

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of Facility: Central Pasco Girls Academy			
Physical Address: 2953 Wilson Road; Land O'Lakes, Florida 34638			
Date report submitted January 12, 2015			
Auditor information : Lois Jenkins			
Address 2820 Weybourne Way; Columbia, SC 29223			
Email: lljenk2@bellsouth.net			
Telephone number: 803-463-9554			
Date of facility visit : June 23-24, 2014			
Facility Information			
Facility Mailing Address: Same as Above <i>(if different from above)</i>			
Telephone Number: 813-909-7800			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Kirstie Naoom		Title: Facility Administrator	
Email Address: kristie.naoom@us.g4s.com		Telephone Number:	813.909.7800
Agency Information			
Name of Agency: G4S Youth Services, LLC			
Governing Authority or Parent Agency: G4S <i>(if applicable)</i>			
Physical Address: 6302 Benjamin Road, Suite 400; Tampa, FL 33634			
Mailing Address: <i>(if different from above)</i> Same as Above			
Telephone Number: 813-514-6275			
Agency Chief Executive Officer			
Name: James C. Hill, Jr.		Title:	President
Email Address: jim.hill@us.g4s.com		Telephone Number:	813-514-6275, ext. 202
Agency Wide PREA Coordinator			
Name: Bobbi Pohlman-Rogers		Title:	JJDP/PA/PREA Director
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AUDIT FINDINGS

NARRATIVE:

Central Pasco Girls Academy (CPGA) is a G4S Youth Services, LLC operated program located in Land O'Lakes, Florida. The Academy operates under contract with the Florida Department of Juvenile Justice (FDJJ) and all residents are placed there by the FDJJ. The current program began in January of 2013 providing intensive mental health treatment services for girls ages thirteen to eighteen. It operates as a secure 32-bed residential moderate-risk program with an expected stay of six to nine months.

CPGA employs a multi-disciplined staff to address the many needs of girls in custody. Daily operational oversight is provided by a full-time Facility Administrator and Assistant Facility Administrator, and a cadre of direct care service providers focusing on safety, security, order, and treatment with support and services from the Director of Clinical Services, Health Services Administrator, and Human Resources Manager.

Programming for CPGA is gender-specific. Staff is trained and uses the *Girl Matters* and "Savvy Sisters" curriculum that is tailored to the unique needs of the population. Gender specific treatment focus areas address sexual abuse, trauma, substance abuse, crime specific topics, as well as relational and emotional topics. The on-site health care providers are available to address the individual medical needs of each resident. Additionally, when assessed to be necessary, residents may be taken off-site for medical attention. Residents at the Central Pasco Girls Academy receive year round on-site education via classroom instruction provided by teachers from the Pasco County School District.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Central Paso Girls Academy is a standalone facility surrounded by a security perimeter fence. The complete facility consists of four well-spaced buildings which include an Administration Building, Education and Nursing Building, Maintenance Building and the Main/Dorm Building. The Administration Building houses the offices of the Facility Administrator, Clinical Director, Human Resources Director, clinical staff, and a conference room. The Education and Nursing Building provide office and work space for education and medical staff; and a medical exam room with bath room. The Main/Dorm building has two wings that comprise the residents' living units named Gems and Jewels, dayrooms, master control room, the kitchen, cafeteria, laundry rooms, and Assistant Facility Administrator Office. Within the living units up to four residents may be assigned to share a room. Included on one wing of the resident living unit is what the staff refers to as a controlled observation room. The staff reports that under supervisory authority, this room is used infrequently for short periods of time when a resident is disruptive and poses a threat to safety and security.

There is adequate recreational space with the out-door recreation area located at the back of the property near the Education/Nursing and Maintenance buildings. The Maintenance building also houses the Sewing Center, Yoga Room, and Residents' Boutique.

The facility has a total of 27 surveillance cameras in various locations both inside the buildings and outside of buildings.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on May 12, 2014, six weeks prior to the first date of the on-site audit. The posting of the notice was verified by photographs received electronically from the Facility Administrator/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas.

The Pre-Audit Questionnaire, policies and some supporting documentation were received via e-mail from the PREA Compliance Manager on June 3, 2014. The information received was well organized and easy to navigate but many of the files were empty or lacked sufficient documentation as requested by the Pre-Audit Questionnaire and some of the scanned documentation was difficult to read. Upon review of the information, it became clear that the facility, a for-profit operated by G4S Youth Services, LLC, completed the Questionnaire as if The Florida Department of Juvenile Justice was the agency. Between phone calls and e-mails, this was addressed and on June 16, 2014, one week prior to the scheduled date of the on-site audit, a flash drive was delivered with uploaded policies and supporting documentation. A follow-up call was placed on June 18, 2014 to discuss the Pre-Audit Questionnaire and explain the on-site audit process.

The on-site audit was conducted June 23-24, 2014, and began with a meeting with the Facility Administrator/PREA Compliance Manager. After the meeting we took a tour of the facility and I was able to observe all of the physical plant and grounds. While touring I observed that the residents were in school and under supervision of teachers and security staff. Observation of the master control surveillance system showed there are blind spots and they were noted. There are no cameras in the residents' rooms or bathrooms so the surveillance system does not show these areas, allowing residents to shower and toilet in private.

During the two-day on-site visit, 14 staff was interviewed, including workers from all three shifts. For the most part, staff interviews revealed they have been trained on PREA Standards and understand their responsibilities and duties to prevent, detect, and respond to sexual abuse and harassment. Ten random residents were interviewed; five from each of the two living units. The residents were informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, but generally did not know services provided by community-based victims' advocates' or how to contact them. The facility is in the process of negotiating a contract for victim advocacy services through the Crisis Center of Tampa Bay.

Through the pre-audit and on-site audit processes, it was determined that nine standards were not met. A corrective plan for compliance was developed, agreed upon, and implemented bringing Central Pasco Girls Academy into full compliance with PREA standards. Details of corrective actions are written under each applicable standard within this report.

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 To 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)

G4S Central Pasco Girls Academy (CPGA) Policy 10-25 dated April 25, 2014, mirrors that of its contracting agency, Florida Department of Juvenile Justice, Policy 1919 revised April 10, 2014. Page 3 of the CPGA policy has clearly written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. Within the 10 page policy, the agency’s approach to preventing detecting and responding to acts of sexual abuse and harassment is outlined.

The agency, G4S, has a PREA Coordinator who oversees PREA compliance efforts for the agency. Page 3 of policy 10-25 designates the CPGA Facility Administrator as the PREA Compliance Manager and outlines the specific related duties. When interviewed, both the PREA Coordinator and PREA Compliance Manager indicated they had authority and sufficient time to manage PREA compliance related responsibilities.

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)
- Not Applicable

CPGA is a G4S Youth Services, LLC program that operates under contract with the Florida Department of Juvenile Justice (FDJJ) and does not contract with other entities 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)

CPGA is a G4S Youth Services, LLC program that became operational January 2013 and exists through contractual arrangement with the Florida Department of Juvenile Justice (FDJJ). A staffing ratio of 1:6 during day and evening hours and 1:8 during sleep hours is written into the contract between the two entities. Review of the Staffing Plan Assessment and other secondary documentation such as the Facility Administrator Weekly Management Report and the Monthly Fidelity Compliance Scorecard, validated this ratio. There are no findings of inadequacies from judicial, federal investigative agencies, nor internal or external oversight bodies; and there were no documented deviations from the staffing plan.

The Staffing Plan Assessment and interviews with staff served to validate that in establishing and maintaining the agreed upon ratios, consideration was given to needs of the residents to be served, physical location and layout of the facility, as well as the location of available video surveillance cameras. The Staffing Plan Assessment documents a total of 27 cameras and notes where they are located. During the facility tour said cameras were observed but it was determined that there are portions of the facility that cannot be seen on the master control monitor and are considered to be “blind spots.” Specifically, there are no cameras in the 2 schoolrooms, the kitchen, laundry room, or observation room. Additionally, the hallway in the Gems living unit shows completely dark on the master control surveillance

during daylight hours; and blind spots exists outside of the administration building; in the educational testing lab, the area outside the two classrooms, the recreation area located between and around school rooms and maintenance buildings, and the outside area along the pathway around the lake leading from the administration building to the back of the property towards the recreation court and maintenance building.

CPGA Policy 10-25 mandates that facility supervisors shall conduct unannounced rounds of all areas of the facility at a minimum of one time per shift and that the rounds must be documented but falls short of compliance with the standard by not including that such practice shall be implemented for night shifts as well as day shifts. Limited documentation of unannounced rounds insufficient for compliance to this standard was provided for random times and various locations by the Assistant Facility Administrator via 10 Youth Supervision Fidelity Check forms dated from March 2014 through June 2014 for first and second shift but not third shift. Documentation of staff interaction fidelity checks and random camera 10 minute validation checks were also provided for the same time frame for the Assistant Facility Administrator.

Corrective Action: G4S PREA Coordinator provided policy 10-9 which included that unannounced rounds would be conducted on each shift and provided documentation of unannounced rounds occurring on all shifts at Central Pasco Girls Academy.

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)

CPGA policies numbers 10-25, 10-3, and 8-14 outline all mandates in compliance with this standard. Policy requires that only in exigent circumstances will cross-gender searches be conducted and that any such search will be documented as to the reason for the search and why a same sex staff was not available. CPGA Policy 10-3, states that strip searches must be conducted in a private room with two staff members of the same sex as the resident. CPGA Policy 10-3 further states that body cavity searches must be approved by the Facility Administrator or the Operations Administrator only when it is strongly suspected that a youth has concealed contraband in the body cavity. All body cavity searches must be conducted by trained medical personnel in an emergency room setting. Program staff is not authorized to conduct a body cavity search of a youth. During the past 12 months, there were no cross-gender strip and body cavity searches and no cross-gender pat-down searches.

Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Further, policy also mandates that residents have access to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing; and that staff of the opposite sex shall announce their presence when entering resident housing facility or an area where residents are likely to be showering or performing bodily functions or changing clothing. Interviews with staff and residents verified that these practices are in place at CPGA.

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)

CPGA Policy 10-25 requires the PREA Facility Compliance Manager to ensure residents with disabilities and residents who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. The policy also states the facility

will take steps to provide interpreters who can interpret effectively, accurately, and impartially.

The policy prohibits the use of youth or staff as interpreters, readers, or other assistant to perform such functions except in limited circumstances where an extended delay in obtaining interpreters services could jeopardize residents' safety. The facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. Resident interviews validated compliance.

Documentation of contracts or agreements for interpreters or other professionals hired to ensure services for disabled and/or limited English proficient residents was not provided.

Corrective Action: Documentation for interpreter services was provided by the PREA Coordinator.

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)

Elements required by this standard are outlined in CPGA Policies 10-25, 3-16 and FDJJ Policy 1919. Persons desiring employment with CPGA completes the application packet; a portion of which is sent from CPGA to the FDJJ Office of the Inspector General for background screening. Details of the screening are described on the FDJJ's website and include conducting two background screenings; the Level II pre-employment screening and a 5-year re-screening. Upon request, background screening is conducted on state and contract provider directors, owners, applicants, employees, volunteers, mentors, and interns. The term contract provider includes grant recipient employees, volunteers, mentors, and interns. Background screenings consist of a state and national fingerprint check through the Florida Department of Law Enforcement and the Federal Bureau of Investigations, and a demographic search of the Florida Clerk of the Courts. As a criminal justice agency, the Department has access to juvenile, sealed, and expunged criminal history information.

Interview with Human Resources (HR) staff affirmed that the policy is in practice for staff and contractors. The auditor's review of 9 HR staff files validated at 100% that criminal background records checks were completed, and applicants seeking employment are asked about previous misconduct outlined in section (a) of this standard. Consistent with the PREA requirement and Florida Statutes 768.096 and 435.10, CPGA has in place a process for contacting prior employers for information before hiring and sharing information with employers.

Of 36 employees, only 3 (either previously employed with FDJJ or transferred from another G4S facility) had hire dates that met the 5 year threshold and documentation revealed background checks were completed.

The policy states that staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

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)

CPGA has not acquired any new facilities, or done any expansion or modification since August 20, 2012. As of the date of this audit, the facility has not updated the video monitoring system, however, interviews and documentation in the Staffing Plan Assessment validated that there are plans to update the current monitoring system and that

consideration was given to enhancing the facility's ability to protect residents.

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)

CPGA does not conduct administrative or criminal sexual abuse investigations and by policy upon learning of such an event CPGA staff must immediately make a report through the Florida Department of Juvenile Justice (FDJJ) Central Communications Center (CCC) hotline. Policy also mandates a call to local law enforcement and the Florida Department of Children and Families Abuse Registry hotline. Criminal investigations are conducted by the Pasco County Sheriff's Office.

Written on the Youth Acknowledgement and Notification of Prison Rape Elimination Act form is this statement, "*The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost.*" Staff interviews validated this practice.

There were no forensic medical examinations conducted in the past 12 months. G4S is in the process of finalizing an agreement with the Crisis Center of Tampa Bay to provide the services required by section (c) of this standard, but no documentation was provided.

Documentation that the agency has requested the responsible agencies follow requirements in paragraph 115.321 (c) through (f) of the standards was not made available to the auditor.

Corrective Action: A Memorandum of Understanding between G4S and Tampa Bay Crisis Center to provide the services required to be compliant with the standard was provided by the PREA Coordinator.

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)

CPGA policy 10.25 requires that any staff receiving a report of sexual misconduct or possible sexual misconduct must ensure that it is immediately reported to their supervisor who shall ensure that it is reported to local law enforcement, (the Pasco County Sheriff's Office) if criminal in nature. During the past 12 months, CPGA received three complaints against staff allegations and all three were reported as required through the FDJJ Office of the Inspector General Central (OIG) Communications Center hotline. In each case the OIG conducted an administrative investigation. As stated in policy, the FDJJ does not conduct criminal investigations of youth-related sexual misconduct reports. In Florida, local law enforcement agencies and the Department of Children and Families handle such investigations. Documentations showed that two of the allegations were made the same date by one resident accuser against two different staff. The Pasco County Sheriff's office and the Florida Department of Children and Families were notified of the allegations and reported to the facility to investigate. After investigation, the case was administratively closed and documentation provided to CPGA by the FDJJ Office of the Inspector General. The third allegation was determined not to be criminal in nature. It was administratively investigated and closed by the FDJJ Office of the Inspector General with a finding of unsubstantiated.

The FDJJ Policy 1919 describes the agency's investigative responsibilities and duties for its facilities and is published on the website.

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)

CPGA Policies 10-25 and 5.1.5 (C) and FDJJ Policy 1919 outline training requirements for staff that is consistent with this standard. Review of 11 staff training records validated through the 2014 Pre-Service Orientation Plan and employee training Acknowledgement Form that new hires and current employees were trained. Staff interviews also served to further validate that training occurred. The training curriculum provided was consistent with the elements of 115.331(a) except for number 6 and 11, and it was not specifically tailored to the unique needs of staff working with a female resident population in a juvenile confinement/treatment setting.

CPGA school teachers are provided by the Pasco County School Board and under F39.201, school teachers and other school official or personnel are mandated reporters. Documentation showed that CPGA school personnel signed a form declaring that they are aware of the sexual abuse/assault policies governed by G4S Youth Services, LLC, the Florida Department of Juvenile Justice and PREA and that they have read and understand those policies.

Corrective Action: Documentation of additional CPGA staff training that occurred with training curriculum covering elements 6 and 11 was provided to the auditor.

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)

CPGA Policy requires that all persons providing volunteer or contractor services at CPGA to be trained at a minimum on the agency's zero-tolerance policy regarding sexual abuse and harassment and how to report such incidents. Additional training provided to volunteers and contractors is based on the service they provide and the level of contact they have with residents. Before volunteers can have access to CPGA and provide services they must take the FDJJ PREA training, "*A Course for Volunteers*" and upon completion, sign the form acknowledging that they have completed the course and understand FDJJ PREA Policy 1919. This was verified through review of 41 acknowledgement forms dated from October 2012 to June 2014. Additionally, volunteer information is entered and maintained in a database for tracking purposes and training is one of the data sets tracked and monitored for compliance.

Contractors such as dentist, psychiatrist, and medical doctors sign the Acknowledgement of the Prison Rape Elimination Act form declaring they have been informed and understand that CPGA has a zero tolerance and that sexual contact of any kind is forbidden, the possible penalties for such behaviors, and that they have a duty to report.

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)

CPGA Policy 10-25 requires that during intake all residents will be provided with information on zero-tolerance regarding sexual misconduct including how to report sexual abuse and suspicion of any sexual misconduct. Policy also requires that within 10 days of intake, all residents will be provided with additional comprehensive training regarding their rights to be free from sexual misconduct; their right to be free from retaliation for reporting; and the agency's sexual misconduct response policies and procedures. As a part of the training, residents are given a handout entitled, "You Have the Right to Be Safe from Sexual Violence. The handout provides information on preventing detecting and responding to sexual assault and harassment. At the end of the training session residents acknowledge through signature that they understand their right to be Safe from Sexual Misconduct, Abuse and Harassment. Interviews with 10 residents (5 from each of the 2 housing units) validated that they receive education at intake and later. Some residents stated that additional training reference sexual violence is provided as a part of Savvy Sisters groups with staff. Interviews with intake and clinical staff verified that youth are provided with PREA required education in individual sessions with staff the day they arrive at the facility.

During the tour of the facility, posters in multiple languages outlining the sexual abuse zero tolerance policy, duty to report, and instructions for reporting, were posted in various locations including the living units and cafeteria.

Documentation for 115.333 (d)-1 was not made available to the auditor.

Corrective Action: Youth Education handouts in multiple languages (including English, Spanish, Hebrew, Vietnamese, and French) were provided to the auditor.

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)
- Not Applicable

CPGA does not employ facility investigators. Investigations are referred to outside agencies.

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)

CPGA Policy 10-25 and FDJJ Policy 1919 mandates training for medical and mental health workers consistent with section (a) of this policy.

CPGA Policy 5.1.5(G) requires specialized training for medical and mental health personnel. Certificates of Completion documented that nurses took the National Institute of Corrections on-line course titled, PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. Staff interviews verified that CPGA medical staff does not conduct forensic examinations.

Certificates of Completion documented that the clinical director and one intake staff took the National Institute of Corrections on-line course titled, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.

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)

CPGA Policy 9-1 describes the process staff is to use for screening for Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB). Within 24 hours of a resident's arrival at the facility, trained staff meets with residents and complete the VSAB form. The instrument is scored prior to housing placement. Those residents who score vulnerable to victimization or sexually aggressive are included in the alert system, and referred for further assessments, as identified. Residents who are identified or report as prior sexual victims are referred to the medical and mental health professionals within 14 days. Interviews with the clinical director and PREA Compliance Manager confirmed that policy is in practice and that information from the VSAB is disseminated on a "Need to Know" basis.

The screening for vulnerability to sexual victimization and sexual aggressive behavior instrument met the 11 minimum required elements outlined in section (c) of the standard.

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)

CPGA Policy 10-25 clearly states that the information gathered from screening for vulnerability to sexual victimization and abusiveness shall be to guide treatment plans and security and management decisions, including housing bed, work, education and program assignments. Policy 10-18 directs CPGA staff to maintain a continually updated internal alert system that is easily accessible to program staff and keeps them alerted about youth who are security or safety risks in multiple categories including sexual predator risks. Facility tour, interviews with staff and review of secondary documentation validated that in this case practice mirrors policy.

The resident housing at CPGA consists of two wings that comprise the living units. Within the living units up to four residents may be assigned to share a room. Isolation is prohibited. There is a controlled observation room without bed or toileting facilities that is viewed as a behavioral intervention used under supervisory authority for short periods of time when a resident is disruptive and poses a threat to safety and security. During the facility tour the room was not in use. Interviews with clinical and medical staff verified they visit residents in controlled observation.

CPGA Policy 8-14.5 directs staff in the treatment of LGBTI residents consistent with those outlined in sections (c) through (g) of this standard. There were no identified LGBTI residents in the population at the time of the audit. Interviews with staff indicated they are aware of the policy and would comply.

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)

CPGA Policy 8.3.4 (B) Abuse and Neglect Reporting – states clearly that all youth shall have unimpeded access to the Florida Abuse Hotline without interference or retaliation of any kind and further outlines in detail that residents are to be provided with the Abuse hotline number which is provided at intake, included in the resident handbook and posted throughout the facility.

CPGA provides instruction and multiple ways for residents to report sexual abuse and harassment including telling a

staff member, writing a grievance, asking to speak with the Facility Administrator, calling the Florida Abuse Hotline, the Florida Council against Sexual Violence Rape Crisis Hotline, or the Crisis Center of Tampa Bay Florida Referral Line. The abuse hotline number is included in the resident handbook.

Staff and residents validated that they have access to the tools necessary to make a report. Also, policy outlines procedures for staff to follow when a youth desires making a report including assisting the youth by dialing the number.

Interviews with staff validated that they would accept and document reports made verbally, in writing, anonymously, and from third parties.

Further clarification is needed for section (b) of the standard requiring for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of abuse and harassment to agency officials allowing the resident to remain anonymous upon request.

Corrective Action: Policy 8.3 was revised dated September 22, 2014 and documentation of staff training in November, 2014 was provided.

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)

CPGA Policy 8-4 outlines the administrative procedures for resident grievances regarding sexual abuse or sexual harassment. The policy aligns nicely with this standard including no time limit for a resident to file a grievance; and any grievance received that alleges a resident is substantially at risk for imminent sexual abuse shall be immediately directed to the Facility Administrator, who shall provide immediate response to the grievance.

During the past 12 months no sexual abuse grievance was filed. Interviews with residents validated their knowledge of how to file a grievance for sexual abuse or harassment. During the facility tour a locked grievance box was visible in the living unit.

Standard 115.353 - Resident access to outside confidential support services and legal representation

- 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)

CPGA Policy 10-25, page 5 of 10 requires that residents shall have access to outside victim advocates, the facility shall make accessible mailing addresses and telephone numbers, including hotline numbers of victim advocacy or rape crisis organizations, and residents shall have reasonable and confidential access to attorneys, parents or legal guardians.

CPGA reports an agreement with Crisis Center of Tampa Bay to provide the services required in this standard is in the process of being finalized. Documentation was not made available to the auditor.

CPGA does not detain residents solely for immigration purposes.

Interviews with residents suggest CPGA does not provide mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.

Corrective Action: A Memorandum of Understanding between G4S and Tampa Bay Crisis Center to provide the services required to be compliant with the standard was provided by the PREA Coordinator. Also, provided, was the youth education handout, *“You Have the Right to Be Safe from Sexual Violence,”* which included the mailing address and telephone numbers of victim advocacy/rape crisis organization.

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)

CPGA is a FDJJ contracted facility and CPGA through the FDJJ website informs the public with information regarding third-party reporting of sexual abuse and harassment on behalf of facility residents. The FDJJ website also has a section dedicated to parents and among other information includes this statement, *“Abuse and neglect are serious issues that need to be handled with care. In the event of an emergency abuse situation, ALWAYS call 911 FIRST and call the Florida Abuse Hotline second at 1-800-962-2873. In a non-emergency situation, contact the Florida Abuse Hotline via phone, fax, or web to receive assistance.”*

CPGA can receive third-party reports of sexual abuse and harassment through the Florida Department of Children and Families Abuse hotline and the FDJJ Office of the Inspector General - Central Communications Center hotline.

Interviews with residents revealed they are aware sexual abuse or harassment may be reported through a third party.

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)

The employees at CPGA are mandatory reporters and CPGA Policy 8-3 directs staff to immediately report any abuse, knowledge, suspicion or information they receive regarding an incident of abuse or harassment. Policy also directs staff to report any retaliation against residents or other staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of abuse or retaliation. CPGA policies further direct staff in complying with the elements outlined in sections (b) through (f) of this standard. Interviews with Health Services Administrator, Facility Administrator/PREA Compliance Manager, and random selected staff served to validate that the staff are aware of the policies and their duty to report.

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)

CPGA Policy 10-25 requires that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse it shall take immediate action to protect the resident from harm or further threat. During the past 12 months no residents were identified to be of such risk. Interviews with the Agency Head Designee, Facility Administrator/PREA Compliance Monitor and random sample of staff validated that staff is aware of their mandate to immediately take steps necessary to keep the resident safe.

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)

During the past 12 months CPGA staff did not receive any reported allegations that a CPGA resident was abused while confined at another facility. Likewise, CPGA did not receive any reports of allegations of sexual abuse from other facilities that residents previously confined at CPGA were sexually abused.

CPGA and FDJJ policies require that facility leadership ensure that all allegations are immediately reported to the FDJJ Office of the Inspector General - Central Communications Center within a 2 hour window of learning of the allegation. Notification to the facility management overseeing the facility where the alleged abuse occurred will be provided by the OIG's office.

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)

CPGA Policy 10-25 mandates in responding to sexual abuse that staff take specific steps consistent with those outlined in sections (a) and (b) of this standard. These steps include keeping the victim safe and separate from the alleged perpetrator, preserving any crime scene within a period that still allows for the collection of physical evidence; requesting the alleged victim not take any action that could destroy physical evidence; and ensuring the alleged abuser does not take any action to destroy physical evidence. CPGA does not have investigators so beyond the steps already mentioned, staff are directed to report and cooperate with the investigators when they arrive. Staff was able to articulate these duties and responsibilities during interviews which indicated they have been trained and is aware of the policies.

During the past 12 months CPGA had 3 allegations that a resident was sexually abused or harassed and in no instance was a non-security staff member the 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)

CPGA Policy 7-30 provides some guidance for a coordinated response to sexual assault among staff first responders, medical and mental health practitioners, and facility leadership but falls short of stating how they will coordinate with investigators and the follow-up responsibilities after the abuse. Interview with the Facility Administrator/PREA Compliance Manager revealed knowledge of the policy and responsibilities and duties of staff.

There is no documentation of a plan specific to CPGA for a coordinated response that addresses all of the elements.

Corrective Action: A coordinated response plan specific to CPGA was developed and submitted to the auditor along with documentation of staff training.

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)
- Not Applicable

Central Pasco Girls Academy does not participate in collective bargaining.

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)

CPGA Policies 10-25 and 8-3 establish that residents and staff are to be protected from retaliation for reporting sexual abuse or harassment and/or cooperating with investigations of sexual abuse and harassment. The monitoring will take place for a period of at least 90 days and at each 30 day interval the Facility Administrator/PREA Compliance manager will determine if retaliation is occurring by reviewing such items as disciplinary reports, status checks, housing or program changes, and negative performance reviews or staff reassignment. There were no incidents of retaliation in the past 12 months reported.

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)

CPGA does not have isolation rooms or segregated housing. The resident housing at CPGA consists of two wings in the Main/Dorm Building that comprise the living units. Within the living units up to four residents may be assigned to share a room. Isolation is prohibited. There is a controlled observation room without bed and toileting facilities that is viewed as a short-term behavioral intervention used under supervisory authority.

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)

CPGA does not employ facility investigators. All allegations of abuse are reported to the Florida Department of Children and Families, the Pasco County Sheriff's Office, and the FDJJ Office of the Inspector General – Central

Communications Center. CPGA does not report any sustained allegations of conduct appearing to be criminal that were referred for prosecution since August 20, 2012.

The PREA Coordinator was interviewed and indicated she has access to reports and comments on them for the agency.

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)

CPGA does not conduct administrative investigations. All allegations of abuse are reported to FDJJ Office of the Inspector General – Central Communications Center. Staff from the Inspector General’s office conducts the administrative investigation and provides a report back to CPGA.

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)

CPGA Policy 10-25 page 9 reads, *“At the conclusion of any law enforcement investigation where a sexual abuse incident has been reported, the victim or victim’s parents or legal guardians should be notified that the investigation is concluded, either by the investigating law enforcement agency or through a victim service agency officer or representative. At the conclusion of the OIG administrative investigation, the victim’s parents or legal guardians will be notified by receipt of a final administrative investigative report”*
There were three reported allegations and three investigations. During interview the PREA Compliance Manager was knowledgeable of the reporting requirement and verified that notification was provided.

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)

It is written in G4S CPGA Policy 10-25 that sexual activity between staff, volunteers or contracted personnel and youth, as well as between youth is prohibited and subject to administrative and criminal disciplinary sanctions. The policy also mandates that violations be reported to law enforcement.

The G4S Employee Handbook makes clear that employee sexual harassment is prohibited and when an allegation is substantiated, disciplinary action up to and including termination will be imposed.

During the past 12 months no staff from CPGA has been terminated or resigned for violating agency sexual abuse or harassment policies. Likewise, no CPGA staff has been reported to law enforcement or licensing boards for violating agency sexual abuse and sexual harassment policies.

Standard 115.377 - Corrective Action for contractors and volunteers

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

CPGA Policy 10-25 requires that like staff, volunteers and contracted personnel in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement. Documentation of the specific language that they be reported to relevant licensing bodies or that they be prohibited from contact with youth was not provided.

CPGA reports not having any allegations of sexual abuse or harassment by contractors or volunteers therefore no reports to law enforcement or licensing bodies and no remedial measures were taken. Interviews with the Facility Administrator/PREA Compliance Manager revealed knowledge of the remedial measures that would be taken.

Corrective Action: Policy 10.22 was revised dated September 22, 2014 and now includes language required by the standard.

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)

CPGA is designated as a treatment facility. During the past 12 months there has been no administrative finding of resident-on-resident sexual abuse; and no criminal finding of guilt for resident-on-resident sexual abuse at CPGA. No residents were placed in isolation. Interviews with the Facility Administrator, medical, and mental health staff verified that residents are informed that in the event of such findings charges would be pressed and if not prosecuted, then the Treatment Team would make decision for any necessary treatment modification.

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)

CPGA Policy 10-25 requires that if during intake screening, health/mental health screening, or health history, a resident discloses prior sexual victimization or perpetrated sexual abuse, whether it occurred in a facility setting or in the community, staff shall ensure the youth is referred for medical and mental health services within 14 day of the screening. Policy also mandates that sensitive information shall be on a need-to-know basis and shall not be exploited to the resident's detriment by staff or other residents. There were four residents who disclosed prior victimization during their initial screening process. Interviews with the medical and mental health staff and documentation review verified compliance with this standard.

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)

CPGA Policy 7-30 requires that residents who are victims of sexual assault shall have immediate medical care. There were no sexual assault victims during the past 12 months. The Health Services Administrator verified that any sexual assault victim would be provided unimpeded access to emergency medical treatment immediately; according to the medical personnel's professional judgment; the victim would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis; and that the services would be provided without cost to the victim.

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)

CPGA Policy 10-25 mandates ongoing medical and mental health care for sexual abuse victims and abusers to include mental health evaluations and services as appropriate and medical health care services consistent with the community level of care. There has not been any sexual abuse victim during the last 12 months. Interviews with the Health Services Administrator and Clinical Director verified that there are procedures in place compliant with the requirements of this standard.

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)

CPGA Policy 10-25, page 8 mandates that the facility shall create a Review Team with specific staff consistent with those outlined in section (c) of the standard. The policy further mandates that the Review Team shall ordinarily conduct the incident review within 30 days of the conclusion of every sexual misconduct investigation or administrative review. Page 9 of the policy outlines the specifics of the Review Team's duties the same as those in section (d) of the standard; and directs that Review Team recommendation must be implemented or justification provided for not implementing the recommendations. Interview with Facility Administrator/PREA Compliance Manager verified that the facility is in compliance with this standard.

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)

CPGA Policy 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator shall ensure that requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. FDJJ Policy 1919 requires the Department to collect uniform data in the Office of the Inspector General's – Central

Communications Center for every allegation of sexual misconduct at its facilities, both state-operated and those under contracted providers. Upon request, the PREA Coordinator will provide all sexual misconduct data collected in the Central Communications Center to the Department of Justice no later than June 30 of each year

Interview with the G4S Agency Head Designee verified that G4S maintains an Incident Report (IR) Tracking system and that G4S facilities such as CPGA feed data to FDJJ and FDJJ publishes the Annual Report.

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)

FDJJ Policy 1919 requires the PREA Coordinator to review data collected and aggregated in order to assess and improve the effectiveness of the Department’s sexual misconduct prevention, detection and response policies, practices, and training. Policy also requires that FDJJ will prepare an annual report of sexual misconduct incidents, findings, and corrective actions for all facilities, state and contracted, and the Department as a whole; the report will include a comparison of the current years’ data and corrective actions with those from prior years and will provide an assessment of progress in addressing sexual misconduct; the report will be reviewed and approved by the agency head and made available to the public through the FDJJ website; and information that may present a clear and specific threat to the safety and security of the facility may be redacted, but will indicate the nature of the information redacted.

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)

CPGA Policy 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator shall ensure that requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. Interview with the G4S Agency Head Designee verified that G4S maintains an Incident Report (IR) Tracking system and that G4S facilities such as CPGA feed data to FDJJ and FDJJ publishes the Annual Report. FDJJ Policy 1919 established that aggregated sexual abuse data be reviewed annually and placed on the facility’s website after all personal identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

AUDITORTOR CERTIFICATION:

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



Auditor Signature

January 12, 2015

Date