

# PREA AUDIT: Auditor's Final Summary Report

## JUVENILE FACILITIES



<b>Name of Facility: ORANGE REGIONAL JUVENILE DETENTION CENTER</b>			
<b>Physical Address: 2800 SOUTH BUMBY AVE., ORLANDO, FLORIDA 32806</b>			
<b>Date report submitted: December 1, 2014</b>			
<b>Auditor information: Tracy S. Maxwell</b>			
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<b>Date of facility visit July 14-15</b>			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> (if different from above)			
<b>Telephone Number: 407-897-2800</b>			
<b>The Facility is:</b>	<input checked="" type="checkbox"/> Military	County	Federal
	<input checked="" type="checkbox"/> Private for profit	Municipal	State
<b>Facility Type:</b>	Detention	Correction	Other:
<b>Name of PREA Compliance Manager: CPT Larry Eason</b>		<b>Title: Facility: Jeff Lonton Administrator</b>	
<b>Email Address: Larry .Eason@State.FL.US</b>		<b>Telephone Number:</b>	407-897-2800
<b>Agency Information</b>			
<b>Name of Agency: Florida Department of Juvenile Justice</b>			
<b>Governing Authority or Parent Agency:</b> (if applicable)			
<b>Physical Address: Knight Building, 2737 Centerview Drive, Tallahassee, Florida</b>			
<b>Mailing Address:</b> (if different from above)			
<b>Telephone Number: (850) 488-1850</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name: Christy Daly</b>		<b>Title: Interim Secretary</b>	
<b>Email Address: christy.daly@djj.state.fl.us</b>		<b>Telephone: (850) 488-1850</b>	
<b>Agency Wide PREA Coordinator:</b>			
<b>Name: Gene McMahon</b>		<b>Title: PREA Coordinator</b>	
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# AUDIT FINDINGS

## **NARRATIVE:**

The facility provides supervision of youth in a safe, secure and humane environment. Services for youth include: education, mental health, substance abuse, and health care. Medical and mental health services are contracted services. Educational services are funded by the Department of Education through local school districts.

A typical day in secure detention would involve hygiene, meals, school, structured physical and educational activities, and court appearance as scheduled. The average length of stay in secure detention is approximately 10 days.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Orange Juvenile Detention Center is a 124 bed, hardware secure facility that serves youth detained by various circuit court(s). Youth are detained pending adjudication, disposition or placement in commitment facility.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on June 3, 2014, six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinators. The photographs indicated notices were posted in various locations throughout the facility including the housing unit and administrative areas. The Pre-Audit Questionnaire, policies and supporting documentation were received on June 16, 2014. The documents were uploaded to a UBS flash drive.

The on-site audit was conducted July 14-15, 2014. An in-brief was conducted with the Facility Administrator and Assistant Facility Administrator. At the conclusion of the in-brief a complete tour of the facility was conducted including the resident sleeping, showering areas and areas where residents primarily spend their time.

My initial assessment of the facility was the youth were under direct supervision of the staff while engaged in various activities. The sanitation was acceptable throughout the facility. There were no blind spots annotated on the facility assessment plan or observed during my walkthrough of the facility. Residents were under constant supervision during my two-day observance of the facility. The surveillance monitors located in the master control room and the Facility Administrator's office allowed staff to view residents conducting bodily functions. Recommended cameras be adjusted or some form of privacy functions be placed on the cameras. All other cameras throughout the facility did not few residents in shower areas or where resident likely change clothing.

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

The victims' advocacy Memorandum of Understanding (MOU) service was established; however, the contract had not been signed during the audit.

Number of standards exceeded: **0**

Number of standards met: **38**

Number of standards not met: 0

Number of standards Not Applicable: **3**

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

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

**Auditor comments:**

A review of The Florida Department of Juvenile Justice (FDJJ) Policy 1919 validates compliance intent of the PREA Standards. The policy sufficiently met the zero-tolerance standard prohibiting all forms of sexual abuse and harassment. The PREA Compliance Manager was fully involved and inculcated a zero-tolerance environment towards all forms of sexual abuse and harassment within the facility. The policy outlined in the facility's approach to preventing, detecting and responding to sexual abuse and harassment, including definitions of prohibited behaviors and sanctions for prohibited behaviors.

The agency has one dedicated PREA Coordinator. Interview with the PREA Coordinator validated that he there was sufficient time to oversee the agency's PREA compliance efforts and to perform other duties.

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

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

**Auditor comments:**

Orange Regional Juvenile Detention Center is a stand-alone facility contracted and governed by The Florida Department of Juvenile Justice and does not contract for confinement of its residents.

**Standard 115.313- Supervision and Monitoring**

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

**Auditor comments:**

In reviewing the facility's documentation and submitted staffing plan assessment, considerations were documented and validated for staffing ratios of 1.8 staff to resident during waking hours. Documentation submitted during the corrective action period validated compliant with the requirement to maintain required staffing on all shifts.

An assessment was conducted on the physical plant layout, blind-spots and unannounced upper-level supervisors' rounds. There were no documented occurrences of exigent needed for deviations from the facility staffing plan.

**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:**

Florida Department of Juvenile Justice revised PREA Policy meets the required standards language prohibiting cross-gender searches.

Policy requires female staff, volunteers and contractors entering the housing unit to announce their presences upon entering housing units. All central control cameras allow privacy for residents performing bodily functions. Shower curtains were placed in all female and male resident shower areas.

**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:**

Orange Regional Juvenile Detention Center and the Florida Department of Juvenile Justice provide interpreter services, a hearing impaired specialist, a vision impaired specialist, an audiologist, an English as a second language specialist, equipment and technology for residents, as needed. The Florida Department of Juvenile Justice requires the PREA Facility Compliance Manager to take steps to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to

prevent, protect and respond to sexual abuse and harassment.

This policy also states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize residents safety. Resident interviews validates compliance the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

#### **Standard 115.317- Hiring and Promotion Decisions**

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

##### **Auditor comments:**

FDJJ Policy 1800 and Policy 1919 specifically addresses all elements as required by this standard. A review of full-time employees and contractors files revealed that all eleven hired during the past 12 months had documented criminal background checks. Questions regarding past conduct were asked during the interview process. Additionally, signed acknowledgement forms concerning zero-tolerance of sexual harassment and sexual abuse were present in the files. The policy also validated compliance based on the requirement to conduct background checks every five years.

#### **Standard 115.318- Upgrades to Facilities and Technology**

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

##### **Auditor comments:**

Orange Regional Juvenile Justice Detention Center has not acquired any new facilities since August 20, 2012. Additionally, the facility has identified the need for the additional cameras and video monitoring system upgrades.

#### **Standard 115.321- Evidence Protocol and Forensic Medical Examinations**

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

**Auditor comments:**

FDJJ Policy 1919 requires the Facility Director contact local law enforcement and the Department of Children and Families who will conduct administrative investigations of abuse allegations; however, criminal investigations are conducted by the Hillsborough County Sheriff's Office. The Office of the Inspector General will also conduct an administrative investigation apart from any criminal investigation to identify staff misconduct.

Orange Regional Juvenile Detention Center has a Memorandum of Understanding with Victim Service Center of Central Florida Inc. for forensic examinations and victim advocate services. Orange County Sheriff's Office verbally acknowledged that a uniform evidence protocol would be followed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**Standard 115.322- Policies to Ensure Referrals of Allegations for Investigations**

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

**Auditor comments:**

FDJJ Policy 1919 requires referrals of sexual abuse allegations to be submitted to the Orange County Sheriff's Office, Florida Department of Children and Families and the Office of the Inspector General. In the past 12 months, Orange Regional Juvenile Justice Center had no allegations of sexual abuse or sexual harassment. The Florida Department of Juvenile Justice (FDJJ) Division of Youth Services' website describes the investigative responsibilities for conducting investigations for the facilities it operates and funds. FDJJ's website also includes its PREA policy which describes how investigative responsibilities are handled for allegations of sexual abuse.

**Standard 115.331- Employees Training**

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

**Auditor comments:**

FDJJ Policy 1919 documents training requirements for PREA. The training curriculums, documented staff training records and staff interviews validates compliance. The PREA training covered requirements for direct care, workers, medical personnel and contractors during initial training and annually refresher training.

Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Employees sign training rosters and are required to score 70% on a final exam verifying comprehension of PREA training.

### **Standard 115.332- Volunteer and Contractor Training**

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

#### **Auditor comments:**

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

### **Standard 115.333- Resident Education**

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

#### **Auditor comments:**

FDJJ Policy 1919 requires residents to receive information during intake within 24-hours regarding the facility's zero tolerance policy and how to report sexual abuse and harassment. Additionally, The Florida Department of Juvenile Justice requires residents participate in comprehensive training that is conducted within 10-days of arrival. Residents are provided a handout entitled "What You Should Know about Sexual Abuse/Assault/Harassment" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Intake staff or case management staff reviews the handout with the residents and residents sign verifying receipt of the information. Documentation of residents' signatures was reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Case management staff presents the PREA information in a manner that is accessible to all residents. During the facility tour PREA posters and reporting instructions were posted throughout the facility. If needed, the facility has an agreement to provide translation services, hearing and visual impairment services for residents with disabilities or who may be limited English deficient.



### Standard 115.334- Specialized Training: Investigation

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

#### **Auditor comments:**

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

### Standard 115.335- Specialized Training: Medical and Mental Health Care

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

#### **Auditor comments:**

FDJJ Policy 1919 requires that all full-time, part-time medical and mental health care practitioners receive specialize training. The training documentation reviewed validated that all staff received this training from the National Institution of Corrections. Medical staff do not conduct forensic examinations.

### Standard 115.341- Obtaining information from Residents

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

#### **Auditor comments:**

FDJJ Justice Policy 1919 addresses the screening process for vulnerability to victimization and sexual aggressive behavior by using the Florida Department of Juvenile Justice Form RC 8050-2. All facility residents are screened within twenty-four hours upon arrival at the facility. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. Residents who are identified or report as prior sexual victims are referred to the medical and mental health professionals within 14 days. The screening documentation instrument met the tenets of the standard.

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

### Assignments.

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

#### **Auditor comments:**

Orange Regional Juvenile Detention Center has single occupancy rooms for residents. Victimization screening information may be used to determine a resident's room assignment and its proximity to direct care staff in the housing unit to ensure resident's safety.

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

## Standard 115. 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:**

The Florida Department of Juvenile Justice PREA policy was revised September 8, 2014. The revision now addresses and allows residents to report allegations of sexual abuse and harassment other than reporting to staff. In review of the policy revision, this standard is validated compliant.

## 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:**

The Florida Department of Juvenile Justice PREA Policy was revised September 8, 2014. The policy outlines procedures for the administrative resident's grievances regarding sexual abuse or sexual harassment. The elements of this policy address and comports with the intent of the standard.

There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews validate their knowledge of how the grievance process is used to report sexual abuse or harassment.

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

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

#### **Auditor comments:**

Orange Regional Juvenile Detention Center staff are mandated reporters and are required by FDJJ Policy# 1919. Staff is required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff and resident interviews validated the facility's compliance with this standard.

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

Documentation provided during the corrective action period validate all current residents have received or has been notified of access to outside support services and legal representation.

### **Standard 115. 354- Third Party Reporting**

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

#### **Auditor comments:**

FDJJ website informs the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of any facility resident. Also, parents receive information regarding party reporting. Resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

### **Standard 115. 361- Staff and Agency Reporting Duties**

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

**Auditor comments:**

Under FDJJ Policy 1919, all facility staff are mandated reporters. Staff is required to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff and health professional interviews validated their technical knowledge and compliance with this standard.

**Standard 115. 362- Agency Protection Duties**

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

**Auditor comments:**

FDJJ Policy 1919 requires residents identified as being at risk for sexual victimization to be monitored and to receive ongoing counseling from mental health or other qualified staff. Residents are provided services consistent with the community of care. There were no residents identified as being at risk for sexual abuse in the past 12 months, as indicated on a log maintained by the facility and as revealed in interviews with the Facility Director and other random staff.

**Standard 115. 363- Reporting to other Confinement Facilities**

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

**Auditor comments:**

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

**Standard 115. 364- Staff First Responder Duties**

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

**Auditor comments:**

There were no allegations of sexual abuse during the past 12 months. FDJJ Policy 1919 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused.

**Standard 115. 365- Coordinated Response**

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

**Auditor comments:**

Interviews with the Facility Administrator, Assistant Facility Administrator and other professional staff validated their technical knowledgeable of their duties in response to a sexual assault. FDJJ Policy 1919 gives technical directions concerning coordinated actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership.

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

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

**Auditor comments:**

Orange Regional Juvenile Detention Center is not in a Collective bargaining Agreement.

**Standard 115. 367- Agency Protection against Retaliation**

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

**Auditor comments:**

All Orange Regional Juvenile Detention Center staff are charged with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months reported. This was validated during my interview with the PREA Manager and Facility Administrator. FDJJ Policy 1919 all require the monitoring of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed.

**Standard 115. 368- Post-Allegation Protective Custody**

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

**Auditor comments:**

Orange Regional Juvenile Detention Center does not have isolation rooms or segregation housing. The facility uses single occupancy rooms to protect residents who alleged to have suffered sexual abuse. Random staff interviewed validated resident(s) are monitored constantly by staff. FDJJ Policy 1919 provides guidelines for the use of room restriction as a last measure to keep residents who alleged sexual abuse safe only until an alternative means for keeping the resident safe can be arranged.

**Standard 115. 371- Criminal and Administrative Agency Investigations**

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

**Auditor comments:**

There were no reported investigations of alleged resident sexual abuse in the facility in the past 12 months. FDJJ Policy 1919 establishes investigation guidelines for reporting allegations of sexual abuse to the Hillsborough County Sheriff's Office, The Office of The Inspector General and The Florida Department of Children Services for investigations.

**Standard 115. 372- Evidentiary Standards for Administrative Investigations**

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

**Auditor comments:**

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

**Standard 115. 373- Reporting to Residents**

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

**Auditor comments:**

There were no criminal and administrative investigations during the past 12 months. The FDJJ Policy 1919 establishes processes to notify residents should the need arise and an allegation proves substantiated, unsubstantiated or unfounded. The agency's PREA Coordinator and PREA Compliance Manager validated their technical knowledge of the process during their interviews.

**Standard 115. 376- Disciplinary for Staff**

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

**Auditor comments:**

There were no employees terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies. The Florida Department of Juvenile Justice requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement.

**Standard 115. 377- Corrective Action for Contractors and volunteers**

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

**Auditor comments:**

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

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

**Standard 115. 378- Disciplinary sanctions for Residents**

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

**Auditor comments:**

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

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

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

**Auditor comments:**

FDJJ Policy 1919 requires mental health and medical staff to monitor and provide counseling on an on-going basis for residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse.

There were no residents who disclosed prior victimization during their initial screening process. During the interview with the Health Services Administrator, she validated that residents are briefed on all services offered with medical and mental health providers.

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

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



**Auditor comments:**

There have been no reported cases of sexual abuse in the past 12 months. The Health Services Administrator interview validated through documentation the resident's access to medical and mental care of an alleged incident. FDJJ Justice Policy 1919 mandates residents receive timely, unimpeded care on-site and off-site emergency care and crisis intervention services.

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

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

**Auditor comments:**

There have been no alleged sexual assault victims in the past 12 months.

**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:**

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

**Standard 115. 387- Data Collection**

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

**Auditor comments:**

FDJJ Policy 1919 Definitions, requires the collection of accurate, uniform data for every

allegation of sexual assault. The facility's PREA Coordinators collect all data relating to PREA.

#### **Standard 115. 388- Data Review for Corrective Action**

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

#### **Auditor comments:**

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

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

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

#### **Auditor comments:**

FDJJ Policy 1919 directs that data from every allegation of sexual misconduct at its facilities shall be collected at Central Communications Center. The PREA Coordinator will review data collected in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection and response policies, practices and training. The policy established that aggregated sexual abuse data be reviewed annually and placed on the facility's website after all personal identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

#### **AUDITOR CERTIFICATION:**

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



Auditor's Signature

Date: December 1, 2014

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