

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report February 24, 2018

Auditor Information

Name: Shirley L. Turner Email: shirleyturner3199@comcast.net

Company Name: Correctional Management and Communications Group

Mailing Address: 3199 Kings Bay Circle City, State, Zip: Decatur, GA 30034

Telephone: 678-895-2829 Date of Facility Visit: January 23-24, 2018

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

TrueCore Behavioral Solutions, LLC

Physical Address: 6302 Benjamin Road City, State, Zip: Tampa, FL 33634

Mailing Address: City, State, Zip:

Telephone: 813-514-6275 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: Helping the children in our care overcome their obstacles and discover the true potential that lies within them.

Agency Website with PREA Information: [www.djj.state.fl.us/partners/prison-rape-elimination-act-\(prea\)](http://www.djj.state.fl.us/partners/prison-rape-elimination-act-(prea))

Agency Chief Executive Officer

Name: Martin Favis Title: Chief Executive Officer

Email: martin.favis@truecorebehavioral.com Telephone: 813-514-6275

Agency-Wide PREA Coordinator

Name: Bobbi Pohlman-Rodgers Title: JJDP/PPRE Compliance Director

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|--|--|
| Email: bobbi.pohlman@truecorebehavioral.com | Telephone: 813-514-6275 |
| PREA Coordinator Reports to: Peter Plant. Sr. Vice President | Number of Compliance Managers who report to the PREA Coordinator 26 |

Facility Information

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|---|
| Name of Facility: Hastings Comprehensive Mental Health Treatment Facility/Gulf Academy |
| Physical Address: 765 E. St. Johns Ave., Hastings, FL 32145 |
| Mailing Address (if different than above): |

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|---------------------------------------|
| Telephone Number: 904-347-2162 |
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|------------------------------------|-----------------------------------|--|---|
| The Facility Is: | <input type="checkbox"/> Military | <input checked="" type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |

| | | | | |
|-----------------------|------------------------------------|-------------------------------------|---------------------------------|---|
| Facility Type: | <input type="checkbox"/> Detention | <input type="checkbox"/> Correction | <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Other |
|-----------------------|------------------------------------|-------------------------------------|---------------------------------|---|

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| Facility Mission: Helping the children in our care overcome their obstacles and discover the true potential that lies within them. |
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| Facility Website with PREA Information: www.djj.state.fl.us/partners/prison-rape-elimination-act-(prea) |
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| Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Facility Administrator/Superintendent

| | |
|--|--------------------------------------|
| Name: Joseph Shuler | Title: Facility Administrator |
| Email: joseph.shuler@truecorebehavioral.com | Telephone: 904-347-2162 |

Facility PREA Compliance Manager

| | |
|----------------------------|-------------------|
| Name: Same as Above | Title: |
| Email: | Telephone: |

Facility Health Service Administrator

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| Name: Cheryl Knighten | Title: Health Service Administrator |
| Email: cheryl.knighten@truecorebehavioral | Telephone: 904-347-2162 |

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Facility Characteristics

| | | | |
|---|-------|------------------------------------|------------|
| Designated Facility Capacity: 120 | | Current Population of Facility: 42 | |
| Number of residents admitted to facility during the past 12 months | | | 90 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: | | | 90 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 90 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | 13-18 | | |
| Average length of stay or time under supervision: | | | 6-9 Months |
| Facility Security Level: | | | Non-secure |
| Resident Custody Levels: | | | Moderate |
| Number of staff currently employed by the facility who may have contact with residents: | | | 118 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | | | 71 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | | | 3 |

Physical Plant

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|--|--|---------------------------------------|--|
| Number of Buildings: 5 | | Number of Single Cell Housing Units:1 | |
| Number of Multiple Occupancy Cell Housing Units: | | 3 | |
| Number of Open Bay/Dorm Housing Units: | | 0 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 0 | |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The master control room is temporarily located at the entrance of one of the buildings currently used to house the program due to the repair of the administration and other areas of the facility. As a result of a major hurricane, a new camera system is being installed however adjustments have been made to provide for a modified monitoring system within the makeshift control room.

Medical

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|---|-----------------------|
| Type of Medical Facility: | Medical Clinic Onsite |
| Forensic sexual assault medical exams are conducted at: | Flagler Hospital |

Other

| | |
|---|----|
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | 10 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 0 |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Hastings Comprehensive Mental Health Treatment Facility/Gulf Academy is a non-secure residential facility, comprised of the two programs, co-located in the same building. The facility provides comprehensive and intensive mental health treatment services and/or substance abuse services. The program is managed by TrueCore Behavioral Solutions, LLC through a contract with the Florida Department of Juvenile Justice (FDJJ). The facility had its first PREA audit in 2015. The current PREA audit was obtained and assigned to the Auditor by Correctional Management and Communications Group, LLC located in Minneola, Florida.

In preparation for the onsite portion of this PREA audit, a conference call was held with the Facility Administrator who also serves as the PREA Compliance Manager and the FDJJ statewide PREA Coordinator. During the conference call, introductions were made and the audit process and data gathering were reviewed. Printed signs announcing the audit which contained the Auditor's contact information were sent to the FDJJ PREA Coordinator who forwarded them to the facility for posting. The signs were subsequently posted in conspicuous areas of the facility and pictures were taken and sent to the Auditor via email. The areas of the postings were identified and accessible to the residents, staff and visitors.

The PREA Pre-Audit Questionnaire, policies, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. After an assessment of the information provided, a written review was sent to the Facility Administrator/PREA Compliance Manager, requesting additional documents and clarification of information. The additional documentation was provided prior to the site visit and during the site visit documentation was provided upon request. During the period prior to the site visit, the Auditor also remained in contact with the FDJJ PREA Coordinator.

The site visit was conducted January 23-24, 2018. A review of the campus was conducted by the Facility Administrator and included all areas of the facility and outside grounds. During the comprehensive facility tour, the printed notifications of the PREA site visit were observed to be posted in the areas previously identified with the pictures sent earlier to the Auditor. Posted signs were also observed regarding general PREA information; victim advocacy; females to announce themselves prior to entering living units; and the abuse reporting hotline number. Residents were observed involved in education and leisure activities during the two days of the site visit. During the initial tour and subsequent observations, staff members were observed providing direct supervision to the residents.

A total of 12 residents were interviewed, including targeted and randomly selected residents from both living units. Twelve random direct care staff members were interviewed, including all shifts. Eleven specialized staff interviews were conducted and included a contractor. The interviews with staff members, residents, and contractor indicated the receipt of PREA training which was also verified by a review of documentation.

Secondary documentation was reviewed prior to and during the site visit and included but was not limited to completed staff background checks; risk and other screening instruments; education and training

acknowledgement forms; training records; logbook entries; resident handbook; employee handbook, and other documentation, including various supporting forms documenting or will be used to document practice if needed. Many initiatives were implemented in preparation for the site visit, prior to the Auditor's arrival.

Upon completion of all interviews and the site visit process, an exit conference was held with the Facility Administrator and an Assistant Facility Administrator of Operations and the Assistant Facility Administrator of Safety and Security. They were provided the opportunity to ask additional questions and the timelines for the submission of the PREA reports were reviewed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Both programs use a cognitive-behavioral treatment approach and employ evidence-based programs within a therapeutic community setting. Residents receive therapeutic services seven days a week that include individual, family and group counseling; cognitive skills training; and relapse prevention. The residents also receive medical and psychiatric services; behavioral management; and education and vocational services.

An individualized treatment plan is developed with each resident and goals are identified. The anticipated, average length of stay is seven to 10 months, depending on the resident's pace of success in completing his individualized treatment plan and goals. Education services are provided by the St. Johns County School District and include English; Mathematics; Science; Social Studies; and Reading. Career and technical opportunities include Business Education courses.

Each resident is assigned a Case Manager and a Therapist. The resident is also assigned a treatment team which includes the Case Manager, Therapist, education staff, direct care staff, administrative staff and the resident. A review process is facilitated through the treatment team where the resident has the opportunity to share his successes, challenges and needs. The treatment team comments on the resident's efforts, provides feedback on how to be successful with any challenges, and ways to meet individual needs. Where indicated, the treatment team may decide changes to the resident's individualized treatment plan (Individual Performance Plan) and/or Mental Health and Substance Treatment Plan are needed.

The mental health unit includes Clinical Director; two Assistant Clinical Directors; 11 Therapists; two Recreation Therapists; contract Cognitive Behavioral Analyst; and a contract psychiatrist who visits the facility two times a week. The medical unit consists of management by the Health Service Administrator; five Registered Nurses; two Registered Nurses who provide coverage and services as needed; and a physician who visits the facility daily. Through bed availability and approval by the Office of Health Services, the facility serves males who may be classified as needing intensive medical overlay services. The scope of these medical services includes insulin dependent diabetes, renal disease, sickle cell anemia, HIV/AIDS, heart disease, etc.

Case management services and the coordination of services are provided to each resident by a Case Manager. The case management unit consists of Director of Case Management and eight Case Managers. A progress report is provided to the Judge and court worker by the Case Manager every 90 days. Direct

Care staff members are responsible for the daily supervision and management of the residents during their daily activities.

The comprehensive walk-through of the facility revealed the staffing ratio was met and observations indicated staff members provide engaged supervision to the residents. The grounds contain five buildings. Currently, the administration building which also houses the school and other areas are not being used due to renovations required from the damage of hurricane Irma. One of the dormitory buildings is being used to house the program. The building being used is one of the dormitories and it contains two separate housing units and the makeshift control room. An area is being used and has been modified to house administrative, support, treatment staff members, and the clinic.

There are dayroom areas on each housing unit and they dually serve as education space. There is a large multi-purpose room separating the two living units. Residents are provided a reasonable amount of privacy when they shower, change clothes or use the toilet.

During the tour, PREA notices and other PREA related information were observed posted. The grounds provide for outside recreation and leisure activities, when weather permits. A camera system supports the direct supervision provided by the staff and is being repaired however the system has been adjusted to cover the limited area currently being used. Cameras are located strategically on the inside and outside of the building. The main viewing and monitoring of the camera system are conducted by the staff operating the control room.

The staff has done an admirable job in readjusting and relocating program activities and in the delivery of services within adverse conditions. This included relocating the residents and available staff to another facility in a different city.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

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Number of Standards Met: 41

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

A corrective action was implemented for 115.351-Resident Reporting and is discussed within the report.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 10-25, Prison Rape Elimination Act (PREA), contains the methods for sustaining zero-tolerance regarding all forms of sexual abuse and sexual harassment and it outlines the approach for preventing, detecting, and responding to such allegations. The Florida Department of Juvenile Justice Policy, 1919 (FDJJ 1919), serves as the overarching and comprehensive policy for the contract facilities. Facility Policy 3-5, Professional Relationships with Residents, also prohibits inappropriate behavior by staff with residents.

The PREA Policies outline the strategies for addressing the components of the PREA Standards and include prevention and responsive planning; training and education; risk screening; reporting; official response following a resident report; investigations; discipline; medical and mental health care; and data collection and review. Both PREA Policies also contain definitions of the prohibited behaviors and address sanctions to be used when the PREA related policies are violated.

The Facility Administrator serves as the PREA Compliance Manager and is supervised by regional administrative staff. The Facility Administrator/PREA Compliance Manager stated during the interview, he has the time and authority required to fulfill PREA related duties. A review of facility Policy 10-25 and the organizational chart verified the role of the Facility Administrator as the PREA Compliance Manager. Interviews conducted with all staff revealed their awareness of the role of the PREA Compliance Manager. The Facility Administrator discussed in the interview the facility's efforts in achieving compliance.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 10-25 addresses staffing, supervision, monitoring, and unannounced rounds. The Policy outlines the considerations for staffing and provides guidance to staff in adhering to the staffing ratios of the contract which provide for more staff during the waking hours and the sleeping hours. The work schedules and observations during the comprehensive facility tour revealed the adherence to the staffing ratios of 1:8 during the waking hours and 1:12 during the sleeping hours. The staffing plan provides for the PREA staffing ratios to be met and a hold-over system of direct care staff ensures adherence to the staffing ratios. The Facility Administrator discussed the important factors considered regarding adequate staff coverage.

The annual Staffing Plan Assessment was completed on June 20, 2017 by the FDJJ statewide PREA Coordinator in conjunction with the Facility Administrator. It includes but is not limited to a review of the following: staffing plan; monitoring system; resources available and committed to ensure adherence to the staffing plan; and the occurrence of unannounced rounds. The form provides general findings of the areas and items reviewed.

PREA information was observed posted, including alerting female staff members to announce their presence when entering the housing units. The facility Policy and FDJJ 1919 provide for compliance to the staffing plan except during limited and exigent circumstances and the deviations documented. The facility reports there were no deviations from the staffing plan.

A review of a sample of documented unannounced rounds and the policies support unannounced rounds are conducted by intermediate level and higher level staff. The unannounced rounds are conducted to identify and deter sexual abuse and sexual harassment. The Assistant Facility Administrator of Operations discussed how he ensures staff members do not alert other staff members regarding the unannounced visits and the benefits of the visits.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policies 10-25, 10-3 Contraband Control and Searches, and 8-14 Lesbian, Gay, Bisexual, Transgender, and Intersex Youth (LGBTI) address this standard. Cross-gender strip and cross-gender visual body cavity searches are prohibited at the facility. Cross-gender pat-down searches are not permitted, except in exigent circumstances. The interviews with direct care staff, residents and Facility Administrator support the premise cross-gender searches are not conducted. Facility Policy addresses exigent circumstances regarding cross-gender searches and training addresses cross-gender training however all random staff and the Facility Administrator stated cross-gender searches are prohibited.

A review of training documentation revealed training regarding searches of transgender and intersex residents and nine of 12 random staff interviewed stated they had received the training. All random staff interviewed expressed familiarity with the facility policy prohibiting staff from searching or physically examining a transgender or intersex youth for the purpose of determining the resident's genital status. According to Policy 8-14 and the practice is when the genital status of a resident is unknown, learning this information is part of a broader medical examination conducted by a medical practitioner in private. A transgender or intersex youth is asked verbally and in writing about a preference regarding who they would like to conduct the search and the response of the resident is documented. The facility reports a cross-gender search has not been conducted during this audit period.

The facility has implemented procedures ensuring residents are able to shower, change clothes and perform bodily functions without being viewed by staff of the opposite gender. Direct care staff and

resident interviews, observations, and policy and procedures confirmed the practice for residents being provided reasonable privacy as they perform bodily functions and change clothes. Facility Policy 10-25, posted signs, staff and resident interviews, and observations confirmed females announce their presence upon entering the dorms.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 9-2, Classification and Orientation, and FDJJ 1919 address the provision of accommodations for disabled residents. The facility staff has access to various resources to access interpreters and other support services, including services for the hearing impaired, intellectual disabilities, and based on the individual need of the resident. According to facility Policy, the Director of Case Management is responsible for securing the services needed. Support for the resident may include the assistance of facility staff and providing a resident a copy of the information in the dominant language other than English. The PREA brochure is posted in English, Creole and Spanish which are dominant languages for the geographic area.

Resources for translators available to the facility include TrueCore Behavioral Solutions' Internal Interpreter Services List, Registered Court Interpreters for the Florida State Court System, and the local County school system. The facility staff also has access to telephonic interpreting services. Additionally, the interview with the Facility Administrator confirmed related services will be provided to residents by the local school system to address individual needs.

Facility policy provides residents with disabilities and who are limited English proficient be provided with the support services that would enable the residents to participate in or benefit from all aspects of the PREA education sessions with the goal of preventing, detecting, and responding to sexual abuse and sexual harassment. The direct care staff interviews revealed no use of resident interpreters, resident readers or any type of resident assistants for the provision of PREA information during the past 12 months. The resident handbook contains information regarding reporting allegations of sexual abuse and sexual harassment.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 3-16, Employee Recruitment and Selection, FDJJ 1800 and FDJJ 1919 address this standard. The Policies provide guidance regarding hiring and promotion processes, hiring decisions and background checks. The Policies and the interview with the Human Resources Coordinator/Administrative Assistant offer details about the hiring process, completion of background checks, and the grounds for termination.

The Policies are aligned with the requirements of the standard and provide background checks occur prior to employment. The interview with the human resources staff support policy requirement of all employees having a background check completed every five years. A review of a sample of personnel files and the interview revealed background checks are completed.

All staff members have a continuing duty to report related misconduct and are aware that omissions of such conduct or providing false information will be grounds for termination. This information is provided to new hires during orientation training. Additionally, the information regarding the continuing duty to report misconduct is contained in the Employee Handbook.

A pre-hire form is used with applicants regarding previously related sexual misconduct allegations and convictions. The facility and FDJJ Policies prohibit hiring or promoting anyone or enlisting contract services of anyone who may have contact with residents who has engaged in previous sexual misconduct which was confirmed through the interview. The facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The camera system supplements direct supervision provided to residents by staff. A new camera system is currently being installed and a perimeter fence is also being installed.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 10-25 and FDJJ 1919 and staff interviews confirmed facility staff members are not responsible for conducting administrative or criminal investigations. Facility Policy 10-25 and FDJJ 1919 state the Florida Department of Juvenile Justice Office of the Inspector General (OIG) is responsible for conducting administrative investigations; the Florida Department of Children and Families (DCF) is responsible for conducting allegations of child abuse; and local law enforcement is responsible for conducting criminal investigations. The Facility Administrator serves as the contact person with the law enforcement agency, OIG and DCF.

The OIG provides each facility written information regarding PREA related investigations and comprehensive uniform evidence protocols developed after 2011 that is to be shared with their local law enforcement agency who investigate allegations that are criminal in nature. The Auditor reviewed the facility's Memorandum of Understanding (MOU) with the Betty Griffin Center for the provision of victim advocacy services which will be provided at no cost to the victim.

Based on the MOU, the services will include but will not be limited to accompaniment by advocates regarding forensic examinations; access to hotline services; therapy; and follow-up services as requested. The forensic examinations will be conducted by a Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner of the University of Florida Child Protective Team at Flagler Hospital. There have been no forensic examinations conducted during this audit period.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 10-25 and FDJJ 1919, interviews with staff and Facility Administrator ensure allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the FDJJ Office of Inspector General (OIG) trained investigators and sexual abuse allegations are referred for an investigation to local law enforcement and the Florida Department of Children and Families is also contacted.

The Policies collectively direct staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the Policy requirements as verified through interviews. During the past 12 months, the facility reports there were three allegations of sexual abuse; one has been closed and the other two are still under investigation. Documentation submitted after the site visit indicates the findings as Unfounded/Not Substantiated by the FDJJ OIG.

The FDJJ website provides the information and Policy for reporting allegations of sexual abuse and reporting information is also posted in the facility, accessible to residents, staff, contractors, volunteers, and visitors.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policies 10-25 and 5-2, Staff Development and Annual Training, and FDJJ 1919 address PREA related training for staff. The policies, training materials, staff interviews, and a review of documented training verify the staff training occurs. Staff members were familiar with the PREA information regarding the primary components of preventing, detecting and responding to sexual abuse or sexual harassment as verified through interviews. Electronic records, sign-in logs and an array of training materials document the PREA training sessions.

According to staff interviews and training documents, refresher training is provided for staff annually and as needed. The direct care, medical and mental health staff members interviewed reported receiving the PREA training as required. The facility houses males and the training considers the needs of the population served.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 10-25, FDJJ 1919 and review of the training curriculum and acknowledgement statements document the training occurs. It includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment. The interview with a contractor confirmed understanding of the facility's zero-tolerance of sexual abuse and sexual harassment.

The PREA training informs the participants of their role in reporting allegations of sexual abuse or sexual harassment. According to the contractor, participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided. Samples of signed acknowledgement statements for this area were reviewed.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facilities Policies 9-2 Classification and Orientation, and 10-25; and FDJJ 1919 provide all residents admitted receive information about the facility. PREA education is included and involves directions to residents about how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The resident handbook provides information to residents on how to report allegations of sexual harassment and sexual abuse.

Case Managers provide PREA education sessions for residents and the Case Manager interviewed discussed the process for ensuring residents receive the information, including the resident signing a form acknowledging receipt of the training. The PREA related information is part of the intake packet completed with each resident. Interviews with the Case Manager and residents indicated PREA education sessions occur. The residents interviewed were aware of how to report allegations of sexual abuse and sexual harassment and related information. PREA related information is provided to staff in policies, training and staff meetings.

The facility has the capability of providing the PREA education in formats accessible to all residents including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to residents who have limited reading skills. The local school system will provide services for disabled residents. The facility has the PREA related information posted in the dorms and other areas accessible to residents, staff, visitors, contractors and volunteers.

The facility has access to a resource for the provision of interpretive and translation services by telephone. Staff interviews confirmed residents are not used as translators or readers for other residents. Facility and other TrueCore Behavioral Solutions' staff may be used to provide support and interpreter services to residents as needed and to ensure access to services that will provide disabled residents the opportunity to participate in PREA education sessions. The PREA brochures may be provided to residents in languages other than English, including Creole and Spanish.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not conduct administrative or criminal investigations.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FDJJ 1919 provide medical and mental health staff members receive the regular PREA training and the specialized training available online through the SkillPro training system provided by FDJJ. The mental health and medical staff completed the general training that is provided for all staff members which is also available through the SkillPro training system.

Forensic medical examinations will not be conducted by the facility medical personnel. The examinations will be conducted at Flagler Hospital in St. Augustine, Florida. A review of the training records and interviews with medical and mental health staff revealed completion of the specialized training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No

- Does the agency also obtain this information periodically throughout a resident's confinement?
 Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Facility Policies 9-1, Intake and Screening Process; 9-2, Classification and Orientation; and FDJJ 1919 ensure all admissions are properly screened. Staff and resident interviews and a review of documentation confirmed residents are screened for risk of victimization and abusiveness. This vulnerability screening occurs usually on the first day but within 24 hours of intake, whether a transfer from another facility or a new admission.

The screening is conducted using the FDJJ objective instrument, Screening for Vulnerability, Victimization and Sexuality Aggressive Behavior (VSAB). The instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; how youth self-identify; current charges and offense history; and intellectual or developmental disabilities.

Resident interviews, a review of documentation and the interview with an Assistant Clinical Director confirmed the VSAB is administered. Information for completing the VSAB is also obtained by talking to

parents/guardians and reviewing the court packet. Additional screening and assessment tools are used to obtain information to aid staff in meeting the individual needs of the residents.

The residents interviewed were able to identify specific areas inquired about in the administration of the VSAB. Facility Policy 9-2 addresses formal reassessments of residents. The completed risk assessment instruments are accessible to the clinical staff. The files were observed to be maintained in a confidential manner.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No

- Do residents in isolation receive daily visits from a medical or mental health care clinician?
 Yes No
- Do residents also have access to other programs and work opportunities to the extent possible?
 Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policies 8-14 and 9-2 and FDJJ 1919 address this standard and provide guidance to staff regarding the information from the VSAB and other risk screening instruments and outline how the information is to be used. The information obtained through the administration of the screening instruments assists in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting needs of each resident. Staff members responsible for administering the VSAB participate in required training.

Random staff and Facility Administrator interviews indicated protective measures would be taken immediately if it was determined a resident was at risk for imminent sexual abuse. Alleged victims of sexual abuse are not held in isolation.

Facility Policy 8-14 and practice prohibit placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. Facility and agency Policies, facility practice and interviews support housing and program assignments for transgender or intersex residents is made on a case-by-case basis to ensure the resident's health and safety.

Clinical and administrative staff members, as well as other staff, are aware of the Policies regarding transgender or intersex residents. All residents' concern for their own safety is currently taken into account through responses obtained from the administration of the VSAB and as confirmed through resident and staff interviews and observations.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Facility Policies 8-3, Abuse and Neglect Reporting, 10-25 and FDJJ 1919 provide multiple internal ways a resident may report, including how a resident may privately report sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone to the Florida abuse hotline. The resident handbook contains information for reporting allegations of sexual abuse and sexual harassment of residents. The MOU and the Facility Administrator provide the victim advocacy agency may be contacted regarding an incident of sexual abuse.

Direct care staff interviews revealed residents may use the abuse hotline to privately report sexual abuse and sexual harassment. Direct care staff interviewed also revealed they could use the abuse hotline for the same purpose. Internal ways a resident may report include completing a grievance form; talking to a staff member; completing a sick call form; completing a Let's Talk/Speak Out form requesting to speak to a specific staff member; and third parties may report allegations.

The resident handbook indicates to residents they are not required to use the informal steps of the grievance system when using the grievance form to report allegations of sexual abuse or sexual

harassment. Access to writing tools is provided for residents so they are able to complete the forms used to report allegations of sexual abuse or sexual harassment.

The residents and staff were aware third-party reports could be made and that reports could be made anonymously. All residents interviewed stated they have contact with someone who does not work at the facility they could report abuse to if needed. Policies and staff interviews indicate staff members are required to immediately document all receipt of verbal reports. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, staff meetings, and posted information.

Information about reporting allegations of sexual abuse and sexual harassment is posted in the dorms and other areas of the facility. Residents and staff are aware of the methods a resident may report allegations of sexual abuse or sexual harassment. Residents detained in the facility solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

The Facility Administrator implemented a corrective action by having the grievance and sick call boxes mounted on the wall in the building currently being used. According to the Facility Administrator, the boxes had been mounted on the walls prior to the evacuation due to the hurricane. A picture was taken of the labeled, mounted boxes and sent to the Auditor showing they are contained in the building currently being utilized to house the program. This action further supports privacy, anonymity and a formal process if sexual abuse or sexual harassment is reported by using a grievance form.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

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When a grievance form is received regarding sexual abuse or sexual harassment, it is immediately provided to the Facility Administrator/designee as confirmed by the Facility Administrator. The policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policies. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation may be conducted by the FDJJ Office of Inspector General; Florida Department of Children and Families; or local law enforcement when the allegation is criminal in nature.

A response will be provided to a resident within 48 hours informing the resident of receipt of the grievance and that it has been referred for investigation. The facility and agency policies provide a resident may be disciplined when it has been determined a report alleging sexual abuse has been made in bad faith.

Residents understand they will not be punished if a report is made in good faith, as determined through the interviews. The residents and staff interviewed identified the use of a grievance form as one of the methods which may be used to report allegations of sexual abuse or sexual harassment and the residents are aware of how grievances are handled regarding sexual abuse or sexual harassment. During the past 12 months, there has not been a grievance submitted alleging sexual abuse.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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Facility Policies 8-5, Telephone Access; 8-6, Visitation; 8-7, Correspondence; and 10-25; and FDJJ 1919 address the residents' access to outside confidential support services and communication with parents/guardians and legal representation. The facility has a Memorandum of Understanding with the Betty Griffin Center for victim advocacy services. The contact information is posted in the facility and the services that may be accessed are included in the PREA education provided to the residents.

Resident and Facility Administrator interviews and observations during the comprehensive tour support residents are provided confidential access to their attorney or other legal representative and reasonable access to their parents/legal guardians. All residents interviewed stated the facility allows for family visits and they were aware of the days and times for visitation and phone calls. Residents also revealed they have contact with someone on the outside to report allegations of sexual abuse to if needed.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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FDJJ 1919 addresses third-party reporting and interviews revealed residents are aware third-party reporting of sexual abuse or sexual harassment can be done. All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse. Staff interviews revealed their knowledge of third-party reporting and that they can receive allegations from third parties.

Information regarding reporting is provided through observed postings located in areas of the facility accessible to visitors, residents and staff members. The FDJJ website contains information regarding third-party reporting of allegations of sexual abuse. Direct care staff members interviewed are aware they may report privately through the use of the hotline. Staff members are also aware they are to document all verbal reports received.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
 Yes No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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- Does Not Meet Standard** (*Requires Corrective Action*)

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Facility Policies 1-5, Incident Reporting; 8-3, Abuse and Neglect Reporting; 10-25 and FDJJ 1919 collectively address the standard and inform all staff to immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The facility does not conduct administrative or criminal investigations. All allegations of sexual abuse and sexual harassment are reported to the FDJJ Central Communications Center (CCC).

Policy 10-25 prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The CCC

will make appropriate notification to senior FDJJ management who will make notification to management overseeing the facility where the alleged abuse occurred.

Policy 10-25 requires the Facility Administrator to notify the alleged victim's parents or legal guardians. If the resident is under Department of Children and Families (DCF) custody, the DCF Case Worker will be notified and if applicable, the attorney of record will be notified of the allegation within 14 days of receipt of the allegation, according to the Policy.

Direct care, mental health and medical staff, and the Facility Administrator revealed through interviews their awareness of the requirements regarding reporting duties and acknowledged they are mandated reporters and must immediately report all allegations of sexual abuse and complete a written follow-up report.

The direct care staff members interviewed provided the reporting requirements and staff is expected to document verbal reports immediately. The facility staff members are also required by policy to report allegations that are made verbally.

The mental health and medical staff indicated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff to report. Records indicate residents are informed of the limitations of confidentiality.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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Facility Policy 10-25 and FDJJ 1919 require staff to protect the residents through immediately implementing protective measures. The interviews of the direct care staff and the Facility Administrator revealed protective measures will be immediately implemented as needed. According to the interviews, protective measures may include separating the residents involved, closer supervision by staff, and alerting the supervisor and other staff.

Residents are asked about concerns for their safety during the intake process, according to their interviews. The resident's concern for his safety may also be explored during treatment team meetings and individual sessions with their Case Manager and Therapist, respectively. The facility reports during the past 12 months, no residents were identified as being subject to substantial risk of imminent sexual abuse.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 10-25 and FDJJ 1919 and interview with Facility Administrator provide for notification to the facility head where the alleged abuse occurred, upon receipt of an allegation a resident was sexually abused while confined in another facility. Notification must be made as soon as possible but no later than 72 hours after receipt of the allegation. The Facility Administrator must also notify the Central Communications Center to report the incident for an investigation.

Facility Policy 10-25 requires the Facility Administrator/designee to notify the facility head where the alleged incident occurred. The facility reports during this audit period, there has not been a report about an incident of abuse occurring while the resident was confined in another facility. The Facility Administrator is aware of the policy and the required duties regarding reporting to other confinement facilities and the requirement that allegations received from other facilities must be investigated.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Facility Policy 10-25 and FDJJ 1919 require any staff acting as a first responder must separate the alleged victim from the alleged abuser; call for help; and take the appropriate steps for the preservation and collection of any evidence. The Policies direct the first responder to request the alleged victim does not wash; brush their teeth; change clothes; wash or do anything that may destroy evidence.

The Policies instruct non-security staff who may act as a first responder to request that physical evidence be preserved and to contact direct care staff for assistance. Staff members who would serve as first responders are aware of their duties. There were three allegations reported during this audit period; neither required first responder duties as they relate to this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility has a written institutional plan to be implemented in the event of an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members such as the first responder; supervisors; medical; mental health; and management. This coordinated response to an incident of sexual abuse is also aligned with facility policy 10-25 and FDJJ 1919. Staff members were familiar with their role regarding the response to an allegation of sexual abuse as determined through the interviews.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility is not involved in collective bargaining.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 10-25 and FDJJ 1919 provide protection to residents and staff from retaliation. The interview with the Facility Administrator, retaliation monitor, revealed he understands the role of the retaliation monitor and the discharge of those duties assist in preventing retaliation against residents and staff who report sexual abuse, sexual harassment or who cooperate with an investigation.

Facility Policy 10-25 requires the following be monitored to determine if retaliation is occurring: resident disciplinary reports; status checks; housing or program changes; negative performance review; or reassignment of staff. The interview revealed the Facility Administrator is familiar with the Policies regarding retaliation monitoring. The interview and the Policies support measures which may be taken when retaliation is detected include housing changes and status checks for continued safety. The Facility Administrator reported no incidents of retaliation during the past 12 months. .

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Segregated housing is not used to protect residents who are alleged to have suffered sexual abuse.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Facility Policy 10-25 and FDJJ 1919, staff interviews, and a review of documentation indicate administrative investigations are conducted by the FDJJ Office of the Inspector General and criminal investigations are conducted by local law enforcement. Sustained allegations as a result of a criminal investigation will be referred for prosecution. The Florida Department of Children and Families are also called when there is an allegation of sexual abuse.

The Policies direct facility staff to cooperate with investigations and the documentation reviewed indicates such. FDJJ 1919 provides an investigation is not terminated because the source recants the allegation. The Office of Inspector General follows protocols in conducting administrative investigations in FDJJ settings and the investigators receive training on the related agency policies. The investigative reports include descriptions and investigative facts and findings.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The policy and practice of the FDJJ Office of Inspector General, responsible for administrative investigations, impose a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Facility Policy 10-25 and FDJJ 1919 address this standard. The victim is to be informed when the investigation is completed and the PREA Compliance Manager notifies the alleged victim of the outcome of the investigation and it is documented. Following an allegation of sexual abuse committed by staff, the resident is informed when the staff member is no longer posted in the unit or employed in the facility and of the staff member's indictment or conviction. Following an allegation of sexual abuse committed by another resident, the alleged victim is informed if the alleged abuser has been indicted, charged, or convicted which will be documented on a notification form.

The facility has a dedicated form, Investigation Notification (PREA), used to inform residents of the results of an investigation. A completed form was reviewed onsite where a resident was notified of the outcome of an investigation that occurred outside of this audit period and the investigation was completed during the current audit period. The Facility Administrator will remain abreast of an investigation conducted by an investigative entity by serving as the primary contact person.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Facility Policies 3-3, Employee Standards of Conduct, 10-25 and the Employee Handbook provide for disciplinary sanctions, up to and including termination for those staff violating the facility's sexual abuse and sexual harassment zero-tolerance policy. The facility reports during this audit period, no staff member violated facility or agency policy regarding sexual abuse or sexual harassment.

Disciplinary sanctions for violations of facility/agency policies relating to sexual abuse, other than actually engaging in the act, and sexual harassment are appropriate to the circumstances of the incident, staff's disciplinary history, and the sanctions for similar cases of other staff.

Policies provide terminations or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement if the situation appears to be criminal in nature and to relevant licensing bodies. The interviews with the human resources staff and Facility Administrator support the Policies.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Facility Policy 10-25 and FDJJ 1919 address this standard. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. The Policies also provide for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. The documentation and interviews revealed the facility takes measures to provide volunteers and contractors a clear understanding sexual misconduct with a resident is strictly prohibited and is a serious breach of conduct.

The interview with a contractor and samples of related documentation demonstrate the PREA training occurs. The contractor's awareness of the zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment of residents was evident through the interview. During this audit period, there have been no allegations of sexual abuse or sexual harassment related to a contractor or volunteer.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may

residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Policy FDJJ 1919 and facility disciplinary policy address an administrative process for dealing with violations, including resident-on-resident sexual abuse. Based on the interview with the Facility Administrator, a resident may be removed from the facility and may also be referred by law enforcement for charges regarding resident-on-resident abuse.

Policy 10-25 provides sexual activity between residents is prohibited and court or administrative processes and sanctions occur after determination that the sexual activity was coerced. According to the Policies, residents may be disciplined for sexual contact with staff only when it has been determined that the staff member did not consent to the sexual contact. Policy 10-25 states anyone reporting in good faith shall be immune from any civil or criminal liability.

Facility Policy 10-25 and FDJJ 1919 and interviews with mental health staff support counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after an incident. Any type interventions or treatment services provided are not as a condition for the resident to access education or other programs.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policies 7-3, Health Care Admission Screening and Evaluation; 10-25; and FDJJ 1919 address this standard, including providing for a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual abuse as a victim or perpetrator. Clinical encounters with residents are documented. The practice is residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process.

Facility Policy 10-25 indicates information related to sexual victimization or abusiveness which occurred in an institutional setting is limited to medical and mental health practitioners and other staff, based on their need to know. Medical and mental health staff discussed their knowledge of informed consent during their interviews. No information is shared with other staff unless it is required for security and management decisions regarding a resident's sexual abuse history.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policies 7-30, Sexual Assault Reporting, and 10.25 and FDJJ 1919 revealed emergency medical care and crisis intervention services will be provided by medical and mental health staff and was confirmed through interviews. The coordinated response plan and prior arrangements and contacts are in place for a victim to receive timely access to services. Secondary materials are maintained and resident encounters are documented.

The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation. The interviews with the Health Service Administrator and an Assistant Clinical Director revealed residents have access to unimpeded access to emergency services and medical and mental health services are determined according to the professional judgment of the practitioner.

The interviews confirmed timely information would be provided to a victim regarding sexually transmitted infection prophylaxis. The observations of the interactions among residents, medical and mental health practitioners and other staff interviews indicate unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policies 7-13, Periodic Evaluations and Ongoing Treatment; 9-3, Risk Assessment; 9-5, Assessment; 9-6, Performance Planning; and 10-25 address this standard. Interviews with the Health Service Administrator and Assistant Clinical Director confirmed on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. The staff interviews supported follow-up and on-going services. All treatment services will be provided at no cost to the victim.

Policy 10-25; staff interviews; and observations revealed medical and mental health services are consistent with the community level of care. The Policies and interviews support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse in any facility. Policy 10-25 provides for a mental health practitioner to conduct a mental health evaluation within 60 days on a resident who discloses resident-on-resident abuse. Residents receive a comprehensive mental health evaluation within 21 days of admission, according to the Assistant Clinical Director.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Policy 10-25 and FDJJ 1919 provide for an incident review to be conducted within 30 days of the completion of an investigation in accordance with the standard. The Policies outline the requirements of the standard for the areas to be assessed by the incident review team. The Policies also identify the positions that comprise the team.

The Facility Administrator and the Assistant Facility Administrator are knowledgeable of the purpose of the incident review process. A format by FDJJ has been developed for documenting the incident review team meeting, including allowing for the assessment of the circumstances surrounding the incident.

An incident review was conducted regarding the closed case with the findings of Unfounded/Not Substantiated. Several allegations were made and considered in the one investigation which resulted in the findings. The make-up of the incident review team was within the parameters of the standard. Documentation indicates the meeting was also conducted within the parameters of the standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ 1919 and a review of reports confirm FDJJ collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for FDJJ facilities and contractors capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).

Florida DJJ maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by FDJJ and FDJJ aggregates the sexual abuse data which culminates into an annual report. The Facility Administrator collects data for compiling internal reports which are forwarded to the facility's parent agency. The FDJJ provides DOJ with data as requested.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ 1919 provides guidance regarding this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; developing and implementing corrective actions as needed; and preparing an annual report based on the collected data. The Policy also states that an annual report will be prepared that will provide an assessment of the agency's progress in addressing sexual misconduct.

The annual report is approved as required. The report reflects that that the agency has compared the results of annual reports and used them to continuously improve policies; procedures; practices; and training on a statewide basis. The annual report has been reviewed and the report is accessible to the public through the FDJJ website. There are no personal identifiers on the annual reports.

Observations, interviews, and review of documentation indicate the continuous improvement by the FDJJ and the facilities in the application of the PREA standards and achieving compliance with the standards.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FDJJ 1919 provide all data collected will be securely stored and maintained for at least 10 years after the initial collection date, unless statutes require otherwise. According to the policy, the aggregated sexual abuse data from all facilities will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report on the website verified the Policy is adhered to, including no personal identifiers included in the report.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The FDJJ ensured the completion of PREA audits for each facility as required for the initial three-year period, including this facility. The agency has embarked on fulfilling the auditing requirements for this second three-year period. The facilities have provided the auditors with the required documentation which the auditors have maintained as required by the standards and the auditing process.

A comprehensive tour of the facility was provided to the auditor during the site visit and additional documentation was reviewed by the auditor during the site visit. The facility staff members; parent agency’s PREA Coordinator; and FDJJ PREA Coordinator were cooperative in providing additional documentation as requested. The Facility Administrator provided appropriate work space which included conditions for conducting interviews in private with the residents and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This facility was previously audited in 2014 and the auditor confirmed the audit report was posted on the agency's website as is the practice with FDJJ. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit.

The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and residents; and observations.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner

February 24 , 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.