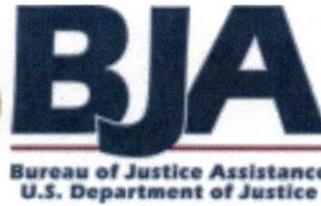


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Martin Girls Academy			
Physical Address: 800 SE Monterey Road, Stuart, FL 34994			
Date report submitted: March 31, 2016			
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 7, 2016			
Facility Information			
Facility Mailing Address: 2336 SE Ocean Blvd., Ste. 362, Stuart, FL 34996			
Telephone Number: 772-233-4406			
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 type="checkbox"/> Corrections	<input checked="" type="checkbox"/> Other: Residential
Name of PREA Compliance Manager: Anne W. Posey			Title: Facility Administrator
Email Address: anne.posey@us.g4s.com		Telephone Number: 772-233-4406 ext. 101	
Agency Information			
Name of Agency: G4S Youth Services			
Governing Authority or Parent Agency:			
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
Agency Wide PREA Coordinator			
Name: Bobbi Pohlman-Rodgers		Title:	Senior Director of JJDP/ PREA Compliance
Email Address: bobbi.pohlman@us.g4s.com		Telephone Number:	954-818-5131

AUDIT FINDINGS

NARRATIVE:

Martin Girls Academy is a 30-bed intensive mental health residential program for female juvenile offenders who have been committed to the Florida Department of Juvenile Justice (FDJJ) and are classified as high or maximum risk. The facility is located in Stuart, Florida and is operated by G4S Youth Services through a contract with FDJJ. Mental health and substance abuse treatment services are available to all residents who are determined to meet clinical criteria to receive such services. All youth referred to the program are pre-screened by FDJJ based on their individualized history and identified needs. The facility serves residents ranging from 13 to 21 years of age. The length of stay is from 9-12 months for high risk residents and 18-36 months for maximum risk residents. The facility is accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF).

Medical and mental health screenings are conducted during the intake process and on-going services are provided throughout the resident's stay in the facility. Medical services are provided by the Health Services Administrator, two other Registered Nurses, and there is also the service of a Registered Nurse who works in the medical clinic on an as-needed basis. A pediatrician visits the facility weekly. Mental health services are provided by the Clinical Director; Assistant Clinical Director; two Therapists; Certified Behavior Analyst; Certified Addiction Professional; and Recreation Therapist. A psychiatrist and a psychologist are on-site weekly. Academic and career education services are provided through a contract with the Martin County School District. The academic courses offered are English; Mathematics; Science; Social Studies; and Reading. Career and technical services include business education courses. Residents are also provided case management, social and transition services.

The Martin Girls Academy program addresses youth trauma utilizing an evidenced-based model which also teaches practical skills to enable youth to gain control of Post-Traumatic Stress Disorder (PTSD) symptoms. The goal of the program is to provide a nurturing culture that validates the unique quality of each female. Residents receive individual, group and family therapy; testing; and psychiatric evaluation services. A behavior management system exist where a resident may earn advancing levels through earning points for demonstrating positive behavior.

DESCRIPTION OF FACILITY CHARACTERISTICS:

There are two primary buildings that house the program. The entrance of the main building contains a reception area and includes the Facility Administrator's office. Beyond the entrance is the locked area where the dining room is located and which also contains an area reserved for group meetings. Located in this area of the building are offices; group room 1; group room 2; master control; and the medical clinic. Beyond this section of the building is the hall that contains the residents' rooms, shower area and two controlled observation rooms. The canteen, referred to as the Boutique, is also contained in this area and is stocked with items that can be purchased by residents with their earned positive behavior points. The education building contains three classrooms and offices. Cameras are installed in the facility and can be monitored from master control and the offices of the Facility Administrator and the Assistant Facility Administrator.

The facility procedures and practices provide residents with a reasonable amount of privacy during showers, while using the toilet, and when changing clothes. PREA related information is posted in various areas of the facility and the telephone for abuse reporting is mounted on the wall in the hallway of the living area. The outside grounds contain a recreation yard where residents may play basketball, kickball, volleyball, soccer and engage in other recreation activities. A pavilion is adjacent to the outside recreation area. The Martin County School District provides breakfast and lunch and other meals are prepared and delivered by a caterer.

The designed facility capacity is 30 and there were 26 residents in the facility during the on-site visit. The number of residents admitted to the facility during the past 12 months is 24. The number of staff employed at the facility during the past 12 months is 58 and there were 32 staff members hired during the last 12 months who may have contact with residents.

SUMMARY OF AUDIT FINDINGS:

An introductory telephone conference call was held prior to the site visit and the audit process was discussed with facility staff and the FDJJ statewide 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 this Auditor and the locations of the postings were identified. The Pre-Audit Questionnaire was uploaded to a flash drive with policies and supporting documentation and was received prior to the site visit. There was follow-up communication with the Facility Administrator who also serves as the PREA Compliance Manager; additional documentation was requested and provided and information was clarified.

The on-site audit was conducted March 7, 2016. Introductions were conducted and a comprehensive tour of the facility was provided by one of the residents and the Facility Administrator. The resident was articulate and knowledgeable about the program services, rules and activities. During the tour, staff members were observed to be providing direct and engaged supervision to the residents. Randomly selected residents and randomly selected staff members from all shifts were interviewed. Specialized interviews were conducted which included a telephone interview with a volunteer. During the on-site visit, additional documentation was provided as requested. A close-out meeting was held at the conclusion of the site visit. The G4S Senior Regional Director was present at the facility during the site visit.

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.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility’s Policy and Procedure 10-25, Prison Rape Elimination Act (PREA) and Policy 1919 of the Florida Department of Juvenile Justice (FDJJ 1919) are aligned and jointly serve as the guide for PREA compliance. The facility’s PREA Policy provides that the facility is contractually obligated to adopt and comply with the PREA standards outlined in FDJJ 1919. The policies include the strategies for implementing the zero-tolerance of all forms of sexual abuse and sexual harassment. The Policies contain definitions of prohibited behaviors and sanctions for those found to have participated in the prohibited behaviors.

Policy 10-25 states that the Facility Administrator or a person designated by the G4S Regional Director serves as the PREA Compliance Manager. The interview with the Facility Administrator and a review of the organizational chart confirmed that the Facility Administrator (FA) manages the facility and serves as the PREA Compliance Manager. The FA stated that there is sufficient time and she has the authority to implement and coordinate the activities related to PREA compliance. The FA in the capacity of the PREA Compliance Manager reports to the G4S Senior Regional Director regarding the implementation of the PREA standards.

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)

Auditor Comments:

This standard is not applicable. The facility does not contract with other facilities for the 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:

Policies 10-25 and 10-8; the staffing plan; and the practice of periodic internal management reviews of the staffing schedule, ensure adequate levels of staffing for all shifts. According to documents reviewed, staff interviews, and observations, the staffing ratio is at least 1:5 during the awake hours and 1:6 during the sleeping hours. The agency has a hold-over process that ensures compliance with the staffing plan and reports no deviations from the staffing plan. The staffing plan document requires that deviations from the plan are to be documented on the shift reports and in the logbook. The facility reports that the average daily number of residents in which the staffing plan was predicated is 30.

A Staffing Plan Assessment was reviewed which was completed by the FDJJ statewide PREA Coordinator and includes a review of the items listed in the standard and other related areas of facility operations. The Staffing Plan Assessment contains a review of the staffing plan; staffing patterns; deployment of cameras; unannounced rounds; operating procedures; and other factors that contribute to maintaining compliance with the staffing plan and the PREA standard.

Policy 10-25 provides that the Administrative Duty Officer conducts unannounced rounds at least once a month and that the visits are documented. The Administrative Duty Officer (ADO) completes the Youth Services Administrator on Duty Report which instructs the ADO to, among other duties, “conduct a PREA walk through of all youth areas and interact with the youth and staff.” The form provides for the notation of related concerns, deficiencies, and any observations that would be classified as a risk. A review of documentation and an interview with the Assistant Facility Administrator (AFA) confirmed that unannounced rounds occur and that she participates in them. The PREA Policies prohibit staff from alerting other staff of the occurrence of the unannounced visits and the practices of the AFA support the Policies.

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:

Policy 10-3 addresses this standard and is supported by staff and resident interviews and observations. Staff members and residents shared that cross-gender pat-down searches and cross-gender strip searches are not conducted at this facility. Policy 10-3 addresses staff conducting searches of residents and provides the details of each type search and requires documentation of the searches. Although the practice of the facility is that cross-gender searches are not conducted, Policy 10-3 does provides for when a male staff may assist a

female staff by acting as a second person in the search area, observing the staff, while not viewing the resident. The Policy requires that in these circumstances, the reason for the opposite gender assisting in the search must be authorized by the Facility Administrator and the reason for the search documented.

Staff interviews revealed that training and discussions regarding the searches of all residents include that they are done in a professional and respectful manner as also directed in policy. Direct care staff interviews indicated that they are aware of the requirement of Policy 8-14, where transgender or intersex residents are not to be searched or physically examined for the sole purpose of determining their genital status. They further revealed that no such searches occurred during this audit period.

Policy 10-25, resident and staff interviews, and observations of the demonstrated shower procedures provide that residents are able to shower, use the toilet, and change clothes without being viewed by male staff and that male staff members do not supervise those activities. The residents are provided with a cloth that serves as a shade that they may place in the window to their room door when a little more privacy is temporarily needed. This practice was also demonstrated to this auditor by the resident tour guide. All residents and staff interviewed confirmed that male staff follow the prompting of the observed posted signs and announce their presence when entering the area where residents may be showering, changing clothes or performing bodily functions.

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:

According to Policy 10-25 disabled residents are provided equal opportunity to participate in or benefit from resident education to protect them from sexual abuse and sexual harassment. Policies 10-25 and FDJJ 1919 require that residents are not to be used as interpreters or readers, unless in limited circumstances where 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 may use the Registry of Certified Court Interpreters as a resource, as well as other G4S staff members who may serve as interpreters. The facility provides an extensive list of internal interpreters which identifies the G4S facility the staff member works in and other contact information as well as the language for which they may provide interpreter services.

The list for the external interpreters, Registry of Certified Court Interpreters, is composed of several pages that contain the contact information as well as the language specialty. Contact information for American Sign Language interpreters is also included in the lists of external

interpreters. The lists of interpreters are available to shift supervisors. The staff interview responses were that other staff would be used as interpreters or outside resources would be contacted and that residents are not used as interpreters for other residents.

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:

Hiring and promoting practices are addressed in Policies 3-16, FDJJ 1800 and FDJJ 1919 regarding hiring or promoting anyone who has engaged in sexual abuse in a jail, lockup or similar facility; has been convicted of engaging or attempting to engage in coerced or forced sexual activity; or has been adjudicated for any of the aforementioned activities. The Policies prohibit hiring, promoting or contracting with anyone who has been convicted of engaging in any activity prohibited by the standard and it provides directions regarding background checks and screenings. Any incident of sexual harassment is considered regarding the hiring or promotion of anyone.

Compliance was determined through the review of policies, a random sample of personnel files and an interview with the Regional Human Services Manager. The review of the sample of personnel files revealed that they include background checks; signed acknowledgement forms regarding PREA related issues and information received. The staff interview also revealed that hiring and promotion decisions are based on background information obtained and according to the considerations required by the standards. The policies provide that the omission of information regarding misconduct is grounds for termination of employment. The Regional Human Services Manager confirmed the hiring and background checks processes; knowledge of the PREA requirements in the area of personnel; and that it is the employee's continuous duty to disclose any related misconduct within 24 hours.

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:

In addition to direct supervision, a camera system is used to support the monitoring of residents that can be monitored from main control. The video monitoring system was upgraded during the past year. The Facility Administrator and the Assistant Facility Administrator have the capability to monitor the cameras from their offices. Observations and interviews confirmed that monitoring technology is used in support of direct and engaged supervision.

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:

Policies 10-25 and FDJJ 1919 and staff interviews provide that the facility is not responsible for conducting administrative or criminal investigations. According to FDJJ 1919 and 10-25, the FDJJ Office of the Inspector General is responsible for conducting administrative investigations; the Florida Department of Children and Families is responsible for conducting allegations of child abuse; and local law enforcement is responsible for conducting criminal investigations. The Facility Administrator has obtained and is familiar with the FDJJ written document that contains information regarding PREA related investigations and comprehensive uniform evidence protocols that is to be shared with law enforcement personnel prior to an investigation.

The facility has provided for victim services, at no cost to the victim, through entering a Memorandum of Understanding (MOU) with the Sexual Assault Assistance Program of the Treasure Coast. Services agreed to be provided are aligned with the PREA standards and include but are not limited to forensic examinations conducted by a Sexual Assault Nurse Examiner; access to a 24/7 hotline; confidential emotional support services; referral information; follow-up directives for follow-up care at the facility's medical clinic. The MOA provides that a victim advocate will accompany the victim through the forensic medical examination, conducted at the Martin Memorial North emergency room.

A telephone interview with the Victim Services Director for the State Attorney's Office and the Sexual Assault Program Assistance Program of the Treasure Coast confirmed the content of the MOU and that advocacy services and access to a Sexual Assault Nurse Examiner will be provided to a victim when requested. There have been no forensic examinations conducted during this audit period. The Sexual Assault Assistance Program of the Treasure Coast provides the facility with posters and literature. Prior to entering the agreement with the advocacy agency, the facility identified a qualified staff member, the Assistant Clinical Director, to provide supportive services to alleged victims of sexual abuse.

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:

Policies 10-25; FDJJ 1919; FDJJ 2020; document review; and staff interviews support that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Policies identify the entity responsible for conducting the criminal and administrative investigations and instructs staff to cooperate with investigations. During this audit period there was one investigation conducted by the Martin County Sheriff’s Office and the allegations were determined to be unfounded. Two other allegations that were alleged prior to this audit period are included on the July 2014-June 2015 PREA Incident Reports document. One of these was investigated by the FDJJ Office of the Inspector General (OIG) and was determined to be unfounded. The other one was investigated by the Martin County Sheriff’s Office and the OIG; the youth was subsequently charged with sexual assault and was removed from the facility. One resident disclosed to her Therapist regarding an incident that occurred while she was in the community; the Department of Children and Families was contacted and followed up regarding the allegations.

The Florida Department of Juvenile Justice website contains the policy regarding reporting allegations of sexual abuse and sexual harassment. The OIG follows unit specific policy in conducting administrative investigations. Additionally, the facility provides parents/guardians and visitors with information regarding how they, as well as the residents, may report allegations of sexual abuse and sexual harassment allegations. Staff interviews support policy and the practice that all referrals of allegations for investigations are documented.

Standard 115.331 Employee Training

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

Auditor Comments:

Employee training is addressed in Policies 5-1 and 5-2. Staff interviews and a review of the Staff Development & Training-SkillPro System Comprehensive Report and other training documents confirmed the training as required by the standard and include the zero-tolerance policies. Documents and staff interviews also support that PREA refresher training is provided at least annually as reported. The training is tailored to the needs of the population served and staff members have received training as required by the standard. There is documentation of the receipt of PREA training and the PREA training materials. Florida DJJ provides on-line training and the facility’s agency training and updates are also provided 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)

Auditor Comments:

FDJJ 1919, a review of the training document, and other training documentation support the PREA education for volunteers and contractors. The volunteers and contractors receive training on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment and how to report any allegations or incidents. Interviews with the Facility Administrator and a volunteer, by telephone, confirmed that the training occurs. The volunteer that was interviewed provided an overview of the content of the training.

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:

According to Policy 10-25, resident and staff interviews, and a review of documentation acknowledging resident participation in PREA education sessions, all residents are provided age-appropriate PREA information during the intake process. All residents receive PREA education regardless if they are transferring from another facility or are a new admission and the facility policy addresses retaliation if a resident should report an allegation from a former facility or the current one.

Staff members may assist with the PREA education for residents that are limited English proficient, visually impaired, otherwise disabled, or have limited reading skills. Additional support services may be obtained from the Registry of Certified Court Interpreters, Florida Registry of Interpreters for the Deaf, and staff members that work at other G4S facilities. The PREA information is posted within the facility and program handbooks remain available to all residents.

Interviews revealed that residents were lacking in their awareness of the specific services that may be provided if needed and the confidentiality practices of the victim advocacy agency. A corrective action plan was implemented, after the on-site visit, and a PREA education session was scheduled where the specific services and confidentiality practice of The Sexual Assault Assistance Program were reviewed with the residents. The Facility Administrator forwarded the education roster containing each resident's signature, date and title of the training. The Facility Administrator also provided information regarding additional related training that is planned for the residents.

Standard 115.334 Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

The facility staff members do not conduct administrative or criminal investigations. Staff interviews confirmed that they are aware of the investigative agencies responsible for investigating PREA related allegations. Florida DJJ Policy addresses the training of the Office of the Inspector General Investigators, including 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 FDJJ settings. The Facility Administrator has the information sheet, disseminated by FDJJ, regarding appropriate protocols for PREA investigations that is to be shared with local law enforcement investigators.

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:

FDJJ 1919 and facility Policies 5-1 and 5-2 address staff training. The medical and mental health staff members have received the training developed for those areas, as well as the initial PREA training. The specialized training is developed by FDJJ and is accessible to medical and mental health staffs online and is documented through the Staff Development & Training SkillPro System. The medical and mental health staff members interviewed indicated completion of the specialized PREA modules. The medical staff does not conduct forensic medical examinations.

Standard 115.341 Screening for Risk of Victimization and Abusiveness

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

Auditor Comments:

Policies 9-1, 9-3, 10-25, 8-14, and FDJJ 1919 provide that all youth admitted to the facility are properly screened. Staff and resident interviews and a review of documentation confirmed that residents are also screened for risk of victimization and abusiveness. This vulnerability screening occurs within 24 hours of intake, whether the youth is transferred from another facility or is a new admission. The screening is conducted using the FDJJ objective instrument, Screening for Vulnerability to Victimization and Sexuality Aggressive Behavior (VSAB). The VSAB is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; the youth's self-identification; current charges and offense history; intellectual or developmental disabilities. The residents and the staff responsible for administering the screening stated that it occurs the same day of

admission; a review of VSABS support that this is the practice.

The facility reports that all residents admitted to the facility within the past 12 months received the VSAB screening which, according to staff, is administered through asking questions; probing where needed; talking to parents or guardians; and reviewing related paperwork. Additional screening and assessment tools are used to obtain information to aid staff in meeting the individual needs of the residents. Interviews revealed that reassessment screenings are conducted as needed on a formal basis and on an informal basis through resident meetings with treatment staff. The information from the risk screening is accessible to the clinical staff and the files were observed to be maintained in a confidential manner. The residents interviewed were able to identify specific areas that are inquired about in the administration of the VSAB and similar questions related to safety.

Standard 115.342 Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policies 8-14, 9-3 and FDJJ 1919 address this standard and provide guidance to staff regarding the information from the VSAB and other risk screening instruments and outline how the information is to be used. The information gleaned from the screening instruments assists in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting individual needs.

There has not been a resident placed in isolation or controlled observation during this audit period due to concern for their safety from sexual assault. The Facility Administrator shared that the controlled observation rooms would not be used for protective custody regarding the risk of sexual abuse but are used for brief periods for a resident to calm down and re-gain control of acting-out behavior. According to Policy 10-14, control observation may be used in response to a dangerous crisis situation when staff cannot control highly aggressive and violent behavior with less restrictive measures, or when less restrictive measures are inappropriate.

During the on-site visit, a resident was observed in one of the controlled observation rooms and sight and sound supervision was provided with staff posted at the door and recording safety checks at least every 15 minutes in accordance with Policy 10-14. The resident was in the room for a short duration and staff interviews revealed that time in the controlled observation room does not interfere with the residents being afforded their rights and are visited by clinical staff.

Policy 8-14 prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. The Policy also prohibits staff from considering the identification as an indicator that these residents may be sexually abusive. Facility policies and staff interviews support that housing and program assignments for transgender or intersex residents are made on a case-by-case basis. The staff members are aware of the policies and practices that would be

implemented when there are transgender or intersex residents within the resident population.

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:

Policies 8-3, 10-25 and FDJJ 1919 and practice address this standard and provide multiple internal ways a resident may report, including how she can privately report: sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may lead to the aforementioned incidents. Residents may report allegations of sexual abuse or sexual harassment by telephone, using the FDJJ abuse hotline phone located on the living unit and other phones utilizing the 800 numbers for the abuse hotline and the victim advocacy agency. Staff may also use the abuse hotline to privately report sexual abuse and sexual harassment of residents.

There are additional internal ways a resident may report, such as completing a grievance form; talk to any staff member; complete a “Chatty Cathy” Form requesting to speak to a specific staff member; complete a Sick Call Request; and third parties may report allegations. Access to writing tools is provided for residents so that they are able to complete the forms. Resident and staff interviews revealed their awareness of the methods a resident may report allegations.

Staff and residents are aware of policy and practice regarding accepting reports of allegations of sexual abuse and sexual harassment that are made verbally, in writing, anonymous, and by third-parties. All residents interviewed stated that they have contact with someone who does not work at the facility and could report abuse to that person if needed. Policies and staff interviews support that staff members are required to document verbal reports and to report the information immediately to their supervisor and it is relayed to the Central Communications Center. Staff receives this information on how to report through policies and procedures, training, and posted information.

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:

FDJJ 1919 and facility practice provide that grievances regarding sexual abuse or sexual harassment may be completed and submitted at any time and may be placed in the locked grievance box. The resident is not required to handle an emergency grievance informally by attempting to resolve the situation with staff. During the past 12 months, there has not been a grievance submitted alleging sexual abuse.

When a grievance is received regarding sexual abuse or sexual harassment, it is immediately provided to the Facility Administrator. The policies and procedures for reporting allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy.

The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse or sexual harassment. The content of the grievance is reported and an investigation may be conducted by the FDJJ Office of Inspector General, Florida Department of Children and Families or local law enforcement. The purpose of the submission of a PREA related grievance provides residents and staff another avenue for ensuring the reporting of allegations and provides management staff with the opportunity to protect the resident.

Policy 10-25 provides staff with the required information for reporting sexual abuse and sexual harassment of residents. The facility and agency policies provide that a resident may be disciplined when it has been determined that a report alleging sexual abuse has been made in bad faith. Residents understand that they will not be punished if a report is made in good faith. The residents and staff interviewed identified the grievance system as one of the methods that may be used to report allegations of abuse and the residents are aware of how grievances are handled regarding sexual abuse or sexual harassment.

Standard 115.353 Resident Access to Outside Confidential Support Services

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

Auditor Comments:

Policy 10-25 addresses this standard and requires that the Facility Administrator ensures accessibility of residents to an outside victim advocacy agency for emotional support services. The details of the MOU for the provision of victim support services were recently completed and a written document was signed. The details of the support services had not yet been thoroughly reviewed with the residents prior to the site visit. A corrective action was planned during the on-site visit and was implemented afterwards for a PREA education session to be conducted with all residents regarding a review of the specific services and the confidentiality practice of the Sexual Assault Assistance Program of the Treasure Coast, based on the materials received from the agency and the MOU. A roster has been submitted indicating completion of the PREA education refresher session. The training roster contained signatures of the residents, date, and title of the specific PREA education session. Additionally, the Facility Administrator informed this Auditor that she has made arrangements for another

community agency, who serves victims of sexual violence, to speak to the residents regarding the services they offer and a Sexual Assault Forensic Examiner has agreed to speak to the residents about how a forensic examination takes place.

Interviews with staff and residents revealed that residents are afforded reasonable privacy regarding reporting allegations of sexual abuse. This practice will continue during any instance where a resident may contact the Sexual Assault Assistance Program. The reporting information was observed on postings in the facility which included how to contact the advocacy agency for services. The MOU includes how services will be provided to victims in a confidential manner. Services to be provided that are contained in the MOU were confirmed through a telephone interview with a representative of the advocacy agency. In addition to other support services, the agency will provide residents with an advocate to be present during the forensic examination and provide a Sexual Assault Nurse Examiner to conduct the examination. According to policy and residents' interviews, the facility provides residents with reasonable and confidential access to court workers and their Probation Officers. A review of Policy and other documentation and according to resident interviews, reasonable access to parents or legal guardians is provided. All residents interviewed were aware of the visitation days, weekly phone calls, and the Family Day. Family Day is held at the facility once a quarter.

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:

Policies 8-3 and 10-25 address third-party reporting and interviews revealed that residents are aware that third-party reporting of sexual abuse and sexual harassment can be done. All residents interviewed stated that they knew someone who did not work at the facility that they could report to regarding allegations of sexual abuse. Staff interviews revealed their knowledge of third-party reporting and that they can receive allegations from third parties. Information regarding reporting is provided through observed postings that are located in areas of the facility that are accessible to visitors, residents and staff members. The FDJJ website contains information regarding third-party reporting.

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:

Policies 8-3, 10-25 and FDJJ 1919 provide that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment or incidents of retaliation according to Department policy and mandatory reporting laws. Reporting according to the mandatory laws was evident through document review regarding a resident and an alleged incident that occurred while the youth was still in the community. A report was made and the visit by the Department of Children and Family (DCF) Worker is documented, as well as follow-up mental health services.

Staff members are instructed to immediately report all allegations to their immediate supervisor and the supervisors are to ensure the direct report to the Central Communications Center (CCC). Policy 10-25 prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The CCC will make appropriate notification to senior DJJ management who will make notification to management overseeing the facility where the alleged abuse occurred. Policy 10-25 requires the Facility Administrator to notify the alleged victim’s parents or legal guardians. If the resident is under DCF Custody, the Case Worker will be notified and if applicable, the attorney of record will be notified of the allegation within 14 days of receipt of the allegation, according to the Policy.

Interviews with direct care, mental health and medical staffs revealed that they are aware of the requirements regarding their reporting duties and understand that they are mandated reporters. According to interviews with the Clinical Director and Health Services Administrator and the document review, the residents are informed at the initiation of services of the limitations of confidentiality and duty to report by the clinical staff.

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:

Policies 10-25 and FDJJ 1919 instruct 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. The steps include immediately alerting supervisor and other staff; provide for the resident at risk to sleep in one of the group rooms; and one-on-one staff supervision. The residents are provided written safety tips for self-protection while in the facility. The facility reports that during the past year, no resident was at substantial risk of sexual abuse. Residents indicated that during the intake process, their feelings about their safety are part of the inquiries by staff and are explored by staff during treatment meetings.

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:

According to FDJJ 1919, the Facility Administrator, upon receiving an allegation that a resident was sexually abused while confined at another facility, must notify the head of that facility where the alleged abuse occurred. Notification must be made as soon as possible but no later than 72 hours after receipt of the allegation. The Facility Administrator must also notify the Central Communications Center to report the incident for an investigation. The facility reports that during this audit period, there has not been a report about an incident of abuse occurring while the resident was confined in another facility. The Facility Administrator is aware of the policy regarding reporting to other confinement facilities and the requirement that allegations received from other facilities must be investigated.

Standard 115.364 Staff First Responder Duties

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:

Policy 10-25 outlines the first responder duties which are generally to separate the victim from the abuser; preserve and protect the scene; and request that the alleged victim does not take any action that would destroy physical evidence. Initial training and a refresher training as needed is conducted with staff through a combination of online statewide training and in-house refresher training and updates. Staff interviews revealed that they are aware of the steps to take if they are the first responder to an alleged incident. FDJJ 1919 directs that if the employee first responder is not direct care staff, they should request that physical evidence is preserved and direct care staff should be notified. During the past 12 months there was one allegation of sexual abuse occurring in the facility; it was not an incident that required first responder actions by direct care or non-direct care 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)

Auditor Comments:

The facility has a written institutional plan, Sexual Abuse Incident Coordinated Response Plan, which outlines the coordinated actions of the various identified staff such as the first responder, supervisors, medical, mental health, and management staffs. This coordinated response to an incident of sexual abuse is also aligned with FDJJ 1919. Staff members interviewed were familiar with their role regarding the response to an alleged incident of sexual assault.

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)

Auditor Comments:

This standard is not applicable. The facility does not maintain collective bargaining agreements.

Standard 115.367 Agency Protection Against Retaliation

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

Auditor Comments:

Policies 10-25 and FDJJ 1919 provide protection to residents and staff from retaliation. The retaliation monitor has been identified as the Facility Administrator. An interview revealed that she understands 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 interview further revealed some of the things that would be considered in detecting retaliation, as outlined in Policy. Some areas to be monitored according to Policy 10-25 and the interview include resident disciplinary reports; housing or program changes; negative performance review or reassignment of staff; and status checks. The Facility Administrator reports that there has not been an incident of retaliation during 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:

This standard is not applicable. Segregated housing is not used at this facility for residents who allege or would have suffered 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)

Auditor Comments:

Policies 10-25 and FDJJ 1919, staff interviews, and a review of documentation provide that administrative investigations are conducted by the FDJJ Office of the Inspector General and criminal investigations are conducted the Martin County Sheriff’s Office. The Florida Department of Children and Families are also called when there is an allegation of sexual abuse. There was one alleged incident that was investigated by the Martin County Sheriff’s Office which was concluded as unfounded. The Policies direct facility staff to cooperate with investigations and FDJJ 1919 further provides that an investigation is not terminated because the source recants the allegation.

The Office of Inspector General follows protocols in conducting administrative investigations in FDJJ settings and the investigators receive training on the related Department policies. The Facility Administrator maintains the information sheet developed by FDJJ that is to be given to the law enforcement investigator. The information provides law enforcement investigators with the expected protocols related to PREA investigations that are criminal in nature and the practice is that substantiated allegations are referred for prosecution. A review of documentation support staffs’ cooperation in investigations and that reports include descriptions and investigative facts and findings as prescribed by the standard.

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 policy and practice of the Office of Inspector General, responsible for administrative investigations, impose a standard of a preponderance of the evidence for determining whether allegations are substantiated.

Standard 115.373 Reporting to Residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

According to FDJJ 1919, the victim is to be informed when the investigation is completed and Policy 10-25 provides that the Facility Administrator notifies the victim or victim's parents or legal guardians. Documents show that the information is provided to the resident. During the past 12 months there was one allegation of sexual abuse made by a resident against a staff member which was investigated and was determined unfounded. Documented notification was made to the resident regarding the completion of the investigation and it included who the complaint was against; identified the investigative entity; stated the findings; and the work status of the staff returning to regular duty. The letter also contained the signatures of the Facility Administrator and the resident. Another investigation of an allegation of resident-on-resident assault occurring at the end of 2014 was completed in the last 12 months and the resident was subsequently arrested and removed from the facility. The documented incident review states that the Director of Clinical Services provided the victim with a treatment plan, including mental health services in response to this incident.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policy 3-3 provides for disciplinary sanctions, up to and including termination for those staff that violate the facility's sexual abuse and sexual harassment zero-tolerance policy. The facility reports that during this audit period, no staff member violated facility or agency policy regarding sexual abuse or sexual harassment. Disciplinary sanctions for violations of facility/agency policies relating to sexual abuse, other than actually engaging in the act, and sexual harassment are appropriate to the circumstances of the incident, staff's disciplinary history, and the sanctions for similar cases of other staff.

During this audit period, no staff member has been disciplined for violation of sexual abuse or sexual harassment policies or reported to law enforcement by the facility for violating such policies. Policies provide that terminations or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement if the situation appears to be criminal in nature and to relevant licensing bodies. The interviews with the Regional Personnel Manager and the Facility Administrator revealed knowledge of the related policies and practices.

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:

FDJJ 1919 addresses this standard, including requiring 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 and to relevant licensing bodies. Policy 10-25 prohibits sexual activity between residents and volunteers and contracted personnel. According to documentation and interviews, the facility takes measures to provide volunteers and contractors a clear understanding that a sexual relationship with a resident is strictly prohibited and is a serious breach of conduct. An interview with a volunteer and review of training documentation supported the occurrence of related training occurs. During this audit period, there have been no allegations of sexual assault or sexual harassment regarding a contractor or volunteer.

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:

Policies 8-1 and FDJJ 1919 addresses an administrative process for dealing with violations, including resident-on-resident sexual abuse. Policy 8-1 and staff interviews support that the formal process is therapeutic and promotes positive social change while holding the residents accountable for their actions. A resident may also be referred to law enforcement for charges and possible removal from the facility regarding resident-on-resident abuse. Sexual activity between residents is prohibited and court or administrative processes and sanctions occur when it has been determined that the sexual activity was coerced. Isolation is not used as a disciplinary sanction in this facility. Residents would be disciplined for sexual contact with staff only when it has been determined that the staff member did not consent to the sexual contact.

Policy 10-25 states that anyone reporting in good faith shall be immune from any civil or criminal liability. During the past 12 months there have been no administrative findings or criminal findings of guilt regarding resident-on-resident sexual abuse. Policies 10-25 and FDJJ 1919 and interviews with mental health and medical staffs support that counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after an incident. Any type interventions or treatment services provided would not be dependent on the resident's participation in the behavior management system, education or other programs.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments:

Policies 7-30, 10-25, and FDJJ 1919 address this standard, including providing for a follow-up meeting with a medical or mental health practitioner within 14 days when the resident discloses any prior incidents of sexual abuse whether victim or perpetrator. Interviews with medical and mental health staff and a review of documentation involving disclosure of a prior alleged incident occurring in the community confirmed the practice of residents being generally seen by treatment staff as soon as possible. The practice is that all residents are seen by medical and mental health staffs on the same day of admission as part of the intake process.

Documentation shows that after the disclosure by an alleged victim of an incident occurring in the community, supportive counseling was provided during that time as well as during follow-up sessions and contact was made with the resident's mother. The incident was reported and there was follow-up by the Department of Children and Families.

Policy supports that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and those staff, based on their need to know. A review of files show that medical and mental health staff members maintain documentation of the services they provide to the residents. Medical and mental health staffs discussed their knowledge of informed consent, in accordance with policy.

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:

Policies 7-30, 10.25 and FDJJ 1919; staff interviews; and a review of documented practices revealed that emergency medical care and crisis intervention services will be provided by medical and mental health staffs as required. Processes and services are in place for a victim to receive timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

Observations of files show that medical and mental health staff members maintain secondary materials that document services to residents and these staffs are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staffs that treatment services will be provided at no cost to the victim, whether or not the victim names the abuser, or whether or not the victim cooperates with the investigation. The interviews with the Health Services Administrator and the Director of Clinical Services revealed that residents have access to unimpeded emergency services and that medical and mental health services are determined according to their professional judgment.

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

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

Auditor Comments:

Policies 10-25 and 7-30 and interviews with medical and mental health staff members confirmed that on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. If pregnancy should result from sexual abuse in the facility, pregnancy tests will be offered and where needed the victim will be provided timely and comprehensive information about all lawful pregnancy related medical services, according to the staff interview. Staff interviews supported that on-going services would include follow-up medical and mental health services and referrals as needed. The MOU with the victim advocacy agency also provides for referral services as needed when a resident is released from the facility.

Policy 10-25; staff interviews; document review; and observations revealed that medical and mental health services are consistent with the community level of care. Policies, interviews and document review support that medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or a juvenile facility. The Policy also provides for a mental health practitioner to conduct a mental health evaluation within 60 days on a resident who discloses youth-on-youth 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:

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

During this audit period, there was one investigation completed that met the requirement of an incident review being completed. The investigation was completed by the Martin County Sheriff's Office and the allegations substantiated. A form/format has been developed for the incident review process and allows for the inclusion of recommendations. The report is provided to the Facility Administrator, who also serves as the PREA Compliance Manager.

There is documentation of an incident review occurring during this audit period. The incident

review was conducted within 30 days of the completion of the investigation and identified the participants. The document identified the implementation of corrective actions that the current Facility Administrator had already implemented and it was noted that the camera system had been updated since 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:

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

Florida DJJ maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by FDJJ and Policy 1-5. Florida DJJ aggregates the sexual abuse data which culminates into an annual report. 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)

Auditor Comments:

FDJJ 1919 provides guidance regarding this standard. The collected and aggregated data is reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives by identifying problem areas; developing and implementing corrective actions as needed; and preparing an annual report based on the collected data. The Policy also states that an annual report will be prepared that will provide an assessment of the agency's progress in addressing sexual misconduct. The annual report is approved as required. It is obvious from staff interviews, observations, and document review that the agency has compared the results of annual reports and used them to continuously improve policies; procedures; practices; and training on a statewide basis. The annual reports have been reviewed and the report is accessible to the public through the agency's website. There are no personal identifiers on the annual reports.

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:

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

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

March 31, 2016

Date