

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Charles Britt Academy			
Physical Address: 3001 26 th Street; St. Petersburg, Florida 33712			
Date report submitted January 12, 2015			
Auditor information : Lois Jenkins			
Address 2820 Weybourne Way; Columbia, SC 29223			
Email: ljenk2@bellsouth.net			
Telephone number: 803-463-9554			
Date of facility visit : June 25-26, 2014			
Facility Information			
Facility Mailing Address: Same as Above <i>(if different from above)</i>			
Telephone Number: 727-954-5402			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Johnnie Downing, Jr.		Title: Program Director	
Email Address: Johnnie.Downing@ysii.com		Telephone Number:	727-954-5402
Agency Information			
Name of Agency: Youth Services International, Inc.			
Governing Authority or Parent Agency: <i>(if applicable)</i>			
Physical Address: 6000 Cattlebridge Drive, Suite 200; Sarasota, Florida 34232			
Mailing Address: <i>(if different from above)</i> Same as Above			
Telephone Number: 941-953-9199			
Agency Chief Executive Officer			
Name: James Slattery	Title:	President	
Email Address: jim.slattery@ysii.com	Telephone Number:	941-953-9199, ext. 217	
Agency Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

Charles Britt Academy (CBA) is a Youth Services International, Inc. (YSI) operated program located in St. Petersburg, Florida. Under contract with the Florida Department of Juvenile Justice (FDJJ) the academy opened July 1, 2013 and operates as a substance-abuse treatment program. All CBA residents are placed in the program by the FDJJ. Charles Britt Academy (CBA) is a 28-bed residential program for moderate-risk boys, ages 14 to 18, who are in need of substance abuse treatment services. Substance abuse treatment services are provided for youth with a diagnosed substance related disorder and functional impairment associated with substance abuse or substance dependence. The reported goals of the program are: to create a trauma-focused restraint-free environment; provide comprehensive substance abuse, medical and mental health treatment services; and implement evidenced-based and promising practices. The expected average length of stay is 6 to 9 months.

CBA employs a staff of 30 to support program needs. Daily operational oversight is provided by a full-time facility administrator and assistant facility administrator while a team of youth Counselors, group leaders, case managers, and therapist focus on resident and staff safety, security, order, and the provision of substance abuse treatment. Medical needs are attended to by two full-time registered nurses with the support and services of a contracted part-time medical doctor who serves as the designated health authority. The program also employs one human resource and payroll technician, a plant manager, a food services manager, and food service workers.

The Pinellas County Public School System supplies teachers who provide general academic instruction and vocational programming for the residents at Charles Britt Academy.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Charles Britt Academy is a one-building facility marked by two distinct corridors. The South end of the North/South corridor intersects with the center of the East/West corridor. Access into the facility via the front entrance brings you into a small waiting area adjacent to the administration suite which houses the multi-purpose reception office, offices of the facility administrator and assistant facility administrator and a conference room. Access to the North/South corridor can be gained from the front waiting area. From the North/South corridor staff and residents can enter the classrooms, the multi-purpose house meeting room, human resources office, and the cafeteria.

The East end of the East/West corridor provides access to the resident's bedrooms and open community-style shower and bathroom areas. Residents share bedrooms and there are no private bedrooms or private showers. Charles Britt Academy does not have isolation rooms or segregation units.

The West end of the East/West corridor provides access to additional resident bedrooms, the laundry room, medical staff office and exam room, and clinical staff offices. At the back of the facility there is a patio and fenced outdoor area where recreation can occur when the weather permits. The multi-purpose house meeting room is also used as a recreation area. There are a total of 16 surveillance cameras located inside and outside the building, but none are located in the resident's bedroom and shower/toileting areas.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on May 14, 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.

On June 12, 2014 a USB flash drive containing the completed Pre-Audit Questionnaire, policies, and other supporting documentation was received from the PREA Compliance Manager. The information received was well organized. Upon review of the Pre-Audit Questionnaire and supporting documentation, it became clear that some required information was not included in the packet. Moreover, it became clear that completion of the Pre-Audit Questionnaire form was done as if The Florida Department of Juvenile Justice is the agency when in fact Charles Britt Academy is operated by Youth Services International, Inc. Between phone calls and e-mails, this issue was addressed and the discrepancies were corrected. A follow-up call was placed on June 16, 2014 to discuss the Pre-

Audit Questionnaire, documentation checklist, and explain the on-site audit process. No resident communication was received from the audit notification posting.

The on-site audit was conducted June 25-26, 2014, and began with a brief meeting with the Facility Administrator/PREA Compliance Manager, and the Assistant Facility Administrator. After meeting we took a tour of the facility and I was able to observe all of the physical plant and grounds. Notification of the PREA audit was posted in various places in the facility, as well as posters informing residents of the Zero-tolerance policy against sexual abuse and harassment and how to report. For resident reporting purposes, there is a pre-programmed phone with a direct line to the Florida Department of Children and Families Abuse Registry located on the wall of the North/South corridor.

The most recent Staffing Plan Assessment for CBA showed 16 security surveillance cameras and they were verified during the tour. Observation of the master control surveillance system in the Facility Administrator's office showed there are blind spots, as well as one camera malfunctioning so that the surveillance area showed blacked out on the master surveillance screen. These concerns were noted. There are no cameras in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same-sex staff as they supervise the community shower area.

There were a total of 29 residents in the program during the audit. While touring I observed that the residents were in school and under supervision of teachers and security staff. I also observed that residents were under supervision of staff while engaging in other activities throughout the day and evening hours. I interviewed 10 random residents while conducting the audit. The residents were informed of their right to be free from sexual abuse and harassment, and 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 has begun initial talks to enter into an agreement or MOU with Suncoast Center, a Rape Crisis center of Pinellas County, to provide victim advocacy services for any sexual assault victim.

While touring I encountered and spoke with security, clinical, intake, and cafeteria staff. I interviewed a total of 17 staff during the on-site audit that included specialized staff and 10 random staff 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.

Charles Britt Academy reports they have not had any allegations of incidents of sexual abuse or harassment since they opened in July, 2013.

Through the pre-audit and on-site audit processes, it was determined that 17 standards were not met. A corrective action plan for compliance was developed and implemented to bring Charles Britt 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: **36**

Number of standards not met: **0**

Number of standards Not Applicable: **5**

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)

YSI Charles Britt Academy (CBA) PREA Policy dated November 5, 2013 and Florida Department of Juvenile Justice, Policy 1919 revised April 10, 2014 have clearly written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. Within the 41 page CBA policy, the agency’s approach to preventing detecting and responding to acts of sexual abuse and harassment is outlined.

The agency, YSI, has a PREA Coordinator who oversees PREA compliance efforts for the agency. The CBA Facility Administrator is designated as the PREA Compliance Manager. When interviewed, both the PREA Coordinator and PREA Compliance Manager said 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 (CBA is a YSI Youth Services, INC. 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)

CBA began operations July, 2013 under contractual agreement with the FDJJ to provide twenty-four hour supervision every day of the year at a minimum level of 1:10 staff to resident ratio during resident awake hours and 1:10 during resident sleep hours. The CBA PREA policy requires that at least once a year, the PREA Coordinator in consultation with program staff will assess, determine, and document whether adjustments are needed to the staffing plan. The policy further requires that the staffing plan assessment is to consider elements 1 through 11 outlined in section (a) of this standard. Documentation shows that the most recent Staffing Plan Assessment was completed May 16, 2014. The staffing ratio remains 1:10 during resident awake hours and 1:10 during resident sleep hours.

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 Facility Administrator/PREA Compliance manager stated that deviations to the staffing plan would not occur because the facility has a “hold over” contingency plan to preempt any potential deviations.

Review of 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 16 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 surveillance monitor and are considered to be “blind spots” as well as one camera malfunctioning so that the surveillance area showed blacked out on the master surveillance screen. Specifically, blind spots exist in the computer lab located between the two classrooms, the back side of the stove in the kitchen, the pantry and office area of the kitchen, and a portion of the patio.

CBA Policy mandates that facility supervisors shall conduct unannounced rounds during day and night shift hours; and that the rounds must be documented. No documentation of unannounced rounds was provided to the auditor. The policy does not have the specific wording, *intermediate-level or higher level supervisors* conduct and document unannounced rounds....”

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised with wording consistent with the standard. Documentation that unannounced rounds are occurring consistent with requirements of the standard was provided to the auditor. As well as documentation of a plan for supervision of all areas of the facility including those any blind spots on all shifts.

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)

CBA PREA Policy outlines all mandates compliant with sections (a) through (d) of this standard. The policy requires that staff shall not conduct cross-gender strip searches, cross-gender visual body cavity searches (meaning a search of the anal or genital opening), or cross-gender pat-down searches except in exigent circumstances; all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches shall be documented; the facility must be set up to enable youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks; and staff of the opposite sex shall announce their presence when entering a youth housing facility or an area where youth are likely to be showering, performing bodily functions, or changing clothing. During the facility tour the auditor observed that CBA has open community-style showers that do not provide privacy for residents to shower. During the course of the 2-day audit female staff was observed announcing their presence when entering the housing unit.

Policy also prohibits staff from searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. During interviews, staff reports there has not been any transgender or intersex resident at CBA

During the past 12 months, there were no cross-gender strip and body cavity searches and no cross-gender pat-down searches. Staff and resident interviews verified that the mandates of section (a) through (d) of this standard and CBA policy are adhered to by staff.

There was no documentation provided that verified security staff received training in how to conduct searches as outlined in section (f).

Corrective Action: Documentation of security staff acknowledging they received training on how to conduct searches compliant with section (f) was provided.

FDJJ has provided documentation of a work order and contract with a construction Company to proceed with installation of shower partitions at CBA to provide privacy for residents to shower.

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)

It is written into the CBA PREA policy that CBA will ensure that all youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, developmental, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of CBA's efforts to prevent, detect, and respond to sexual misconduct. CBA will also ensure meaningful access to its efforts to prevent, detect, and respond to sexual misconduct to youth who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility may not use youth or staff as interpreters, readers, or other assistants to perform such functions except in limited circumstances where an extended delay in obtaining an effective interpreter/reader/assistant could compromise the youths' safety, the performance of the first responder duties, or the investigation of the youth's allegations.

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.

The PREA Compliance Manager indicated that CBA has begun discussions to enter into an agreement with Pinellas County School Board to provide the services required by this standard but 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 of a signed Memorandum of Understanding between CBA and Pinellas County School Board to provide the services outlined in this standard was provided.

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 CBA PREA Policy. Persons desiring employment with CBA completes the application packet; a portion of which is sent from CBA 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. 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. 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.

Interview with Human Resources (HR) staff affirmed that the policy is in practice for staff and contractors. The auditor's review of 17 staff HR 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, CBA has in place a process for contacting prior employers for information before hiring and sharing information with employers.

Of 30 employees, none had CBA hire dates that met the 5 year threshold for background checks. 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)
- Not Applicable -- (CBA has not acquired any new facilities, or done any expansion or modification since opening July, 2013.)

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)

CBA PREA policy states that CBA does not conduct criminal investigations for youth-related sexual misconduct reports. By policy CBA staff is directed upon notice that any sexual abuse has occurred to immediately notify law enforcement (911) and summon their presence; immediately notify the Florida Department of Children and Families Abuse Registry; notify Florida Department of Juvenile Justice (FDJJ) Office of the Inspector General – Central Communications Center (CCC) hotline within 2 hours; and notify management. Criminal investigations would be conducted by the St. Petersburg Police Department. Administrative investigations would be conducted by the FDJJ Office of the Inspector General.

There were no allegations of sexual abuse during the past 12 months and no forensic medical examinations conducted in the past 12 months.

YSI is in the process of negotiating for an agreement with Suncoast Center but no documentation was provided of a formalized contract or agreement to provide the services required by sections (c) through (e) and (h) of this standard and at no financial cost to the victim. Documentation was not provided that the agency has requested the responsible investigative agencies follow requirements in paragraph 115.321 (a) through (e) of the standards.

Corrective Action: A Memorandum of Understanding between CBA and Suncoast Center, Inc., and the St. Petersburg Police Department to provide the services required to be compliant with the standard was provided.

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)

In Florida, local law enforcement agencies and the Department of Children and Families handle criminal investigations. CBA policy requires that any staff receiving a report of sexual misconduct must ensure that it is reported to facility administration, the Florida Department of Children and Families abuse registry, local law enforcement (the St. Petersburg Police Department) if criminal in nature, and the Central Communication Center

(CCC) of the FDJJ, Office of the Inspector General.

The FDJJ conducts administrative investigations. CBA Policy requires that in cooperation with the FDJJ, CBA will ensure that all administrative investigation and reviews are completed for all allegations of sexual misconduct. FDJJ Policy 1919 describes the agency's investigative responsibilities and duties for its facilities and is published on the FDJJ website.

During the past 12 months CBA did not have any allegations of sexual abuse or sexual harassment; therefore none that resulted in an administrative investigation or referral for criminal investigation. Interviews with staff validated CBA did not have sexual abuse or harassment allegations during the past 12 months.

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)

CBA PREA Policy dated November 5, 2013 requires all current employees not trained on the agency's zero-tolerance of sexual misconduct must be trained within 6 months of the effective date of the policy. The policy also requires each employee to take a refresher training every two years and document through employee signature or electronic verification that employees understand the training they received. Policy directs staff to the FDJJ PREA webpage for information on current sexual misconduct policies. FDJJ Policy 1919 outlines training requirements for staff that is consistent with this standard. The FDJJ webpage information is that all employees and contracted employees have an obligation to adopt and comply with PREA standards and must take the PREA course that is available in [SkillPro](#), a link to the training course. Upon completion of the PREA course with a passing score, staff must complete the Training and Acknowledgement Form and provide a copy for the training file. All training forms must be readily available for the PREA auditor upon request.

Reviews of 14 staff training printouts from an on-line training system validated employees have received PREA training with documented Pre and Post Test scores. Staff interviews also served to further validate that training occurred for both newly hired employees and those employed with CBA from the time it became operational in July, 2013.

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)

CBA PREA Policy requires that all volunteers and contracted providers must be trained on their responsibilities under the sexual misconduct prevention, detection and response policy and procedures; and that at a minimum volunteers and contractor staff who have contact with residents must be notified of the department's zero-tolerance policy regarding sexual misconduct and be informed 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.

CBA volunteers 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 and the procedures. This was verified through a May 27, 2014 memorandum from a church proving volunteer services and confirming a list of PREA trained volunteers; and 11 signed training acknowledgement forms with various dates between April and June, 2014.

Documentation for contracted employees was not provided.

Corrective Action: Documentation of contract employees acknowledging that they received training consistent with the requirements of the standard was provided.

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)

CBA PREA Policy 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.

As a part of intake, residents are given a youth handbook that provides some information on preventing detecting and responding to sexual assault and harassment; and includes the telephone numbers for reporting to the Florida Abuse Registry and the FDJJ Office of the Inspector General. At the end of the intake session residents acknowledge through signature that they understand their right to be safe from sexual misconduct, abuse and harassment. The intake staff acknowledged during the interview that the practice of providing resident with PREA required education in individual sessions with staff the day they arrive at the facility began within the last month prior to the audit. During interviews of 10 random residents they stated the PREA information was given to them the day they arrived. However, signed Acknowledgement and Notification of the Prison Rape Elimination Act forms were provided for 28 of the 29 current residents with dates ranging between February 25, 2014 and June 23, 2014. The date of the acknowledgement form did not necessarily correspond to the resident's admission date.

Policy also requires that within 10 days of intake, all residents will be provided with comprehensive education regarding their right 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. Documentation was provided that confirmed the training was provided. During interviews with staff, it was confirmed that an in-service type PREA training was conducted for all current residents which ended with them signing the acknowledgement form.

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. The posters are letter size and not visible from a short distance. Larger size posters would likely provide for clearer visibility.

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

Corrective Action: Documentation of a signed Memorandum of Understanding between CBA and Pinellas County School Board to provide the services outlined in section (d) of this standard was provided. Also provided was documentation that newly admitted residents to CBA are receiving the required education at intake, and documentation of displaying larger sized posters outlining zero-tolerance policies for sexual abuse and harassment in the facility.

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 (CBA 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)

CBA PREA Policy and FDJJ Policy 1919 mandates training for medical and mental health care workers consistent with numbers 1 through 4 of section (a) of this standard. As verified through interviews, medical and mental health staff employed by CBA does not conduct forensic examinations. The medical and mental health staff interviewed indicated they have had the PREA training course offered by the agency but no specialized training and there was no documentation provided that the CBA medical and mental health staff received the required training referenced in section (a) of this standard.

Corrective Action: Documentation was provided that Medical and Mental Health staff received the required training referenced in section (a) of the standard.

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)

CBA PREA Policy describes the process staff is to use for screening for Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB) but does not say it must occur within 72 hours of their arrival at the facility and periodically throughout a resident’s confinement.

CBA utilizes the FDJJ VSAB form dated (Revised December 2006) as the instrument for screening. A review of 10 resident files with admission dates ranging from July 2013 to June 23, 2014 validated at 100% compliance for completion of the VSAB screening instrument. The screening instrument met 10 of 11 minimum required elements outlined in section (c) of the standard. The instrument does not include the question, “Do you identify as lesbian, gay, bisexual, transgender, or intersex?”

The screening instrument and interview with the staff performing screenings verified compliance with all elements of section (d).

Interviews with the PREA Compliance Manager and the staff responsible for risk screening confirmed that information from the VSAB is disseminated on a “Need to Know” basis.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised with wording consistent with the standard; and the VSAB form was revised to meet the requirements 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)

CBA PREA Policy requires 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. Interviews with staff validated that this practice is in place at CBA.

At CBA residents share bedrooms and there are no isolation rooms.

There were no identified LGBTI residents in the population at the time of the audit. CBA PREA Policy directs staff in the treatment of LGBTI residents consistent with those outlined in sections (c) through (f) of this standard. The CBA PREA policy does not require that LGBTI residents be given the opportunity to shower separately from other residents.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised to be compliant with the standard requiring LGBTI residents be given the opportunity to shower separately from other residents.

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)

CBA PREA Policy requires the provision of multiple internal ways for residents to privately report sexual misconduct and harassment by other residents and staff for reporting sexual misconduct and staff neglect or violation of responsibilities that may have contributed to such incidents. During interviews staff and residents identified the multiple ways residents can report including telling a staff member, writing a grievance, asking to speak with the Facility Administrator, and calling the Florida Department of Children and Families abuse hotline.

CBA has provided a pre-programmed phone with a direct line to the Florida Department of Children and Families Abuse Registry on the wall of the North/South corridor so that residents are afforded unimpeded access to report sexual abuse and harassment.

CBA does not detain residents solely for civil immigration purposes.

It is written in the CBA PREA policy that reports of sexual misconduct can be received verbally, in writing, anonymously, and from third parties. During interviews staff said they would accept and document all reports of sexual abuse or harassment including those made verbally or through third parties.

Staff and residents validated that residents have access to the tools necessary to make a report.

Staff may privately report sexual abuse or harassment of residents by calling the FDJJ Central Communications Center.

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)
- Not Applicable

During the past 12 months no sexual abuse grievance was filed. Policy outlining the agency's administrative

procedures for resident grievances regarding sexual abuse or sexual harassment was not provided.

Corrective Action: CBA does not have administrative procedures to address resident grievances regarding sexual abuse. Policy dictates that all PREA related incidents will be handled directly by the Program Director or Assistant Program Director in accordance with FDJJ 1919 which stipulates that such allegation must be reported to and investigated by Law Enforcement and the State Department of Children and Families

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)

CBA PREA Policy requires that residents shall have access to outside victim advocates, the facility shall post and 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.

CBA reports entering into discussions with Suncoast Center staff to provide the services required in this standard. Documentation was not made available to the auditor.

CBA does not detain residents solely for immigration purposes.

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

Corrective Action: CBA entered into a Memorandum of Understanding (MOU) with Suncoast Center, Inc. to provide the services required to be compliant with the standard. The MOU and documentation of signed and dated Youth Acknowledgement forms that they were provided information required for compliance with the standard was provided by the PREA Compliance Manager.

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)

CBA is a FDJJ contracted facility and CBA 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.”*

CBA 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 CBA are mandatory reporters and CBA 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. CBA policies further direct staff in complying with the elements outlined in sections (b) through (f) of this standard. Interviews with the 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)

CBA PREA Policy 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 resident was 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, but the policy does not outline what specific steps staff should take.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised to include the specific steps that staff are expected to take when learning that a resident is subject to a substantial risk of imminent sexual abuse.

Standard 115.363 - Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

CBA and FDJJ policies require that facility leadership ensure that all allegations are immediately reported to the FDJJ Office of the Inspector General (OIG) - 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)

CBA PREA Policy mandates in responding to sexual abuse that staff take specific steps consistent with those outlined in sections (a) and (b) of this standard, except for, “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.*”

CBA does not have investigators so beyond the actions identified in sections (a) and (b), staff are directed to make the report to local law enforcement, The Florida Department of Children and Families and the FDJJ Office of the Inspector General – Central Communications Center; and cooperate with the investigators when they arrive. Staff was able to articulate these duties and responsibilities during interviews.

During the past 12 months CBA had no allegations that a resident was sexually abused or harassed and in no instance was a non-security staff member the first responder. Policy does not delineate duties and responsibilities for first staff responder who is not a security staff member.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised to include the specific wording required for compliance with the standard, as well as outlining steps for duties for first staff responder who is not a security staff.

Standard 115.365 - Coordinated response

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

There is no documentation of a plan specific to CBA for a coordinated response to sexual assault among staff first responders, medical and mental health practitioners, investigators and facility leadership. Interview with the Facility Administrator/PREA Compliance Manager verified that CBA does not yet have a plan.

Corrective Action: A coordinated response plan specific to CBA 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 (Charles Britt 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)

CBA PREA Policy establishes that residents and staff are to be protected from retaliation for reporting sexual misconduct. Further, the policy requires that staff comply with sections (b), (d) and (f) of this Standard. Section (c), of this PREA standard is worded, “*For at least 90 days following a report....*” The CBA policy is worded, “*At each 90 day period following a report*” This is a significant difference in meaning and is not in compliance with the Standard. Section (e) of this standard is not included in policy.

There were no incidents of retaliation that occurred in the past 12 months.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised with wording consistent with this standard. Section (e) of the standard was written into policy.

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)

CBA is a substance abuse treatment program and reports isolation is not utilized; and there are no isolation rooms or segregated housing. Residents at CBA share bedrooms.

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)

CBA does not employ facility investigators. All allegations of abuse are reported to the Florida Department of Children and Families, the St. Petersburg Police Department, and the FDJJ Office of the Inspector General – Central Communications Center. CBA does not report any sustained allegations of conduct appearing to be criminal that were referred for prosecution since August 20, 2012.

There were no reports of sexual abuse or harassment to generate investigative reports.

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)

CBA Policy requires that 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 CBA.

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)

CBA PREA Policy 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 any administrative investigation conducted by the OIG, the victim’s parents or legal guardians will be notified by receipt of a final administrative investigative report.”*

There were no reported allegations and no investigations. During the interview the Facility Administrator /PREA Compliance Manager was knowledgeable of the reporting requirement and verified that notification would be 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 the CBA PREA Policy that staff shall be subject to disciplinary action up to and including dismissal for failure to comply with the facility’s policy prohibiting sexual abuse and harassment. As written in policy, termination will be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy also mandates that violations be reported to law enforcement unless it was clearly not criminal but stops short of mandating reports to relevant licensing bodies as specified in this standard. (The specific wording of the standard, *“All terminations for violations of the agency sexual abuse and harassment policies, or resignations by staff who would have been terminated if not for their resignations, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies”*)

During the past 12 months no staff from CBA has been terminated or resigned for violating agency sexual abuse or harassment policies, nor reported to law enforcement or licensing boards for violating agency sexual abuse and sexual harassment policies.

Corrective Action: CBA PREA policy (effective date September 3, 2014) was revised to include wording required for compliance with the standard.

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)

CBA PREA Policy 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. The specific wording that they be *“prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”* is not written in the policy.

CBA reports not having any incident of allegation 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: CBA PREA policy (effective date September 3, 2014) was revised to include wording required for compliance with 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)

CBA 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 CBA. No residents were placed in isolation. Interviews with medical and mental health staff verified that in the event of such a finding, the treatment team would make decisions for appropriate treatment modifications if necessary.

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)

CBA Policy 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 resident is referred for medical and mental health services within 14 day of the screening. Policy also mandates that information gathered from screenings related to sexual victimization or abusiveness shall be limited to medical and mental health practitioners and other staff as needed to guide treatment plans and security management decisions, including housing, bed, and work, education, and program assignments. Policy also requires medical and mental health practitioners to obtain informed consents for youth 18 and older. 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)

CBA PREA Policy requires that residents who are victims of sexual assault shall be provided timely unimpeded access to emergency medical treatment immediately; according to the medical personnel's professional judgment; and the victim would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. There were no sexual assault victims during the past 12 months; however, the facility administrator verified that services would be provided at no 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)

CBA PREA Policy mandates ongoing medical and mental health care for sexual abuse victims and abusers consistent with those outlined in this standard 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 medical and mental health staff verified that there are procedures in place for on-going medical and mental health care should an incident of sexual abuse occur.

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)

CBA PREA Policy 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. 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. There were no incidents to be reviewed during the past 12 months. Interview with Facility Administrator/PREA Compliance Manager verified that the facility would comply with policy and 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)

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 YSI Agency Head Designee verified that CBA collects and feeds 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.

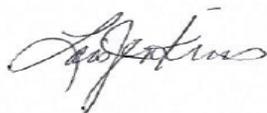
Standard 115.389 Data storage, publication and destruction

- 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)

CBA is a contracted facility and feeds data to FDJJ Office of the Inspector General's – Central Communications Center 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.

AUDITOR 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