

PREA AUDIT: Auditor's Summary Report

JUVENILE FACILITIES



Name of Facility: LES PETERS YOUTH ACADEMY			
Physical Address: 3930 WEST DRIVE MARTIN LUTHER KING JR. BOULEVARD, TAMPA, FLORIDA 33614			
Date report submitted			
Auditor information: Mr. Tracy S. Maxwell			
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Telephone number: 904-349-0045			
Date of facility visit June 9-10			
Facility Information			
Facility Mailing Address: (if different from above)			
Telephone Number: 813-871-7655			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Freddie Anderson Jr.		Title:	
Email Address: FreddieAnderson@usG4.com		Telephone Number:	813-871-7655
Agency Information			
Name of Agency: G4S YOUTH SERVICES, LLC			
Governing Authority or Parent Agency: (if applicable)			
Physical Address: 6302 Benjamin Road, Suite 400, Tampa Florida 33634			
Mailing Address: (if different from above)			
Telephone Number:			
Agency Chief Executive Officer			
Name: Jim Hill		Title: President	
Email Address: Jim.Hill@us.G4s.com		Telephone Number: 813-514-6275 ext. 202	
Agency Wide PREA Coordinator:			
Name: Bobbi.Pohlman-Rodgers		Title: PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE:

The Les Peters Academy is a 24-bed residential program for moderate-risk boys, ages 14 to 18, who are in need of comprehensive mental health services. The program is designed as a transitional and vocational preparation program that operates as a step-down facility for youth transitioned from the Tampa Residential Facility.

The Les Peters Academy is equipped to continue the comprehensive mental health treatment services initiated at the Tampa Residential Facility. The anticipated average length of stay is 9 to 12 months from the time the youth is admitted to the Tampa Residential Facility until release from the Les Peters Academy.

The Les Peters Academy (school number 295048) is a Type 3 program offering English, Math, Science, Social Studies, and one elective course. The elective course is typically used to provide additional reading assistance to needy students or vocational training.

The Hillsborough County Public School System provides general academic instruction for the youth at the Les Peters Academy. Vocational programming also is offered and includes pre-vocational services that identify a youth's interests, aptitudes and skills. Vocational programs include an auto body course and wood shop classes. The youth also are offered a CPR and First Aid certification class and are eligible to participate in a Food Handler Certificate program. The program offers GED preparation.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Les Peters Academy is a 24-bed residential program for moderate-risk boys. The facility is equipped with surveillance cameras throughout the facility and the outdoor recreational areas to ensure the safety and security of staff and youth. The facility is primarily comprised of eight(8) buildings. The main building houses all of the residents and has a multi-purpose room for resident leisure recreation and activities. This room also serves as the cafeteria dining area. The additional buildings include education and counseling portable classrooms, Maintenance/Instructional Vocational portable building and Auto body Instructional Vocational Building. The resident sleeping areas are comprised of single and two-person rooms without doors. The residents' toilets and showers are located within the residents sleeping area and monitored by constant and direct supervision of male staff.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on April 28, 2014, 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 Coordinators. 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 April 28, 2014. The documents were uploaded to a UBS flash drive.

The on-site audit was conducted June 9-10, 2014. An in-brief was conducted with the Facility Administrator and Assistant Facility Administrator. At the conclusion of the in-brief a complete tour of the facility was conducted including the resident sleeping, showering areas and areas where residents primarily spend their time.

My initial assessment of the facility was the youth were under direct supervision of the staff while engaged in various activities. The sanitation was acceptable throughout the facility. Staff acknowledge where the blind spots were located in the facility but noted that residents are never left without supervision. The surveillance system does not capture youth in showers or in their rooms.

During the two-day on-site visit, 13 staff including those from all three shifts were interviewed. All interviews validated staff knowledge of PREA standards and their responsibilities as first responders. Eleven residents were also interviewed. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides.

The victims' advocacy Memorandum of Understanding (MOU) service was established; however, the contract had now been sign during the audit.

Secondary documentation to include two PREA related complaints and one report to law enforcement concerning an incident which allegedly took place at another facility were thoroughly reviewed.

Number of standards exceeded: **0**

Number of standards met: **38**

Number of standards not met: **0**

Number of standards Not Applicable: **3**

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:

The initial review of G4S Les Peters facility policy (10-25 page #3) met the intent of the PREA Standard. The policy sufficiently met the zero-tolerance standard prohibiting all forms of sexual abuse and harassment. My interview with the Facility Administrator who also serves as the PREA Compliance Manager was fully involved and inculcated a zero-tolerance environment towards all forms of sexual abuse and harassment with the facility. The policy outlined in the facility's approach to preventing, detecting and responding to sexual abuse and harassment, including definitions of prohibited behaviors and sanctions for prohibited behaviors.

The agency has one dedicated PREA Coordinator and one PREA Manager, who is also performing duties as the Facility Administrator. Interviews with the PREA Coordinator and PREA Manager/Facility Administrator both validated their responsibilities and both conveyed sufficient time to oversee the facility's PREA compliance efforts and to perform their 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 Meet Standard (requires corrective action)
- Non- Applicable Standard

Auditor comments:

G4S Les Peters Youth Academy is a stand-alone facility contracted and govern by The Florida Department of Juvenile Justice and does not contract for confinement of its 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:

In reviewing the facility's documentation and submitted staffing plan assessment, considerations were documented and validated for staffing ratios of 1.8 staff to resident during waking hours. It is important to note that this ratio was also maintained during the evening and midnight shifts. An assessment was conducted on the physical plant layout, blind-spots and unannounced upper-level supervisors' rounds. There were no documented occurrences of exigent needed for deviations from the facility staffing plan.

In review of the facility's PREA Policy 10-25 and the documentation submitted, The facility is validated compliant with the requirement to document intermediate-level or higher-level staff unannounced rounds to monitor, deter sexual harassment and sexual abuse.

Standard 115.314- Reserved

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:

G4S Les Peters Policy 10-25 prohibits cross-gender searches only in exigent circumstances and must document reasoning for the opposite gender search. The policy additionally prohibited staff from examining a transgender or intersex youth for the sole purpose of determining the resident's genital status. Body cavity searches require the Director's authorization and must be conducted by licensed medical personnel in a medical establishment. The Search Log indicated there were no cross-gender strip searches or body cavity searches of residents in the past 12 months. This standard was validated compliant during resident and staff interviews.

The policy limits pat-down searches to male staff absent exigent circumstances. This was validated during interviews with both residents and staff.

Policy requires female staff, volunteers and contractors entering the housing unit to announce themselves upon entering the areas where the likelihood of residents performing bodily functions occur and shower except in exigent circumstances or when viewing is incidental to routine room checks. There was no documented deviation from this policy.

Staff and Contractor training records along with staff interviews validated 100% compliance training on cross-gender pat searches, searches of transgender and intersex residents and Zero tolerance policy concerning sexual harassment and sexual abuse of Residents and Staff.

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:

G4S Les Peters Youth Academy has identified the Columbus Juvenile Residential and the Florida Department of Juvenile Justice to provide interpreter services, a hearing impaired specialist, a vision impaired specialist, an audiologist, an English as a second language specialist, equipment and technology for residents, as needed. G4S Les Peters Policy 10-25 requires the PREA Facility Compliance Manager to take steps to ensure 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 will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize residents' safety. Resident interviews validates compliance the facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months.

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:

G4S Les Peters Youth Academy Policy 3-16 specifically addresses all elements as required by this standard. A review of full-time employees and contractors files interviewed revealed that all eleven hired during the past 12 months had documented criminal background checks. Questions regarding past conduct were asked during the interview process. Additionally, signed acknowledgement forms concerning zero-tolerance of sexual harassment and sexual abuse were present in the files.

The policy also validated compliance based on the requirement to conduct background checks every five years.

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:

G4S Les Peters Youth Academy has not acquired any new facilities since August 20, 2012.

Additionally the facility has identified the need for the additional cameras and video monitoring system upgrades.

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:

G4S Les Peters Policy 10-25 requires the Facility Director contact local law enforcement and the Department of Children and Families who will conduct administrative investigations of abuse allegations; however, criminal investigations are conducted by the Hillsborough County Sheriff's Office. The Office of the Inspector General will also conduct an administrative investigation apart from any criminal investigation to identify staff misconduct.

G4S Les Peters Youth Academy has submitted a Memorandum of Understanding with the Crisis Center of Tampa Bay and is currently waiting for the agreement signing. Hillsborough County Sheriff's Office verbally acknowledged that a uniform evidence protocol would be followed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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:

G4S Les Peters Youth Academy Policy 10-25 requires referrals of sexual abuse allegations to be submitted to the Hillsborough County Sheriff's Office, Florida Department of Children and Families and the Office of the Inspector General. In the past 12 months, Les Peters Youth Academy had one allegation of sexual abuse, which occurred at the facility involving one resident making an allegation on another resident. The allegation was reported by the resident accuser to a staff member of the facility. Les Peters Youth Academy referred the allegations to Hillsborough County Sheriff's Office. Both residents; the alleged victim and the abuser were housed at Les Peters Youth Academy and documentation validates both were kept separated. The facility followed all protocols and documentation of the allegation and follow-up procedures were reviewed and found to be in compliance with this standard. The Florida Department of Juvenile Justice (FDJJ) Division of Youth Services' website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. FDJJ's website also includes its PREA policy which describes how investigative responsibilities are handled for allegations of sexual abuse.

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 Les Peters Academy Policy 10-25 and Florida Department of Juvenile Justice Policy 1919 documents training requirements for PREA. The training curriculums, documented staff training records and staff interviews validates compliance. The PREA training covered requirements for direct care, workers, medical personnel and contractors during initial training and annually refresher training. Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Employees sign training rosters and are required to score 70% on a final exam verifying comprehension of PREA training.

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 Les Peters Academy Policy 10-25 and The Florida Department of Juvenile Justice Policy 1919 require volunteers and contractors who have contact with residents to receive PREA training. This training is provided online. Employees sign training rosters and are required to score 70% on a final exam verifying comprehension of PREA training. Acknowledge completion Certificates were reviewed for volunteers and contractors. Interviews with volunteers and contractors revealed they are knowledgeable concerning their responsibilities relative to PREA and the agency's zero tolerance policy regarding sexual abuse and harassment.

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:

G4S Les Peters Policy 10-25 requires residents to receive information during intake within 24-hours regarding the facility's zero tolerance policy and how to report sexual abuse and harassment. Additionally The Florida Department of Juvenile Justice requires Residents participate in comprehensive training that is conducted within 10-days of arrival. Residents are provided a handout entitled "What You Should Know about Sexual Abuse/Assault/Harassment" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Intake staff or case management staff reviews the handout with the

residents and residents sign verifying receipt of the information. Documentation of residents' 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. Case management staff presents the PREA information in a manner that is accessible to all residents. During the facility tour PREA posters and reporting instructions were posted throughout the facility including. If needed, the facility has an agreement to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English deficient.

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 Meet Standard (requires corrective action)
- Non-Applicable Standard

Auditor comments:

There are no facility investigators. All criminal and administrative investigations are referred to outside agencies.

Standard 115.335- Specialized Training: Medical and Mental Health Care

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

Auditor comments:

The Florida Department of Juvenile Justice Policy# 1919 requires that all G4S Les Peters Youth Academy full-time, part-time medical and mental health care practitioners receive specialize training. The training documentation reviewed validated that all staff received this training from the National Institution of Corrections. While conducting interviews with the Health Services Administrator and two registered nurses, it was validated that medical staff do-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:

G4s Les Peters Policy 9-1 addresses the screening process for vulnerability to victimization and

sexual aggressive behavior by using the Florida Department of Juvenile Justice Form RC 8050-2. All facility residents are screened within twenty-four hours upon arrival at the facility. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. Residents who are identified or report as prior sexual victims are referred to the medical and mental health professionals within 14 days. The screening documentation instrument met the tenets 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:

G4S Les Peters Academy has single occupancy rooms for residents. Victimization screening information may be used to determine a resident's room assignment and its proximity to direct care staff in the housing unit to ensure resident's safety.

G4S Les Peters Policy 8-14, Policy 9-1 and Florida Department of Juvenile Justice Policy 1919 precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Isolation rooms are prohibited by the Florida Department of Juvenile Justice. Facility staff and residents interviews validated compliance.

Standard 115.343- Reserved

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:

G4S Les Peters Academy Policy 8.3 provides a plethora of ways for residents to report sexual abuse and harassment including; a pre-programmed telephone line to an outside agency; the facility provides the addresses in resident's handbooks and posters throughout the facility. Instructions for reporting are provided to all residents during the intake process. Instructions include the Victims Assistance Program so they or their family member can write to an outside agency; and they may report to any staff member or family member. The facility also has reporting mechanisms' in place for staff to privately report. Resident and staff interviews validated compliance with this standard.

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:

G4S Les Peters Policy 8-4 outlines procedures for the administrative resident's grievances regarding sexual abuse or sexual harassment. The elements of this policy address and comports with the intent of the standard. There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews validate their knowledge of how the grievance process is used to report 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:

G4S Les Peters Academy staff are mandated reporters and are required by G4S Les Peters Policy 10-25 and Florida Department of Juvenile Justice Policy 1919 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 and resident interviews validated the facility's compliance with this standard.

Interviews with the case management staff and health service professional validated their responsibility to inform residents 18 years old of their duty to report and limitations of confidentiality.

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:

G42 Les Peters Youth Academy through The Florida Department of Juvenile website informs the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of any facility resident. Also, parents receive information regarding-party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

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:

Under Florida Department of Juvenile Justice Policy 1919 and G4S Les Peters Policy all facility staff are mandated reporters. Staff is required 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 and health professional interviews validated their technical knowledge and compliance with this standard.

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:

G4S Les Peters Policy 10-25 requires residents identified as being at risk for sexual victimization to be monitored and to receive ongoing counseling from mental health or other qualified staff. Residents are provided services consistent with the community of care. There were no residents identified as being at risk for sexual abuse in the past 12 months, as indicated on a log maintained by the facility and as revealed in interviews with the Facility Director and other 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:

G4S Les Peters Academy received no allegations of sexual abuse from other facilities during the past 12 months. Upon receiving an allegation that a resident was sexually abused while confined at another facility, G4s Les Peters Academy Policy 10-25 and Florida Department of Juvenile (FDJJ) Justice Policy 1919 requires facility leadership immediately notify the Florida Department of Juvenile Justice Central Communications Center. The FDJJ will in turn notify the facility the facility management overseeing the facility where the alleged abuse occurred.

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:

There was one allegation of sexual abuse during the past 12 months. G4S Les Peters Policy 10-25 and The Florida Department of Juvenile Justice Policy 1919 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 that still allows for the collection of physical evidence; request that 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. Random staff and first responder interviews validated their technical 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:

Interviews with the Facility Administrator, Assistant Facility Administrator and other professional staff validated their technical knowledgeable of their duties in response to a sexual assault. G4S Les Peter's Academy Policy 10-25, Policy 7-30 and The Florida Department of Juvenile Justice Policy 1919 gives technical directions concerning coordinated actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership.

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:

Les Peters Youth Academy is not in a Collective bargaining Agreement.

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:

All G4S Les Peters Youth Academy staff are charged with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months reported. This was validated during my interview with the PREA Manager/ Facility Administrator. G4S Les Peters Policy 10-25, Policy 8-3 and The Florida Department of Juvenile Justice Policy 1919 all require the monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed.

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:

G4S Les Peters Youth Academy does not have isolation rooms or segregation housing. Les Peters Youth Academy use single occupancy rooms to protect residents who alleged to have suffered sexual abuse. Random staff interviewed validated resident(s) are monitored constantly by staff. G4S Les Peter’s Policy 10-25 and The Florida Department of Juvenile Justice Policy 1919 provide guidelines for the use of room restriction as a last measure to keep residents who alleged sexual abuse safe 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:

There was one reported investigation of alleged resident sexual abuse in the facility in the past 12 months. The investigation is currently ongoing. G4S Les Peter's Policy 1-5, Policy 10-25 and The Department of Juvenile Justice Policy 1919 establishes investigation guidelines for reporting allegations of sexual abuse to the Hillsborough County Sheriff's Office, The Office of The Inspector General and The Florida Department of Children Services for 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)

Auditor comments:

The Florida Department of Juvenile Justice Policy 1919 states the outside investigative entities, the Hillsborough County Sheriff's office and the Florida Department of Children Services, shall impose a standard of preponderance of evidence or lower standards of proof for determining if allegations are substantiated.

Standard 115. 373- Reporting to Residents

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

Auditor comments:

There was one criminal and administrative investigation during the past 12 months. There has been no notice sent to the residents because the case is still ongoing. G4S Les Peter's Policy 10-25 and The Florida Department of Juvenile Justice Policy 1919 establishes processes to notify residents should the need arise and an allegation proves substantiated, unsubstantiated or unfounded. The Agencies PREA Coordinators and PREA Compliance Manager validated their technical knowledge of the process during their interviews.

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:

There were no employee terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies. G4s Employee Handbook, G4S Les Peter's Policy 3-3 and Policy 3-5 requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement.

Standard 115. 377- Corrective Action for Contractors and volunteers

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

Auditor comments:

The Florida Department of Juvenile Justice Policy 1919 requires volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement and relevant licensing bodies unless the activity was clearly not criminal. During the interview with the Facility Administrator/PREA Compliance Manager, it was reported that there have been no volunteers or contractors reported in the past 12 months.

The policy also requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers.

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:

There has been one reported case of resident-on-resident sexual abuse case that is still an active case in the past 12 months. There have been no administrative or criminal findings or rulings on this case.

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:

There were six residents who disclosed prior victimization during their initial screening process. During the interview with the Health Services Administrator, she validated that all six were offered follow-up meetings with medical and mental health providers. The Florida Department of Juvenile Justice Policy 1919 requires mental health and medical staff to monitor and provide counseling on an on-going basis for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse.

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:

There has been one reported case of sexual abuse in the past 12 months. The Health Services Administrator interview validated through documentation the resident's access to medical and mental care of the alleged incident. The Florida Department of Juvenile Justice Policy 1919 mandates residents receive timely, unimpeded care on-site and off-site emergency care and crisis intervention services.

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:

There has been one alleged sexual assault victim in the past 12 months. The investigation is still ongoing. The Facility Administrator/ PREA Compliance Manager's interview revealed that both the alleged victim and accuser receive ongoing counseling during individual and group counseling sessions as needed.

Standard 115. 386- Sexual Abuse Incident Reviews

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

Auditor comments:

The Florida Department of Juvenile Justice Policy 1919 and G4S Policy 10-25 require a incident review team of every sexual abuse allegation at the conclusion of the investigation within 30 days. The review team includes the PREA Compliance Manager, Department program staff mental and medical health providers and upper-level management with input from line supervisors. The facility has a specific review form to capture all aspects of the incident.

Standard 115. 387- Data Collection

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

Auditor comments:

The Florida Department of Juvenile Justice Policy 1919 Definitions, requires the collection of accurate, uniform data for every allegation of sexual assault. The facility’s PREA Coordinators collect all data relating to PREA.

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:

There has been one alleged sexual abuse allegations within the past 12 months. The case is still an active case; however, The Florida Department of Juvenile Justice Policy 1919 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

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

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

Auditor comments:

The Florida Department of Juvenile Justice Policy 1919 directs that data from every allegation of sexual misconduct at its facilities shall be collected at Central Communications Center. The PREA Coordinator will review data collected in order to assess and improving the effectiveness

of the Department's sexual misconduct prevention, detection and response policies, practices and training. The policy established that aggregated sexual abuse data be reviewed annually and placed on the facility's website after all personal identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

AUDITOR CERTIFICATION:

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



Auditor's Signature

Date: June 27, 2014