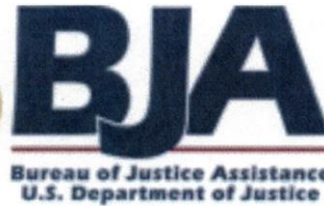


PREA AUDIT: AUDITOR'S SUMMARY

REPORT JUVENILE FACILITIES



Name of Facility: Miami Youth Academy			
Physical Address: 10855 SW 84 Street, Miami, FL 33173			
Date report submitted: November 3, 2015			
Auditor information: Shirley L. Turner			
Address: 3199 Kings Bay Circle, Decatur, GA 30034			
Email: shirleyturner3199@comcast.net			
Telephone number: 678-895-2829			
Date of facility visit: October 7, 2015			
Facility Information			
Facility Mailing Address: 10855 SW 84 Street, Miami, FL 33173			
Telephone Number: 786-518-3263			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Corrections	<input type="checkbox"/> Other
Name of PREA Compliance Manager: Johnny Richardson			Title: Facility Administrator
Email Address: johnny.richardson@us.g4s.com			Telephone Number: 786-518-3263
Agency Information			
Name of Agency: G4S Youth Services, LLC			
Governing Authority or Parent Agency: NA			
Physical Address: 6302 Benjamin Road, Suite 400, Tampa, FL 33643			
Mailing Address: Same as Physical Address			
Telephone Number: 813-514-6275			
Agency Chief Executive Officer			
Name: James Hill		Title:	CEO
Email Address: jim.hill@us.g4s.com		Telephone Number:	813-514-6275
Agency Wide PREA Coordinator			
Name: Bobbi Pohlman-Rodgers		Title:	Sr. Director of JJDPA/PREA Compliance
Email Address: bobbi.pohlman@us.g4s.com		Telephone Number:	954-818-5131

AUDIT FINDINGS

NARRATIVE:

Miami Youth Academy is a 24-bed residential facility for male juvenile offenders who have been committed to the Florida Department of Juvenile Justice (DJJ). It is located in Miami, Florida and is operated by G4S Youth Services, LLC through a contract with DJJ. The facility serves residents ranging from 14 to 18 years of age who are classified as low to moderate risk needing Substance Abuse Treatment Overlay Services in a residential environment. The length of stay is from three to six months for low risk residents and six to nine months for those classified as moderate risk.

All residents receive medical services on-site which are provided by Registered Nurses and there is a contract physician who visits the facility weekly. Mental health services are led by the Clinical Director who supervises three Therapists; two Case Managers; Recreation Therapist; and Transition Specialist. Additional mental health services are provided by the following contract staff: psychiatrist; psychologist, behavior analyst, and certified addiction counselor. Education services are provided by Miami-Dade County Public Schools through academic and career education instruction and include all course requirements for a standard high school diploma. The treatment team for each resident consists of a Therapist; Case Manager; Youth Care Specialist; Nurse; Assistant Facility Administrator; and a representative from education.

A Performance Plan of goals and expectations is developed by the treatment team which meets on a monthly basis with the resident to discuss his progress. Parents/guardians are considered a member of the team and are invited to attend all meetings, either in person or by telephone. The facility assists residents with completing court ordered community sanctions or service hours. The residents are involved in groups based on the concept of restorative justice. A behavior management system exists where a resident may earn advanced levels through positive behavior and level privileges increase with the earning of each advanced level.

DESCRIPTION OF FACILITY CHARACTERISTICS:

There is one main building that houses the program. The front of the building contains a reception area, administrative offices and a conference room. Beyond this section of the building is a large area that is divided into the dayroom and the dining room; the kitchen is adjacent to the dining room. There is also a hallway in this area and one end of the hall include the education office and two classrooms; the other end of the hall contains the residents' living area; medical clinic; bathroom; laundry room; and offices. There are a total of 12 rooms with two residents assigned to each room. Residents are provided 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.

There is a large patio on the back of the building and grounds that provide ample space for various recreation and other activities. A butterfly garden is maintained by residents under supervision of staff in an area of the outside grounds. The garden is stocked with flowers that primarily attract butterflies.

The number of staff currently employed at the facility that may have contact with residents is 37. In the past 12 months there have been five contractors and two volunteers who may have contact with residents. The number of residents admitted to the facility in the past 12 months is 66.

SUMMARY OF AUDIT FINDINGS:

An introductory conference call was held prior to the site visit and the audit process was discussed with facility staff and the DJJ 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 the Auditor. The Pre-Audit Questionnaire was uploaded to a flash drive with policies and supporting documentation and was received by the Auditor prior to the site visit. There were follow-up communication with the Facility Administrator and additional information was provided and information was clarified as needed. Corrective actions were discussed and implemented and additional information was provided as needed. The Facility Administrator serves as the PREA Compliance Manager.

The on-site audit was conducted October 7, 2015. Introductions were conducted with the Facility Administrator, followed by a comprehensive tour of the facility. During the tour, staff members were observed to be providing engaged supervision to the residents. Four randomly selected staff members and six residents were interviewed. Ten specialized interviews were conducted which included contractors and a volunteer. Direct care staff members were interviewed from all shifts. During the on-site audit, additional documentation was provided as requested. At the conclusion of the site visit, a close-out meeting was held with the Facility Administrator.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25, Prison Rape Elimination Act (PREA), provides guidelines for implementing the facility's approach to complying with the requirements of the PREA standards and zero-tolerance of all forms of sexual abuse and sexual harassment. The Policy contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The facility's PREA Policy is aligned with the over-arching Florida Department of Juvenile Justice PREA Policy (FDJJ 1919) for compliance with the 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)

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)

Policy 10-25 and practice provide that periodic internal reviews of the staffing plan are conducted to ensure adequate levels of staffing. A review of documents included a Staffing Plan Assessment which was completed by DJJ's statewide PREA Coordinator based on the staffing requirements of the contract. The facility reports no deviations from the staffing ratios of 1:8 during the awake hours and 1:12 during the sleeping hours. The facility uses staff holdovers, when needed, to maintain compliance with the required ratios. Policy 10-25 identifies the staff members who are required to conduct unannounced rounds. Interviews and documentation confirmed that the unannounced rounds occur.

Standard 115.315 Limits to Cross Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy 10-3 and staff and resident interviews revealed that cross-gender strip searches and cross-gender frisk searches are not conducted. Policy 10-3 addresses staff conducting searches of residents and provides the details of each type search. Facility policy and resident and staff interviews supported that residents are able to shower, use the toilet, and change clothes without being viewed by female staff. Policy 10-25 states and staff interviews support that transgender or intersex residents shall not be searched or physically examined for the sole purpose of determining their genital status. The facility completed a corrective action by conducting enhanced training on the searches of residents, including the searches of transgender and intersex youth as documented by training records and materials.

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)

Policy 10-25 provides that residents may not be used as interpreters unless an extended delay in obtaining an interpreter could compromise the resident's safety, the performance of the first responder duties, or the investigation of the resident's allegation. The facility may use the Registry of Certified Court Interpreters as a resource, as well as the agency's staff who may serve as interpreters. Interviews with staff confirmed that staff members are used as interpreters and for other assistance to ensure residents' understanding of the information provided. The PREA pamphlets are provided in other dominant languages of the facility's population.

Standard 115.317 Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 3-16, Employee Recruitment and Selection, and FDJJ Policy address this standard. The Policies prohibit hiring, promoting or contracting with anyone who has been convicted of engaging in any activity prohibited by the standard and provide directions regarding background checks and screenings. Interviews with staff and a review of a sample of documentation revealed that background checks are conducted as required.

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)

This standard is Not Applicable; the facility opened in April 2014 and no additional adjustments have been made.

Standard 115.321 Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 provides that the facility is not responsible for conducting administrative or criminal investigations. FDJJ 1919 and Policy 10-25 support that the FDJJ Office of the Inspector General (OIG) is responsible for conducting administrative investigations; the Florida Department of Children and Families (DCF) is responsible for conducting allegations of child abuse; and local law enforcement is responsible for conducting criminal investigations. The facility has written information regarding PREA related investigations, provided by DJJ, to share with local law enforcement investigators. Documented correspondence shows that the form has been received by the Miami-Dade Police Department.

A Memorandum of Understanding exists between the Roxcy Bolton Rape Treatment Center and the facility. Through the Roxcy Bolton Rape Treatment Center, services are provided at Jackson Memorial Hospital and Jackson South Community Hospital to victims and non-offending family members and relatives of the victims. The center provides comprehensive quality medical treatment and crisis counseling by a team of doctors, nurses and therapists all sensitively trained to work with rape victims. According to the advocacy, all services are at no cost to the victim and are completely confidential regardless of police involvement.

Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 and FDJJ 1919 identify who is responsible for conducting the criminal and administrative investigations and instructs staff to cooperate with investigations. Related policies are published on the DJJ website. Additionally, the facility provides parents and guardians a copy of the Parent Handbook that contains information regarding how parents and residents may submit a grievance and how key staff at the facility can be contacted. All referrals of allegations for investigations are documented by staff.

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)

Policies 5-1 and 5-2 address employee training. Documents and interviews show that PREA training is provided to staff and refresher training is provided periodically to address PREA topics. The facility maintains documentation of the receipt of PREA training and a copy of the DJJ comprehensive PREA training curriculum. Florida DJJ provides on-line training and facility in-house training has been conducted regarding specific areas of the standards.

Standard 115.332 Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 and the training curriculum support that volunteers and contractors be trained on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment. Interviews with a volunteer and contractors supported that PREA training has been conducted.

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)

According to Policy 10-25, resident and staff interviews, and a review of documentation, all residents are provided PREA information during the intake process. Staff members may assist with the PREA education for residents that are limited English proficient, visually impaired, otherwise disabled, or have limited reading skills. Support services may be obtained from the Registry of Certified Court Interpreters and the Florida Registry of Interpreters for the Deaf. The PREA information is posted within the facility and there are pamphlets that are accessible and available to all residents. Pamphlets are available in the dominant languages of residents that are admitted to the facility. A corrective action was implemented to provide specific information to residents regarding the services available to residents by the victim advocacy agency if they should ever need it.

Standard 115.334 Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

FDJJ 1919 addresses the training of the OIG 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 the DJJ settings.

Standard 115.335 Specialized Training: Medical and Mental Health Care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 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 DJJ and is accessible to medical and mental health staffs online. 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)

Policies 9-1, 8-14 and FDJJ 1919 provide information regarding screening for risk of victimization and abusiveness. It is required that all residents are screened for risk of victimization and abusiveness within 24 hours of intake. The screening is conducted using the DJJ objective instrument, Screening for Vulnerability to Victimization and Sexuality Aggressive Behavior (VSAB). The VSAB is used to obtain the information outlined in the standard. Interviews of residents and staff and a review of documentation confirmed that objective screening instruments are used to assess risk. The process provides for the resident's risk to be re-assessed periodically.

Standard 115.342 Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies 9.3, 8-14 and FDJJ 1919 address this standard regarding the information from the VSAB and other risk screening instruments and outline how the information is to be used to

help determine housing and program assignments with the goal of keeping all residents safe. The facility prohibits placing gay, bisexual, transgender or intersex residents in specific housing or making other assignments solely based on how they self-identify or their status. There was no indication of any resident held in isolation or segregated housing because they were at risk for sexual victimization.

Standard 115.351 Resident Reporting

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

Policies 8-3, 10-25 and FDJJ 1919 address this standard. Residents may report allegations of sexual abuse or sexual harassment by telephone, using the abuse hotline. There are also additional internal ways a resident may report allegations of sexual abuse; sexual harassment; retaliation for reporting; and staff neglect or other violation(s) that lead to abuse. A resident may complete a grievance form; talk to any staff member; complete a Let's Talk form requesting to see a Case Manager, shift mentor, or an administrative staff; and third parties may report allegations. Resident and staff interviews support the ways a resident may report allegations and the information is also provided in the resident handbook.

Standard 115.352 Exhaustion of Administrative Remedies

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

Policy 8-4 provides the details regarding completing and responding to a grievance, including an emergency grievance. Completed grievances may be given to the Grievance Officer or placed in the locked grievance box. When an emergency grievance is received, it is immediately provided to the Facility Administrator, per Policy 8-4. A response is provided to the resident immediately and the policies and procedures for reporting allegations of sexual abuse and sexual harassment are initiated. Policy 8-4 also allows for the receipt of reports from third parties and that third parties may assist residents in filing grievances. Policy 10-25 and the Employee Handbook provide staff with the required information for reporting sexual abuse and sexual harassment of residents.

Standard 115.353 Resident Access to Outside Confidential Support Services

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

- Does Not Meet Standard (requires corrective action)

Policy 10-25 addresses this standard and requires the Facility Administrator to ensure that residents have access to outside victim advocates for emotional support services. There is documentation of a Memorandum of Understanding between the facility and the Roxcy Bolton Rape Treatment Center-Jackson Health Systems. Services were confirmed through a telephone interview with a representative of the agency. Among other services, the agency will provided residents with an advocate present during the forensic examination; emotional support; crisis intervention; and information and referrals. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to their parents or legal guardians.

Standard 115.354 Third-Party Reporting

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

Policies 8-3 and 10-25 address third-party reporting. Information is provided through posters that are located in areas of the facility, accessible to the public, 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)

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

Standard 115.362 Agency Protection Duties

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

Policy 10-25 instructs staff to take immediate action to keep residents safe when they learn that there is substantial risk of imminent threat of sexual abuse. Interviews with staff

confirmed their knowledge of this policy and they were able to verbalize measures they would take to protect residents who are at substantial risk of imminent sexual abuse. Safety tips for self-protection are listed in the resident handbook. It was not determined during the past year that a resident was at substantial risk of sexual abuse.

Standard 115.363 Reporting to Other Confinement Facilities

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

Policy 19-25 and FDJJ 1919 address the requirements of this standard. It is reported that during this audit period, the facility has not received any reports from a resident about an incident of abuse occurring while they were confined in another facility. The Facility Administrator is aware of the policy regarding reporting to other confinement facilities.

Standard 115.364 Staff First Responder Duties

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

Policy 10-25 details the first responder duties. Initial training and a refresher was conducted with staff through a combination of online statewide training and in-house training. Staff interviews revealed that they are aware of the steps to take if they are the first responder. During this audit period, there has been no allegation of sexual abuse.

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)

The facility has a written institutional plan, Sexual Abuse Incident Coordinated Response Plan, which outlines the coordinated actions of the various identified staff and it is aligned with FDJJ 1919.

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

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

for the relevant review period)

Does Not Meet Standard (requires corrective action)

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)

Policy 10-25 and FDJJ 1919 provide protection to residents and staff from retaliation. The retaliation monitor is identified by Policy 10-25 as the PREA Compliance Manager and is charged with observing whether or not retaliation occurs after a resident or staff reports allegations of sexual abuse or cooperates with an investigation. Policy 10-25 identifies items to be monitored to determine whether retaliation is occurring and the staff interviews supported the Policy. There have been no allegations of sexual assault or sexual harassment during this audit period.

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)

This standard is not applicable. Segregated housing is not used at this facility to house residents who allege sexual abuse.

Standard 115.371 Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25, FDJJ 1919 and staff interviews provide that administrative investigations are conducted by the OIG and criminal investigations are conducted by local law enforcement. The Florida Department of Children and Families are also called when there is an allegation of sexual abuse. The Policies direct facility staff to cooperate with investigations.

Standard 115.372 Evidentiary Standards for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 provides that the OIG, responsible for administrative investigations, 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)

FDJJ 1919 allows for the victim to be informed that the investigation has been concluded and Policy 10-25 provides that the Facility Administrator notifies the victim or victim's parents or legal guardians. There have been no criminal or administrative investigations of alleged resident sexual abuse conducted during this audit period.

Standard 115.376 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 3-3 provides that 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 has violated agency or facility policy regarding sexual abuse or sexual harassment

Standard 115.377 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. It also provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement agencies and to relevant licensing bodies. Policy 10-25 prohibits sexual activity between residents and volunteers and contracted personnel. The facility ensures that volunteers and contractors have 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 confirmed the related orientation and training for volunteers. 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)

Policy 8-1 addresses the administrative process and the measures to be taken regarding major rule violations. This information is also addressed in the resident handbook. A resident may also be referred to law enforcement for charges and possible removal from the facility. Policy 10-25 states that anyone reporting in good faith shall be immune from any civil or criminal liability.

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)

Policy 10-25 and FDJJ 1919 address the sections of 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. 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. Observation of files show that medical and mental health staff members maintain documentation of the services they provide to the residents.

Standard 115.382 Access to Emergency Medical and Mental Health Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 7-30 and FDJJ 1919 address this standard. Staff interviews and review of practices revealed that documentation regarding crisis intervention services will be maintained by

medical and mental health staff as required. Observations of files show that medical and mental health staff members maintain secondary materials that document services to residents.

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)

Policies 10-25 and 7-30 and interviews with medical and mental health staff confirmed that on-going medical and mental health care will be provided for sexual abuse victims and abusers, as appropriate. Policy 10-25, staff interviews and document review revealed that medical and mental health services are consistent with the community level of care.

Standard 115.386 Sexual Abuse Incident Reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 10-25 and FDJJ 1919 provide for an incident review to be conducted within 30 days of the completion of an investigation. The Policies outline the requirements of the standard for discussion and review by the incident review team. The Policies also identifies the positions that comprise the team.

Standard 115.387 Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 and documentation confirm that FDJJ collects incident-based, uniform and aggregated data regarding allegations of sexual abuse at facilities under its direct control using a standardized instrument. The agency and the facility will provide DOJ with data as requested.

Standard 115.388 Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

FDJJ 1919 addresses this standard on a statewide basis. The collected and aggregated data will be reviewed to assess and improve the effectiveness of the PREA related efforts and initiatives. The Policy also states that an annual report will be prepared that will provide an assessment of the agency's progress in addressing sexual misconduct. The annual report was reviewed.

Standard 115.389 Data Storage, Publication and Destruction

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

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

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

November 3, 2015

Date