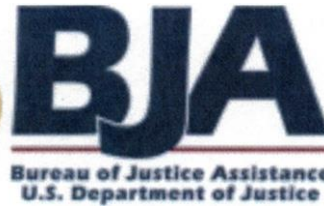


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Dove Vocational Academy			
Physical Address: 5270 Ezell Road, Graceville, FL 32440			
Date report submitted: May 24, 2015			
Auditor information: Shirley L. Turner			
Address: 3199 Kings Bay Circle, Decatur, GA 30034			
Email: shirleyturner3199@comcast.net			
Telephone number: 678-895-2829			
Date of facility visit: May 10-11, 2015			
Facility Information			
Facility Mailing Address: 5270 Ezell Road, Graceville, FL 32440			
Telephone Number: (850) 263-7550			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential
Name of PREA Compliance Manager: Amy Barnes		Title: Interim Program Director	
Email Address: amybarnes@twinoaksfl.org		Telephone Number: (850) 263-7550	
Agency Information			
Name of Agency: Twin Oaks Juvenile Development, Inc.			
Governing Authority or Parent Agency: NA			
Agency Address: 2930 Kerry Forest Parkway, #101, Tallahassee, FL			
Mailing Address: Same as Above			
Telephone Number: (850) 643-1090			
Agency Chief Executive Officer			
Name: Donald B. Read		Title: Chief Executive Officer	
Email Address: dread@twinoaksfl.org		Telephone Number: (850) 643-1090	
Agency Wide PREA Coordinator			
Name: Charles Chervanik		Title: Agency PREA Coordinator	
Email Address: cchervanik@twinoaksfl.org		Telephone Number: (850) 643-1090	

AUDIT FINDINGS

NARRATIVE:

The Dove Vocational Academy is located in Graceville, Florida and has a capacity of 24. The facility serves female juvenile offenders in the age range of 15-18. Twin Oaks Juvenile Development, Inc. operates the facility through a contract with the Florida Department of Juvenile Justice (FDJJ) to provide residential treatment services. The length of stay is 3-6 months for low risk custody level residents and 6-9 months for moderate risk custody level. The facility program and services include education and vocational services; social services; case management, mental health, substance abuse treatment services; medical; recreation; and transition planning.

Medical care is provided within the facility by a Registered Nurse who serves as the Director of Nursing, one full-time Licensed Practical Nurse and one part-time Licensed Practical Nurse. The contract physician visits the facility at least weekly. On-site mental health services are provided by the Clinical Director and two Clinical Coordinators. The contract psychiatrist visits the facility on a weekly basis and the contract Behavior Analyst is on-site every other week and attends treatment team meetings. Education/vocational and case management services are provided by staff at the facility. The direct care staff provides engaged supervision of the residents in daily activities and during movement to and from activities and services.

The program has a behavior management system that includes incentives to encourage residents to display appropriate behavior. Residents earn points on a daily basis for demonstrating the desired behavior and are allowed to spend those points at the point store. There are different stages within the behavior management system and privileges earned increase with each stage along with increased responsibilities. Based on the stage the resident is in, she may participate in off-campus activities that include educational field trips, community service projects and incentive trips. A safety/risk assessment is used to help determine whether a resident may participate in an off-campus activity.

Through a partnership between Twin Oaks Juvenile Development, Inc. and the Boys and Girls Club of America, the facility operates a Boys and Girls Club site at the facility. Staff members administer services and activities comparable to those found in the community. Additionally, the facility is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

DESCRIPTION OF FACILITY CHARACTERISTICS:

The program is contained in eight buildings. The administrative building houses administrative offices; reception/lobby area; control room; conference room; and the cafeteria. Other buildings include training; education/vocation; dormitories; medical; and a greenhouse. There are three dormitories that house the residents; each dormitory contains eight residents and there are two per room. A full bathroom is located in each dormitory and provides a reasonable amount of privacy for the residents.

A pavilion sits in the center of the grounds with the buildings surrounding it. Two basketballs goals are posted under the pavilion. The outside grounds also contain a garden that is maintained by the residents as a part of their Boys and Girls Club activities under the supervision of staff. There is space for volley ball and additional recreation and other activities.

SUMMARY OF AUDIT FINDINGS:

An initial conference call was conducted by the Auditor with the Interim Program Director, an administrator from the corporate office and the FDJJ PREA Coordinator to discuss the audit process and data gathering. The notifications of the on-site audit were posted in various parts of the facility at least six weeks prior to the site visit. Photographs were taken of the postings and were electronically sent to the Auditor. The Pre-Audit Questionnaire and the supporting documentation were uploaded to a flash drive, which was received approximately four weeks prior to the on-site audit. During the review of the information on the flash drive, communication was maintained with the Interim Program Director and corporate office staff and additional information was provided or clarified as requested. The Interim Program Director serves as the PREA Compliance Manager and the Chief Operating Officer (COO) for Twin Oaks Juvenile Development, Inc. serves as the agency's PREA Coordinator.

The on-site audit was conducted May 10-11, 2015. On the evening of May 10, a tour of the facility was conducted by the administrator from the Twin Oaks corporate office and two staff interviews were conducted. During the tour, staff members were observed to be providing direct supervision and interacting with the residents. On the morning of May 11, an introductory meeting was conducted with management and program staff. Afterwards, additional visits were made to areas of the facility, interviews were conducted and supportive documents were reviewed. The additional information was provided upon request and in a timely manner. Interviews included random staff from all three shifts, specialized staff and residents. At the conclusion of the on-site audit, a close-out meeting was held and a summary of the audit findings was provided to the Interim Program Director, Twin Oaks corporate staff and other facility staff.

Number of Standards Exceeded: 1

Number of Standards Met: 36

Number of Standards Not Met: 0

Number of Standards Not Applicable: 4

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.

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

Auditor Comments:

The Twin Oaks Juvenile Development, Inc. Prison Rape Elimination Act (PREA) Policy provides guidelines to the facility for implementing the agency’s approach to complying with the requirements of the PREA standards. The Policy provides for a zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. It contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors. The agency’s PREA Policy and the facility procedures and practices are aligned with and accompany the Florida Department of Juvenile Justice PREA Policy (FDJJ 1919).

Standard 115.312 Contract With Other Entities for the Confinement of Residents.

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

Auditor Comments:

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

Standard 115.313 Supervision and Monitoring

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

Auditor Comments:

The PREA Policy provide for the implementation of a staffing plan with adequate staffing levels to protect residents against sexual abuse and provides that the staffing ratios are maintained. According to the staffing plan and staff interviews the ratios within the facility are 1:8 during the awake hours and 1:8 during the sleeping hours; documentation supports

that the Policy is practiced. The ratios for the agency staffing plans include a smaller number of residents, based on the activity. The assessment of the staffing plan has been conducted by the agency's PREA Coordinator. The staffing plan document details the methodology that ensures adherence to the staffing ratios.

Documentation shows that members of the management team conduct unannounced rounds for the maintenance of a safe environment. The PREA Policy prohibits staff from alerting other staff regarding the occurrence of unannounced rounds. Interviews with staff and a review of video footage confirmed the practices.

Standard 115.315 Limits to Cross-Gender Viewing and Searches

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

Auditor Comments:

According to the PREA Policy, cross-gender pat-down searches and cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. The PREA Policy directs that staff of the opposite gender shall announce themselves when entering an area where residents may be showering, performing bodily functions or changing clothes. All residents are able to shower, perform bodily functions, and change clothes without being observed by staff of the opposite gender. Interviews with staff and residents confirmed that these procedures are followed.

The practice of the facility is that male staff members announce themselves when entering the dormitories and signs are posted on each door indicating such. The PREA Policy also supports that staff shall not search or physically examine a transgender or intersex resident to determine the resident's genital status.

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

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

Auditor Comments:

The PREA Policy provides for residents with disabilities to have an equal opportunity to participate in or benefit from all aspects of PREA education. Resources are available for the

provision of support services for residents with disabilities and residents who are limited English proficient. The facility provides an approved list of interpreters to be used as needed. Resident education materials are accessible in dominant languages other than English. A review of documentation and staff interviews confirmed that resources are available and that, per Policy, residents are not used as interpreters or readers.

Standard 115.317 Hiring and Promotion Decisions

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

Auditor Comments:

The PREA Policy and FDJJ 1919 address the components of this standard and provide for background checks on all employees and contractors through a process that is used statewide. A review of documentation and interviews with staff confirmed that prior to the hiring of an employee or contractor, background checks are conducted as required.

Standard 115.318 Upgrades to Facilities and Technology

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

Auditor Comments:

This standard is not applicable. A camera system is used; however, there have not been any upgrades or additional installation since the referenced time frame.

Standard 115.321 Evidence Protocol and Forensic Medical Examinations

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

Auditor Comments:

The PREA Policy and FDJJ 1919 state that staff members are expected to cooperate in investigations conducted by the FDJJ Office of the Inspector General (OIG). Administrative investigations are conducted by OIG and criminal investigations are conducted by local law enforcement and Florida Department of Children and Families. Law enforcement investigators are provided a copy of the FDJJ PREA Compliance Form which contains the PREA standards requirements regarding investigations.

The PREA Policy provides for forensic medical examinations to be completed at no financial cost to the victim. The facility has a written Agreement with Panhandle Forensic Nurse Specialist, Inc. for the provision of forensic medical examinations. There is a Memorandum of Understanding between the facility and the Gulf Coast Children’s Advocacy Center for advocacy services for victims of sexual abuse and sexual harassment. There have been no forensic examinations conducted during this audit period.

Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations

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

Auditor Comments:

The facility’s PREA Policy and FDJJ 1919 provide that staff report all allegations of sexual abuse and sexual harassment and that the appropriate investigative entity be contacted when allegations of sexual abuse are made. The Twin Oaks Juvenile Development, Inc. website contains information regarding the referral of allegations for investigations of sexual abuse and it has related information posted, which is accessible to the public. The website is very informative and educational to the public and staff.

There were two allegations that resulted in administrative investigations during this audit period. One case was closed out as Unfounded and the other one was closed out as Information Only, regarding the allegations. One of the reports did show that reprimands were given to identified staff members due to the allegation not being reported in the time frame provided in Policy.

Standard 115.331 Employee Training

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

Auditor Comments:

The PREA Policy and FDJJ 1919 address employee training. Staff interviews and a review of training documents show employees' participation. Staff receive initial PREA training, refresher training and additional training as needed.

Standard 115.332 Volunteer and Contractor Training

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

Auditor Comments:

The PREA Policy and FDJJ 1919 contain information regarding the training of volunteers and contractors who have contact with residents. Receipt of the training is documented and it contains a review of the agency's zero-tolerance policy.

Standard 115.333 Resident Education

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

Auditor Comments:

Documentation shows and staff and resident interviews support the practice of residents receiving PREA education, including how to report incidents of sexual abuse or sexual harassment. According to the PREA Policy and other documentation, the facility will provide support services in accessible formats for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled. PREA information is posted and available to the residents.

Standard 115.334 Specialized Training: Investigations

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

Auditor Comments:

FDJJ 1919 and the PREA Policy state that staff in the OIG will be trained on the related policies and procedures regarding the handling of sexual misconduct incidents and reports. Training is provided to FDJJ investigative staff regarding conducting investigations in the FDJJ settings.

Standard 115.335 Specialized Training: Medical and Mental Health Care

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

Auditor Comments:

Documentation shows that regular and specialized training occurs for medical and mental health staffs. Specific FDJJ training modules are accessible online for mental health and medical staffs. The facility medical staff does not conduct forensic medical examinations.

Standard 115.341 Screening for Risk of Victimization and Abusiveness

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

Auditor Comments:

The PREA Policy and FDJJ 1919 provide that screening for the risk of sexual abuse victimization or sexual abusiveness toward other residents be conducted on each resident. The initial screening is done during the intake process and the PREA Policy states that the treatment team should continually review the resident's adjustment. Interviews support and documentation show that risk screenings occur.

Standard 115.342 Use of Screening Information

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

Auditor Comments:

The PREA Policy prohibits placing gay, bisexual, transgender, or intersex residents in particular housing based solely on such identification or status. The Policy supports that housing and program assignments will be made for transgender or intersex residents on a case by case basis and the resident's view regarding her safety will be seriously considered. Additionally, the PREA Policy prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

Standard 115.351 Resident Reporting

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

Auditor Comments:

There are internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violations that lead to abuse. A resident may complete a grievance form and place it in the grievance box located in the cafeteria; complete a Request to Speak form requesting to talk to a specific staff member; have a conversation with any staff member; and third parties may report allegations to staff or through the Florida abuse hotline.

PREA related information is posted and is accessible to residents. The abuse reporting hotline number is provided and is contained in the Student Handbook. Residents are provided access to a telephone to report allegations of sexual abuse and sexual harassment. Interviews revealed that staff members are aware of their responsibility to report sexual abuse and sexual harassment. They are also aware that they may accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Interviews with staff and residents and a review of documents support that there are internal ways residents can report allegations.

Standard 115.352 Exhaustion of Administrative Remedies

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

Auditor Comments:

The PREA Policy prohibits the use of an informal grievance process regarding allegations of sexual abuse and sexual harassment. The facility considers resident grievances regarding

sexual abuse to be an allegation and when such a complaint is received, the procedures regarding reporting allegations is initiated. Residents may place written allegations of sexual abuse or sexual harassment in the grievance box. The PREA Policy provides for emergency grievances to be immediately forwarded to the Program Director.

Standard 115.353 Resident Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility has a Memorandum of Understanding with Gulf Coast Children's Advocacy Center, in accordance with the PREA Policy and FDJJ 1919. The services to be provided include supportive counseling; court accompaniment; referrals; and access to 24-hour hotline services. Interviews with facility staff and the Executive Director of the advocacy agency confirmed the support of the recently signed MOU.

Residents are allowed to see their parents at visitation on Sundays and may talk to them at least once a week by telephone. Attorneys or other legal representation may visit residents in a confidential manner. Resident and staff interviews and other documentation supported the occurrence of visitation and related information is contained in the Student Handbook.

Standard 115.354 Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

A process for receiving third-party reports exist. Staff members may receive and respond to third-party reports as stated in the PREA Policy and as confirmed in interviews. Staff members, family members, attorneys, other residents, and outside advocates may assist residents with filing requests for administrative remedies.

The agency has completed the construction of a well-assembled PREA page on its website that provides comprehensive information, including third-party reporting. The web-page, accessible to the public, contains hotline numbers for the Abuse Registry and the DJJ Central Communications Center. The viewer is instructed to report sexual abuse or sexual harassment to either number or to local law enforcement. On the page, a brief history of

PREA is given, a link to the National PREA Resource Center is provided, and there is acknowledgement that the PREA Standards can be accessed through the link. Additionally, there is a statement regarding Twin Oaks' zero-tolerance for any acts of sexual abuse; access to the agency's PREA Policy; and access to the agency's PREA related Annual Report. The FDJJ website also provides the public with information regarding the reporting of abuse allegations.

Standard 115.361 Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides that staff immediately report any knowledge, suspicion or information they receive regarding sexual abuse or sexual harassment. Also, staff should immediately report any retaliation against residents or staff who reports any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident. Each staff interviewed was aware of their reporting duties.

Standard 115.362 Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides that when it is learned that a resident is subject to substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. The facility reports that there have been no incidents in the last 12 months where the facility was required to take action in regards to a resident being at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 address this standard. Upon receipt of an allegation that a resident was sexually abused while confined in another facility, the Program Director will notify the Central Communications Center (CCC) and the Department of Children and Families of the allegation. Additionally, the head of the other facility will be notified; the notifications will be made within 72 hours of receipt of the allegation.

Standard 115.364 Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 guide the staff response in meeting the requirements of this standard. The Policies provide direction to staff in responding to allegations of sexual abuse. Staff interviews reflect that they have received training regarding their duties.

Standard 115.365 Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility's coordinated response is addressed in the PREA Policy and is detailed in a separate document that doubles as a checklist in responding to an alleged incident of sexual abuse. Through the PREA Policy and the response plan checklist, guidance is provided to staff regarding steps to take in the event of an incident or allegation of sexual abuse.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Not Applicable

Auditor Comments:

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

Standard 115.367 Agency Protection Against Retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides for protection against retaliation for residents and staff who report allegations of sexual abuse or sexual harassment. The Program Director has been designated as the staff member responsible for monitoring for the occurrence of retaliation. The Policy identifies areas to monitor regarding possible retaliation of residents and staff.

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)

Standard Not Applicable

Auditor Comments:

The standard is not applicable; the facility does not use segregated housing;

Standard 115.371 Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 address this standard and state that administrative investigations are conducted by the FDJJ OIG and criminal investigations are conducted by the Department of Children and Families and local law enforcement. Both Policies direct staff to cooperate with investigations. According to FDJJ 1919, an investigation is not terminated solely because the source of the investigation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Standard 115.372 Evidentiary Standards for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

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

Standard 115.373 Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 provides the process for notifying residents following an investigation of whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. The appropriate notification was made by facility staff regarding the investigation relative to this standard.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides for disciplinary sanctions for staff to be up to and including termination for violation of the sexual abuse and sexual harassment policies. The PREA Policy requires that the violation be reported to local law enforcement and provides for contacting relevant licensing bodies. In the past 12 months, no staff has been terminated or has resigned for violating PREA related policies.

Standard 115.377 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy and FDJJ 1919 provide guidance to staff regarding reporting incidents of sexual abuse by a contractor or volunteer, including to relevant licensing bodies. The facility prohibits future contact with residents in the case of any violation of the facility's PREA related policies. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any investigative entity due to allegations of sexual abuse.

Standard 115.378 Disciplinary Sanctions for Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The PREA Policy provides that any resident found in violation of the Policy may be subject to disciplinary action, following administrative findings or adjudication. The resident may receive disciplinary actions or consequences for sexual abuse. During the past 12 months, an investigation did not determine that there had been an incident of resident-on-resident sexual abuse.

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

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

Auditor Comments:

According to the PREA Policy, residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Staff interviewed confirmed the practice that supports compliance with the 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)

Auditor Comments:

The PREA Policy addresses timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Interviews supported that the nature and scope of the services are determined by medical and mental health practitioners according to their professional judgment.

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

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

Auditor Comments:

The PREA Policy provides for ongoing medical and mental health care for sexual abuse victims. It also provides for medical and mental health evaluations and appropriate treatment in accordance with the standard. Staff interviews and a review of documentation confirmed that the standard of health care is consistent with the community level of care.

Standard 115.386 Sexual Abuse Incident Reviews

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

Auditor Comments:

The PREA Policy provides information regarding staff conducting incident reviews. The Policy details the requirements of the standard and states that the incident review will occur within 30 days of the conclusion of the investigation. The incident review team has been identified. Staff interviews indicated familiarity with the role of the incident review team regarding incidents of sexual abuse. Documentation shows that the practice is in accordance with the PREA Policy regarding incident reviews following investigations and that the time frame has been adhered to.

Standard 115.387 Data collection

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

Auditor Comments:

The PREA Policy and FDJJ 1919 require the collection of accurate, uniform data for every allegation of sexual abuse. The facility's agency uses a system called TRENDSTAT for their facilities to collect, analyze and submit monthly data to the corporate leadership team. The agency and FDJJ have developed a data collection instrument that includes pertinent data.

Standard 115.388 Data Review for Corrective Action

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

Auditor Comments:

The PREA Policy and FDJJ 1919 provide for analyzing the data to identify trends and/or problem areas and to develop corrective actions where indicated. The Policies require the review of data with the goal of improving the effectiveness of the agencies' PREA initiatives in the areas of prevention; protection and response policies; practices; and training.

Standard 115.389 Data Storage, Publication and Destruction

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

Auditor Comments:

The PREA Policy and FDJJ 1919 require that data is collected and securely retained for 10 years, unless otherwise required by law. The aggregated PREA data is reviewed and all personal identifiers are removed. Related reports are posted on the agencies' websites.

AUDITOR CERTIFICATION:

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

Shirley L. Turner

Auditor Signature

May 24, 2015

Date