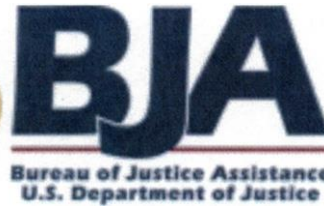


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Jacksonville Youth Academy

Physical Address: 4501 Lannie Road, Jacksonville, FL 32218

Date report submitted: April 25, 2015

Auditor information: Shirley L. Turner

Address: 3199 Kings Bay Circle, Decatur, GA 30034

Email: shirleyturner3199@comcast.net

Telephone number: 678-895-2829

Date of facility visit: March 31, 2015

Facility Information

Facility Mailing Address: 4501 Lannie Road, Jacksonville, FL 32218

Telephone Number: 904-374-1733

The Facility is: Military County Federal
 Private for profit Municipal State
 Private not for profit

Facility Type: Detention Corrections Other: Residential

Name of PREA Compliance Manager: Joseph Shuler **Title:** Facility Administrator

Email Address: Joseph Shuler@us.g4s.com **Telephone Number:** 904-374-1733

Agency Information

Name of Agency: G4S Youth Services, LLC

Governing Authority or Parent Agency: G4S plc

Physical Address: 6302 Benjamin Road, Suite 400, Tampa, FL 33634

Mailing Address: Same as Physical Address

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:** PREA Coordinator

Email Address: bobbi.pohlman@us.g4s.com **Telephone Number:** 954-818-5131

AUDIT FINDINGS

NARRATIVE:

The Jacksonville Youth Academy is operated by G4S Youth Services, LLC through a contract with the Florida Department of Juvenile Justice (FDJJ). The facility serves low-moderate risk male juvenile offenders that range from 13 to 18 years of age. Residents receive individual and group mental health and behavioral health treatment services. They participate in family therapy and in group sessions that focus on pro-social character building. The program also assists residents in the development of social and independent living skills. The length of stay in the facility is three to nine months.

The mental health staff includes the Clinical Director, two Therapists and a contract psychiatrist who visits the facility every other week. Also located in this unit are two Case Managers and a Transition Services Manager. Medical staff consists of a Health Services Administrator, two Registered Nurses and the contract physician who is on-site at the facility once a week. Education and vocational services are provided by the Duval County School District and the school program includes all course requirements for a standard high school diploma.

Residents may complete Court ordered sanctions during their stay in the Jacksonville Youth Academy. Some of these sanctions may include community service hours, apology letters/essays, or restitution. All Court ordered sanctions are incorporated in the resident's performance plan. A quarterly progress summary is provided by the facility to residents' parents or legal guardians and Court officers. The report provides a review of the residents' status in school, therapy, recreation activities, and general interactions with staff and peers. The concept of restorative justice is practiced in the facility through individual sessions and group meetings with the residents. The restorative justice activities focus on the residents taking responsibility for their actions.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The main building includes administrative offices, kitchen, dining room, conference room, and the housing unit. Contained in the housing unit are four single rooms; four rooms that house three residents each; and four rooms that house two residents each. Located outside of the main building is the maintenance building and three mobile units used for the school. The outside grounds also contain a covered pavilion and ample space for sports and other recreational activities. The designed facility capacity is 24 and the population during the on-site audit was 22 residents.

A behavior management system exists that provides incentives for residents to demonstrate positive behavior and encourages them to fulfill the program's expectations. Residents are rewarded points for positive behavior throughout each day. There are four levels of the behavior management system, including an orientation period. As the resident progresses to each level, the incentives increase along with increased responsibilities.

SUMMARY OF AUDIT FINDINGS:

An introductory conference call was held prior to the site visit and the audit process was discussed with the Facility Administrator/PREA Compliance Manager and other G4S staff and the FDJJ PREA Coordinator. The notifications of the on-site audit were posted in the facility prior to the site visit and pictures of the postings were forwarded to the Auditor. The Pre-Audit Questionnaire was uploaded to a flash drive with policies and supporting documentation and was received by the Auditor prior to the site visit. Follow-up communication was maintained with the Facility Administrator and additional information was provided and information was clarified as needed. Corrective actions were also implemented as needed.

The on-site audit was conducted March 31, 2015. Upon arrival to the facility, an interview was conducted with staff from the overnight shift, followed by a tour of the facility conducted by the Facility Administrator. During the tour, staff members were observed directly supervising and interacting with residents. Randomly selected staff, specialized staff, residents, and a contractor were interviewed. Staff members were interviewed from all shifts. During the on-site audit, additional documentation was provided as requested and in a timely manner. At the conclusion of the audit, a close-out meeting was held with the Facility Administrator, providing him with a summary of the findings.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25, Prison Rape Elimination Act (PREA), provides guidelines for implementing the agency/facility’s approach to complying with the requirements of the PREA standards and zero-tolerance of all forms of sexual abuse and sexual harassment. The Policy contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The facility’s PREA Policy is aligned with the over-arching Florida Department of Juvenile Justice PREA Policy (FDJJ 1919). The Facility Administrator has been identified as the PREA Compliance Manager.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Not Applicable

This standard is not applicable. The facility does not contract with other facilities for the confinement of residents.

Standard 115.313 Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 requires a periodic internal review of the staffing plan to ensure adequate levels of staffing. A review of documents showed that a Staffing Plan Assessment had been conducted by the PREA Coordinator based on the staffing requirements of the contract. The facility reports that there have not been any deviations from the staffing ratios. The facility uses staff holdovers, when needed, to maintain compliance with the required ratios. The Policy requires supervisory level staff to conduct unannounced rounds. Interviews and documentation confirm that the unannounced rounds are conducted by the appropriate staff.

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)

Policy 10-3 and staff and resident interviews revealed that cross-gender strip searches and cross-gender frisk searches are not conducted. Policy 10-3 addresses staff conducting searches of transgender and intersex residents. Facility policy and resident and staff interviews supported that residents are able to shower, perform bodily functions, and change clothing without being viewed by the opposite gender. Policy 10-25 states and staff interviews support that transgender or intersex residents shall not be searched or physically examined for the sole purpose of determining their genital status.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to Policy 10-25, residents may not be used as interpreters unless an extended delay in obtaining an interpreter could compromise the resident's safety, the performance of the first responder duties, or the investigation of the resident's allegation. The facility practice is to use bilingual staff members as interpreters and the assistance of education and mental health staff, as needed. Interviews with staff and residents confirmed that staff members are used as interpreters and for other assistance to ensure residents' understanding of the information provided. The PREA pamphlets are provided in other dominant languages of the facility population. There are lists of interpreters, including one for internal interpreter services and the other list of external interpreters.

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)

Policy 3-16, Employee Recruitment and Selection, and FDJJ Policy address this standard. The Policies prohibit hiring, promoting or contracting with anyone who has been convicted of

engaging in any activity prohibited by the standard and provides directions regarding background checks and screenings. Interviews with staff and a review of a sample of documentation revealed that background checks are conducted.

Standard 115.318 Upgrades to Facilities and Technology

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

This standard is not applicable since there has not been substantial expansion or modification to the facility nor has the monitoring system been installed or updated since August 20, 2012.

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)

Policy 10-25 provides that the facility is not responsible for conducting administrative or criminal investigations. According to the Policy and FDJJ 1919, the FDJJ 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 has written information, provided by FDJJ, to share with investigators from the Jacksonville Sheriff's Office, as needed.

Documentation has been reviewed that shows the on-going collaboration, including a draft MOU, for advocacy services with a victim advocacy agency. Forensic exams will be provided at no cost to the victim by a qualified medical practitioner through the local hospital, University of Florida Shands Jacksonville.

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)

Policy 10-25 and FDJJ 1919 identify who is responsible for conducting the criminal and

administrative investigations and instructs staff to cooperate with investigations. Related policies are published on the DJJ website. The facility has not been opened a full year and during the past months of operation, there have been no allegations of sexual abuse or sexual harassment reported.

Standard 115.331 Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 refers to G4S FOP Chapter 5 regarding staff training. The facility maintains documentation of the receipt of PREA training. The initial staff training occurred and staff has since been provided with refresher training. FDJJ has on-line training and in-house training is conducted regarding specific areas of the 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)

FDJJ 1919 and facility policy provide that volunteers and contractors be trained on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment. Interviews and a review of documentation support that training is received by volunteers and contractors.

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)

Policy 10-25 states that all residents are provided PREA information during the intake process. Staff and resident interviews and a review of documentation confirm that residents are provided PREA education. Staff members in the education and treatment units and direct care staff may assist with the PREA education for residents that are limited English proficient, visually impaired, otherwise disabled, or have limited reading skills. The document review included lists of internal and external interpreters and a Registry of

Certified Court Interpreters and other support services. The PREA information is posted within the facility and there are pamphlets that are accessible and available to all residents. Pamphlets are available in languages of youths that are admitted to the facility.

Standard 115.334 Specialized Training: Investigations

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

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

Standard 115.335 Specialized Training: Medical and Mental Health Care

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

FDJJ 1919 addresses staff training, including training for medical and mental health staffs. The medical and mental health staff members have received the training developed for those units. The medical staff will not conduct forensic medical examinations.

Standard 115.341 Screening for Risk of Victimization and Abusiveness

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

Policies 9-1 and FDJJ 1919 provides information regarding classification and risk screening. It is required that all residents are screened for risk of victimization and abusiveness within 24 hours of intake. The screening is conducted using the DJJ objective instrument, Screening for Vulnerability to Victimization and Sexuality Aggressive Behavior (VSAB). The VSAB is used to obtain the information outlined in the standard. Interviews and documentation confirm that screening instruments are used to assess risk and that the resident's risk is re-assessed periodically.

Standard 115.342 Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies 8-14, 9-1 and FDJJ 1919 address this standard. The Policies reference the information from the VSAB and outlines how it is used to help determine housing and program assignments with the goal of keeping all residents safe. Policy prohibits placing gay, bisexual, transgender or intersex residents in specific housing or other assignments solely based on how they self-identify or their status. There was no indication of any resident held in isolation or segregated housing because they were at risk for sexual victimization.

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)

Policies 8-3, 10-25 and FDJJ 1919 address this standard. Resident and staff interviews support that a process is in place that provide for residents to report allegations through the abuse hotline. There are also additional internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation(s) that lead to abuse. A resident may file a grievance; complete a form requesting to speak to specific staff; talk to any staff member; and third parties may report allegations.

Standard 115.352 Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 8-4 provides the details of how an emergency grievance should be handled. When an emergency grievance is received alleging sexual abuse, it is reported according to the procedures for reporting allegations of sexual abuse and sexual harassment. The completed grievance forms are to be placed in a locked box and are collected by the designated staff. Policy 8-4 also allows for the receipt of reports from third parties and that third parties may assist residents in filing grievances. Policy 10-25 provides staff with the required information for reporting sexual abuse and sexual harassment of residents.

Standard 115.353 Resident Access to Outside Confidential Support Services

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

Policy 10-25 addresses this standard. There is documentation of collaboration between the Facility Administrator and a representative from a local victim advocacy agency, including a draft MOU. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to their parents or legal guardians.

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)

Policies 8-3 and 10-25 address third-party reporting. Information is provided through posters that are located in areas of the facility, visible to the public. The FDJJ website contains information for third-party reporting regarding juvenile facilities.

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)

Policies 8-3, 10-25 and FDJJ 1919 support the requirement that all staff report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment or incidents of retaliation. Staff interviews revealed that they are aware of the requirement regarding their reporting duties and understand that they are mandated reporters.

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)

Policy 10-25 instructs staff to take immediate action to keep residents safe when they learn that there is substantial risk of imminent threat of sexual abuse. Interviews with staff confirmed their knowledge of this policy and they were able to verbalize measures they would take to protect residents who are at substantial risk of imminent sexual abuse.

Standard 115.363 Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 19-25 and FDJJ 1919 address this standard and identifies the contacts to be made and the process. It was reported that, during the past months of operation, the facility has not received any reports from a resident about an incident of abuse occurring while they were confined in another facility.

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)

Policy 10-25 provides the requirements for the first responder. Interviews with staff revealed their awareness of their responsibilities in responding to allegations of sexual abuse. During the facility's months of operation, there has not been an incident that involved first responder duties of secure or non-secure staff.

Standard 115.365 Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies 7-30 and 10-25 address this standard. The facility has an institutional plan, Sexual Abuse Incident Coordinated Response Plan, which outlines the coordinated actions of the various identified staff and is aligned with FDJJ 1919.

Standard 115.366 Preservation of Ability to Protect Residents From Contact With Abusers.

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

This standard is not applicable. The Jacksonville Youth Academy does not maintain any collective bargaining agreements.

Standard 115.367 Agency Protection Against Retaliation

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

Policy 10-25 and FDJJ 1919 address the facility’s efforts to provide protection to residents and staff from retaliation. The retaliation monitor has been identified and charged with the responsibility of observing for whether or not retaliation occurs after a resident or staff reports allegations of sexual abuse or cooperates with an investigation. The Policies direct staff to report any neglect or violations of responsibilities by other staff members which may have contributed to an incident of sexual abuse or retaliation. There have been no reports of allegations of sexual abuse at this facility during its months of operation.

Standard 115.368 Post Allegation Protective Custody

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

This standard is not applicable. Segregated housing is not used at Jacksonville Youth Academy to house residents who allege sexual abuse.

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)

Policy 10-25 and FDJJ 1919 address this standard. According to Policy 10-25, administrative investigations are conducted by the OIG and criminal investigations are conducted by local law enforcement. 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.

Standard 115.372 Evidentiary Standards for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 provides that the OIG, responsible for administrative investigations, imposes a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Standard 115.373 Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 and FDJJ 1919 allows for the victim to be informed that the investigation has been concluded. At the conclusion of an investigation, the victim or the victim's parents or legal guardian will be notified when the investigation has been completed.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 3-3, Employee Standards of Conduct and Performance, addresses disciplinary sanctions, up to and including termination for those staff that violate the facility's sexual abuse and sexual harassment zero-tolerance policy. Policy 3-5 and the Employee Handbook support this standard.

Standard 115.377 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. It also provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement agencies and to relevant licensing bodies.

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)

Policy 8-1, supported by the Resident Handbook, outlines the administrative process and the measures to be taken regarding major rule violations. A resident may also be referred to law enforcement for charges and possible removal from the facility. There are no reports of resident-on-resident sexual abuse during the months of operation.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 requires a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual victimization. Policy states that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. Medical and mental health staff members maintain documentation of the services they provide to the residents.

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)

DJJ 1919 provides for access to emergency services. Staff interviews and review of records revealed that documentation regarding crisis intervention services will be maintained by medical and mental health staff. Staff interviews also revealed that the documentation would include the timelines of services and the other requirements of the standard.

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)

This standard is addressed in Policy 10-25. Interviews with medical and mental health staff confirmed their awareness of the policy and how the policy would be implemented. Staff and resident interviews and document review revealed the medical and mental health services are consistent with the community level of care and that appropriate ongoing medical and mental health services can be provided at the facility.

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)

Policy 10-25 and FDJJ 1919 provide for and identify an incident review team to review all incidents within 30 days of the conclusion of an investigation. The Policies outline the requirements of the standard for discussion and review by the team. A team member was interviewed.

Standard 115.387 Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919, review of documentation and interviews with staff confirmed that FDJJ collects incident-based, uniform and aggregated data regarding allegations of sexual abuse at facilities under its direct control using a standardized instrument. The agency provides DOJ with data as requested.

Standard 115.388 Data Review for Corrective Action

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

FDJJ 1919 addresses this standard on a statewide basis. The collected and aggregated data will be reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives. 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.

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)

FDJJ 1919 provide that all data collected will be maintained for at least 10 years after the initial collection date. According to the Policy, the report will be approved and posted on the agency’s website, accessible to the public, as required by the standard.

AUDITOR CERTIFICATION:

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

Shirley L. Turner

Auditor Signature

April 25, 2015

Date