

PREA AUDIT: Auditor's Summary Report

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

Name of Facility: Hillsborough Girls Academy			
Physical Address: 9506 E. Columbus Drive, Tampa, Florida 33619			
Date report submitted: December 23, 2014			
Auditor information: Flora Boyd			
Address: 5 Rosemount Court, Blythewood, South Carolina 29016			
Email: fbb4577@aol.com			
Telephone number: 803-312-5199			
Date of facility visit: July 18, 2014			
Facility Information			
Facility Mailing Address: (if different from above) Same as Above			
Telephone Number: 813-630-2900			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Shaurice Darling		Title:	Facility Administrator
Email Address: shaurice.darling@g4s.com		Telephone Number:	813-630-2900
Agency Information			
Name of Agency: G4S Youth Services, LLC			
Governing Authority or Parent Agency: (if applicable)			
G4S Youth Services, LLC			
Physical Address: 6302 Benjamin Road, Suite 400, Tampa, Florida 33634			
Mailing Address: (if different from above) Same as Above			
Telephone Number: 813-514-6275			
Agency Chief Executive Officer			
Name: James C. Hill, Jr.		Title:	President
Email Address: jim.hill@us.g4s.com		Telephone Number:	813-514-6275 ext. 202
Agency Wide PREA Coordinator:			
Name: Bobbi Pohlman-Rogers		Title:	JJDA/PREA Director
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AUDIT FINDINGS

NARRATIVE:

The Hillsborough Girls Academy (HGA) is located in Tampa, Florida and operated by G4S Youth Services, LLC, under contract with the Florida Department of Juvenile Justice (FDJJ). HGA is an 18-bed, high and maximum risk program that serves high-risk female juvenile offenders, ages 13-18 and maximum-risk female juvenile offenders, ages 14-21. The program utilizes gender specific, cognitive-behavioral treatment and evidence-based programming. The average length of stay for high-risk youth is between 9-12 months, while maximum-risk youth will stay between 18-36 months.

The facility has a total of 27 full-time positions, including a Facility Administrator, an Assistant Facility Administrator, two mental health counselors, one case manager, one nurse, four supervisors and ten direct care staff. HGA operates under the company's "Girls 4 Success" model which identifies signature strengths such as volunteer and family-focused services along with therapeutic support, health and wellness, academic, and life skills services. Education is provided by the Hillsborough County School District. HGA is accredited by the Commission on Accreditation of Rehabilitation Facilities.

HGA provides Mental Health Overlay Services, individual, family and group treatment that includes anger management, coping skills, depression management, ego development, self-concept, family issues, impulse control, life and social skills, female issues, substance abuse and addiction, trauma, and domestic violence.

DESCRIPTION OF FACILITY CHARACTERISTICS:

HGA consists of a single building with an administrative area, a multi-purpose area, and educational classrooms, a kitchen and two separate housing units. One housing unit has 12 single rooms and the other has 13 single rooms. Shower and toilet stalls have curtains to help ensure residents' privacy. The facility has a video monitoring system 24 hours with 18 cameras.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas. The Pre-Audit Questionnaire, policies and supporting documentation were received on June 17, 2014. The Pre-Audit Questionnaire, policies and some documents were uploaded to a UBS flash drive. The review revealed the documents were provided for each standard in a manner that was easy to navigate. I provided the PREA Compliance Manager a listing of noted concerns and additional documents needed and she took steps to ensure that available documentation was provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies are summarized in this report under the related standard.

The on-site audit was conducted July 16, 2014. After meeting with one of the Facility Administrator, residents lead me on a complete tour of the facility. During the tour, youth were observed to be under constant supervision of staff while involved in school and other activities. The housing dorms were clean and orderly. Observation of housing units revealed bathroom shower and toilet stalls have curtains for residents' privacy.

During the on-site visit, 10 staff including direct care staff from all three shifts were interviewed. Overall, the interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Five of the facility's 10 residents were also interviewed. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment. Policies and secondary documentation were presented in a well-organized fashion in a binder which contained a section for each standard.

A corrective action plan was developed, with input from the FDJJ PREA Coordinator, and provided to the facility's Compliance Manager on July 21, 2014, to specify the minimum remedial steps to be taken to comply with PREA standards. The FDJJ PREA Coordinator provided documentation of corrective action that was taken by FDJJ to comply with the standards as indicated in the auditor's comment section under the related standard. Remaining non-compliance issues were addressed within the 180-day corrective action period as indicated in the auditor's comment section throughout this report.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **2**

Standard 115.311-Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

Auditor Comments:

HGA PREA Facility Operating Procedure (FOP) 10-25 mandates a zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The policy also provides strategies and responses for reducing and preventing sexual abuse and harassment.

HGA is a residential juvenile treatment facility operated by G4S Youth Services. G4S employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. The PREA Coordinator interview revealed she has sufficient time and authority to develop, implement and oversee the agency's efforts to comply with PREA standards in all G4S operated facilities. The Facility Administrator serves as the PREA Compliance Manager and indicated during an interview that she has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties.

Standard 115.312- Contracting with Other Entities for the Confinement of Residents

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

Auditor Comments:

G4S does not contract with other entities for the confinement of residents.

Standard 115.313- Supervision and Monitoring

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

Auditor Comments:

HGA PREA FOP 10-25 requires the facility to develop, implement and document an approved staffing plan. Although the staffing plan was not provided during my initial review, it was provided during the on-site visit. The staffing plan mandates a 1:6 staff to resident ratio during waking hours or a 1:12 staff to resident ratio during sleeping hours. The staffing plan is based upon the agency's contractual agreement with FDJJ and an operating capacity of 18 residents. The policy requires the facility to document deviations from the staffing plan on the Shift Report or in the logbook however there have been no deviations from the plan.

Documentation of the annual review of the staffing plan dated June 4, 2014 was reviewed and found to be in compliance with all elements contained in (d)-1 of this standard.

HGA utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. Documentation of log entries were provided as evidence that unannounced rounds are conducted by intermediate and upper level staff on all shifts throughout the facility.

Standard 115.315- Limits to Cross-Gender Viewing and Searches

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

Auditor Comments:

HGA PREA FOP 10-25 prohibits cross-gender strip searches, or pat down searches of youth, except in exigent circumstances. Policy 10-3, states that strip searches must be conducted in a private room with two staff members of the same sex as the resident. The policy further states that body cavity searches must be approved by the Facility Administrator or the Operations Administrator only when it is strongly suspected that a youth has concealed contraband in a body cavity. All body cavity searches must be conducted by trained medical personnel in an emergency room setting. Program staff are not authorized to conduct body cavity searches of residents. During the past 12 months, there were no cross-gender strip or body cavity searches and no cross-gender pat-down searches.

HGA PREA FOP 10-25 states the facility must ensure residents are allowed to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies.

HGA PREA FOP 10-25 requires opposite sex staff, volunteers and contractors entering housing units to announce themselves. Resident interviews verified this is done on a consistent bases.

HGA Policy 8-14 prohibits the search of transgender or intersex residents for the sole purpose of determining the resident's genital status. Staff interviews verified compliance.

Standard 115.316- Residents with Disabilities and Residents Who are Limited English Proficient

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

Auditor Comments:

HGA PREA FOP 10-25 requires the Compliance Manager to ensure that residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. This policy also states the facility prohibits the use of resident interpreter, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardies a resident's safety. Resident and staff interviews verified the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months however there is no documentation of how services would be provided, if needed. During the corrective action period, Policy 9-2 Classification and Orientation, was revised to include how PREA education for residents with disabilities will be provided in a format they can understand.

HGA PREA FOP 10-25 requires staff to provide PREA education in a format assessable to all residents including those who may be limited English proficient, deaf, visually impaired or otherwise with a disability, as well as to residents who have limited reading skills. Samples of education material was provided.

Standard 115.317- Hiring and Promotion Decisions

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

Auditor Comments:

HGA PREA FOP 10-25 and G4S Policy 3-16 requires criminal background screening for new hires however the policies do not specifically require consulting with the child abuse registry before hiring or enlisting services of any contractor who has contact with residents. The FDJJ PREA Coordinator provided documentation that Florida State law does not allow FDJJ to contact the abuse registry for the purpose of screening applicants.

Documentation of criminal background checks and that questions regarding past conduct were asked and responded to during the interview process was reviewed and found to be in compliance with the standard. G4S Policy 3-16 requires criminal background checks to be conducted every five years. Applicants are required to sign acknowledging material omission regarding misconduct, or false information is grounds for termination.

Standard 115.318- Upgrades to Facilities and Technology

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

Auditor Comments:

HGA's housing and common areas are monitored 24 hours a day with 18 cameras. The recent annual staffing plan assessment indicated several cameras needed to be repaired however staff coverage allows for direct supervision in those areas.

Standard 115.321- Evidence Protocol and Forensic Medical Examinations

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

Auditor Comments:

HGA PREA FOP 10-25 requires staff to report allegations of sexual abuse to local law enforcement, the Florida Central Abuse Hotline and FDJJ's Central Communication Center (CCC). HGA does not have a Memorandum of Understanding (MOU) or documented attempts to obtain a MOU with local law enforcement. During the corrective action period, the Facility Administrator sent a letter to the Hillsborough County Sheriff's Department along with the DJJ PREA Compliance Form advising investigating agencies to follow the DJJ Inspector General Directive 3-05 (uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecution) when investigating sexual abuse allegations at the facility.

An unsigned agreement between G4S and the Crisis Center of Tampa Bay for victims' advocacy services and forensic examinations for five of its facilities in Pasco County was provided for my review. The agreement did not address the requirement for SANE or SAFE medical examiners to conduct forensic examinations nor was there any other documentation of attempts to obtain this agreement. HGA PREA FOP does not address forensic exams are offered without costs to the victim. During the corrective action period a signed MOU with the Crisis Center of Tampa Bay for victim's advocacy services was provided and Policy 7-30 was revised to state that forensic exams are offered at no cost to the victim. Documentation was also viewed verifying that forensic exams will be conducted by a SANE certified medical examiner.

Standard 115.322- Policies to Ensure Referrals of Allegations for Investigations

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

Auditor Comments:

HGA PREA FOP requires the immediate referral of all sexual abuse allegations to local law enforcement, the Florida Abuse Hotline and CCC. In the past 12 months, HGA had one allegation of sexual abuse which was promptly reported as required by policy. The facility did not receive any allegations that occurred at another facility. Interviews with the Facility Administrator and other staff verified their knowledge of the policy's requirements.

FDJJ's website includes a PREA section which includes investigative responsibilities for conducting investigations of allegations of sexual abuse in facilities.

Standard 115.331- Employees Training

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

Auditor Comments:

G4S Policy Chapter 5, the training curriculum, staff training records and staff interviews indicates staff receive PREA training during initial training and annually during refresher training. The training curriculum provided was consistent with the elements of the standard except for numbers 6 and 11 and it was not specifically tailored to the unique needs of staff working with a female resident population in a juvenile confinement/treatment setting. During the corrective action period, documentation was provided of staff training which included the common reactions of sexual abuse and harassment of juvenile victims and relevant laws regarding the applicable age of consent.

All employees and contractors are trained as new hires regardless of their previous experience. Employees training records were reviewed and staff interviews verified staff comprehension of their responsibilities relating to PREA standards.

Standard 115.332- Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor Comments:

G4S Policy 3-48 states that prospective volunteers and interns are directed by Human Resources to JFJ Ministries to coordinate the application process and orientation training. A review of volunteer records revealed completed criminal background screenings and training records indicating topics covered during orientation. Training documents are signed by the volunteer/intern and the trainer. An interview with a volunteer revealed he is knowledgeable concerning his responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

Contractors who have contact with residents are required to have the same training as employees.

Standard 115.333- Resident Education

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

Auditor Comments:

HGA PREA FOP 10-25 requires that during intake residents are provided with information on the facility's zero tolerance policy regarding sexual misconduct and how to report sexual abuse and sexual harassment. The policy also requires that within 10 days of intake, all residents will be provided with additional comprehensive training regarding their rights to be free from sexual misconduct; their right to be free from retaliation for reporting; and the agency's sexual misconduct response policies and procedures.

Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter.

There was no documentation of education in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to residents who have limited reading skills. During the corrective action period, Policy 9-2 Classification and Orientation, was revised to include how PREA education for residents with disabilities will be provided in a format they can understand.

Resident interviews revealed they have limited to no knowledge of the victims' advocacy service; however, during the corrective action period documentation of residents' education was provided. Residents were provided information about the services offered by Crisis Center of Tampa and how to access the services.

Standard 115.334- Specialized Training: Investigation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Apply

Auditor comments:

Local law enforcement and the Florida Department of Children and Families conduct criminal investigations into allegations of sexual abuse. HGA does not conduct any investigations.

Standard 115.335- Specialized Training: Medical and Mental Health Care

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

Auditor Comments:

Certificates of Completion documented that the nurse successfully completed the National Institute of Corrections on-line course titled, PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The facility's PREA FOP 10-25 references G4S Policy Chapter 5 and FDJJ Policy 1919 which requires specialized training for medical and mental health staff.

Staff interviews verified that medical staff does not conduct forensic examinations.

Standard 115.341- Obtaining information from Residents

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

Auditor Comments:

HGA PREA FOP requires staff to complete the FDJJ's Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form. Documentation and resident interviews revealed that risk screenings are being conducted. Completed VSAB forms are maintained in residents' treatment files. The screening for vulnerability to sexual victimization and sexual aggressive behavior instrument met the 11 minimum required elements outlined in section (c) of the standard.

Standard 115.342- Placement of Residents in housing, bed, program, education and work Assignments.

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

Auditor Comments:

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

HGA Policy 8-14 precludes lesbian, gay, bi-sexual, transgender and intersex residents from being placed in a particular housing area and states that LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his/her safety will be given serious consideration. Staff interviews also verified compliance with this standard.

Standard 115. 351- Resident Reporting

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

Auditor Comments:

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

HGA provides instruction and multiple ways for residents to report sexual abuse and harassment including telling a staff member, writing a grievance, asking to speak with the Facility Administrator, calling the Florida Abuse Hotline, the Florida Council against Sexual Violence Rape Crisis Hotline, or the Crisis Center of Tampa Bay Florida Referral Line. The abuse hotline number is included in the resident handbook. Interviews with staff verified that they would accept and document reports made verbally, in writing, anonymously, and from third parties.

The facility does not provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of abuse and harassment to agency officials allowing the resident to remain anonymous upon request. Residents must ask to use the phone which will not allow them to remain anonymous and may not provide them with unimpeded access.

During the corrective action period, FOP 8-3 was revised to require staff to allow residents to use a telephone to call the hotline upon request, without having to obtain staff permission and that mandates staff not to question residents about the reason for the call, staff are to dial the hotline number and hand the phone to the youth and remain at a distance that allows the youth to privately report; and documentation was provided of staff training and resident education on the implementation of these procedures and documentation of staff and resident training on the implementation of the procedures was provided.

Standard 115. 352- Exhaustion of Administrative Remedies

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

Auditor Comments:

HGA Policy 8-4 states there is no time limit for a resident to file a grievance; and any grievance received that alleges a resident is substantially at risk for imminent sexual abuse shall be immediately directed to the Facility Administrator, who shall provide immediate response to the grievance.

During the past 12 months no sexual abuse grievance was filed. Interviews with residents validated their knowledge of how to file a grievance for sexual abuse or harassment.

Standard 115. 353- Resident Access to Outside Support Services and Legal Representation

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

Auditor Comments:

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

An unsigned agreement with Crisis Center of Tampa Bay was provided however there is no documentation of attempts to obtain the services required in this standard. During the corrective action period, a signed MOU with Crisis Center of Tampa Bay was provided along with documentation that residents were provided information about the services and how to access the services.

Attorneys and other legal representatives are provided with reasonable and private access upon request. Residents may call their parents/legal guardians and receive visits from them on the weekends.

Standard 115. 354- Third Party Reporting

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

Auditor Comments:

FDJJ's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.

Standard 115. 361- Staff and Agency Reporting Duties

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

Auditor Comments:

All HGA staff are mandated reporters and are required by PREA FOP 10-25 to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also helped to verify the facility's compliance with this standard.

An interview with the nurse confirmed her responsibility to inform residents 18 years old of her duty to report and limitations of confidentiality.

Standard 115. 362- Agency Protection Duties

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

Auditor Comments:

HGA PREA FOP10-25 requires staff to take immediate action to protect a resident when he is identified as being subject to substantial risk of imminent sexual abuse. There were no residents identified as being at risk for sexual abuse in the past 12 months, as revealed in interviews with the Facility Administrator and random staff.

Standard 115. 363- Reporting to other Confinement Facilities

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

Auditor Comments:

FDJJ Policy requires the Facility Administrator to notify the head of another facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility however this requirement is not addressed in HGA PREA FOP 10-25 or in the Abuse Neglect Policy 8-3. During the corrective action period, the PREA FOP was revised to be in compliance with this standard.

During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by HGA from other facilities.

Standard 115. 364- Staff First Responder Duties

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

Auditor Comments:

HGA PREA FOP 10-25 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

There were three allegations of sexual abuse during the past 12 months. A review of the incident reports and follow-up documentation indicated the policy was followed in compliance with this standard. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

Standard 115. 365- Coordinated Response

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

Auditor Comments:

HGA PREA FOP 10-25 describes specific actions to be taken by staff in response to an incident of sexual abuse however a written plan to coordinate actions among staff first responders, medical, and facility leadership was not available. During the corrective action period, the facility’s coordinated staff response plan was provided.

Interviews with the Facility Administrator and other staff revealed that they are knowledgeable of their duties in response to an allegation of sexual abuse.

Standard 115. 366- Preservation of Ability to Protect Residents from Contact with Abusers

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

Auditor Comments:

G4S is not a collective bargaining agency therefore this standard is not applicable.

Standard 115. 367- Agency Protection against Retaliation

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

Auditor Comments:

HGA PREA FOP 10-25 requires the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Facility Administrator is responsible for monitoring retaliation. There were no incidents of retaliation in the past 12 months.

Standard 115. 368- Post-Allegation Protective Custody

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

Auditor Comments:

HGA would only restrict a resident to her single room as a last measure to keep a resident who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged.

Standard 115. 371- Criminal and Administrative Agency Investigations

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

Auditor Comments:

HGA PREA FOP10-25 states that FDJJ does not conduct criminal investigations of residents' allegations of sexual abuse. Local law enforcement and the Florida Department of Children and Families handle criminal investigations. FDJJ's Office of Inspector General (OIG) reviews allegations to identify any misconduct by staff related to FDJJ regulatory guidance.

There were three investigations of alleged resident sexual abuse at HGA during past 12 months. Each allegation was reported and investigated however none were founded.

Standard 115. 372- Evidentiary Standards for Investigations

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

Auditor Comments:

HGA does not conduct administrative investigations. All allegations of abuse are reported to CCC.

Standard 115. 373- Reporting to Residents

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

Auditor Comments:

HGA PREA FOP 10-25 states that at the conclusion of any law enforcement investigation where a sexual abuse incident has been reported, the victim or victim’s parents or legal guardians should be notified that the investigation is concluded, either by the investigating law enforcement agency or through a victim service agency officer or representative. At the conclusion of the OIG administrative investigation, the victim’s parents or legal guardians will be notified by receipt of a final administrative investigative report”.

During the corrective action period, the PREA FOP was revised to require that notifications to victims be documented.

Standard 115. 376- Disciplinary for Staff

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

Auditor Comments:

HGA PREA FOP 10-25 mandates staff disciplinary sanctions up to and including termination for violating agency’s sexual abuse or sexual harassment policies. The policy also mandates the violation be reported to local law enforcement. No employees have been terminated in the past 12 months for violation of the facility’s sexual abuse or harassment policies.

Standard 115. 377- Corrective Action for Contractors and volunteers

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

Auditor Comments:

HGA PREA FOP 10-25 requires that volunteers and contracted personnel in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement. Documentation of the specific language that they be reported to relevant licensing bodies or that they be prohibited from contact with youth was not included. During the corrective action period, Policy 10-22 Volunteers was revised to comply with this standard.

There were no reports of any allegations of sexual abuse or harassment by contractors or volunteers in the past 12 months, therefore no reports to law enforcement or licensing bodies and no remedial measures were taken.

Standard 115. 378- Disciplinary sanctions for Residents

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

Auditor Comments:

As a treatment facility, HGA Policy 8-1 and the resident handbook outlines how the facility's behavior motivation program is designed to foster compliance with program rules and teach youth alternative pro-social methods dealing with problems utilizing rewards and a progressive discipline.

Standard 115. 381- Medical and Mental screening; History of Sexual Abuse

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

Auditor Comments:

HGA PREA FOP requires residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse to be referred for medical and mental health screening services within 24 hours of the screening. Staff interviews verified compliance with this standard and documentation demonstrating the immediate notification of the medical and mental health staff was provided.

Standard 115. 382- Access to Emergency Medical and Mental Health Services

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

Auditor Comments:

HGA PREA FOP 10-25 requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The resident victim would be transported to a local hospital for a forensic examination at no cost to the victim. Medical staff are required to document the response and timeliness of emergency medical treatment and follow-up. Documentation of emergency and follow-up treatment was provided for the one incident of sexual abuse that occurred during the past 12 months.

Standard 115. 383- Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

Auditor Comments:

HGA PREA FOP requires that a medical and mental health evaluation and treatment, as determined by medical/mental health staff, be offered to resident victims of sexual abuse.

Standard 115. 386- Sexual Abuse Incident Reviews

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

Auditor Comments:

HGA PREA FOP 10-25, mandates that the facility shall create a Review Team with specific staff consistent with those outlined in section (c) of the standard. The policy further mandates that the Review Team shall ordinarily conduct the incident review within 30 days of the conclusion of every sexual misconduct investigation or administrative review. The policy outlines the specifics of the Review Team's duties the same as those in section (d) of the standard; and directs that Review Team recommendation must be implemented or justification provided for not implementing the recommendations.

Standard 115. 387- Data Collection

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

Auditor Comments:

FDJJ has developed a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. HGA PREA FOP requires CCC to collect all data relating to PREA. A review of the annual report revealed it was completed according to this standard.

Standard 115. 388- Data Review for Corrective Action

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

Auditor Comments:

FDJJ’s annual report for fiscal year 2013-2014 indicates 32 PREA related allegations reported by detention centers and residential facilities throughout the agency. The FDJJ PREA Coordinator reviews data to improve the effectiveness of its prevention, protection and response policies, practices and training. The annual report is made available to the public on FDJJ’s website.

Standard 115. 389- Data Storage, Publication, and Destruction

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

Auditor comments:

HGA PREA FOP 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator ensures requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. The G4S Agency Head Designee interview verified that G4S maintains an incident report tracking system and G4S facilities provide data to FDJJ though CCC and FDJJ publishes the annual report on its website. FDJJ Policy 1919 established that aggregated sexual abuse data be reviewed annually and placed on the facility’s website after all personal identifiers are removed. All data collected is maintained for at least 10 years after the date of the initial collection.

AUDITOR CERTIFICATION:

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



Auditor’s Signature

Date: December 23, 2014