be separated and protected from potential abusers when needed.

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 addresses the standard by providing 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 to 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 access to emergency medical and mental health services.

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, staff interviews and observations of 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, FDJJ 1919 and a DJJ Interoffice Memorandum serve to provide the guidelines for staff in conducting incident reviews. The incident review team members are identified in Policy and the Memorandum. Interviews revealed an understanding of the purpose of the process and how it operates. 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 provide for 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 and 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 and provide that 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 24, 2015

Auditor Signature

Date