

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of Facility:</b> Spring Lake Youth Academy			
<b>Physical Address:</b> 8806 SW Start Center St., Arcadia, FL 34266			
<b>Date report submitted</b> <b>January 14, 2015</b>			
<b>Auditor information :</b> Dan McGehee			
<b>Address</b> PO Box 595 White Rock, SC 29177			
<b>Email:</b> <a href="mailto:mc72fsud@aol.com">mc72fsud@aol.com</a>			
<b>Telephone number:</b> 803-331-0264			
<b>Date of facility visit :</b> July 21-22, 2014			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> Same as Above <i>(if different from above)</i>			
<b>Telephone Number:</b> 863-993-2600			
<b>The Facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
<b>Name of PREA Compliance Manager:</b> Jarrid Robinson		<b>Title:</b> Facility	or
<b>Email Address:</b> <a href="mailto:jarrid.robinson@us.g4s.com">jarrid.robinson@us.g4s.com</a>		<b>Telephone Number:</b>	863-993-2600
<b>Agency Information</b>			
<b>Name of Agency:</b> G4S Youth Services, LLC			
<b>Governing Authority or Parent Agency:</b> G4S <i>(if applicable)</i>			
<b>Physical Address:</b> 6302 Benjamin Road, Suite 400; Tampa, FL 33634			
<b>Mailing Address:</b> <i>(if different from above)</i> Same as Above			
<b>Telephone Number:</b> 813-514-6275			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> James C. Hill, Jr.		<b>Title:</b>	President
<b>Email Address:</b> jim.hill@us.g4s.com		<b>Telephone Number:</b>	813-514-6275, ext. 202
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Bobbi Pohlman-Rogers		<b>Title:</b>	JJDP/PA/PREA Director
<b>Email Address:</b> bobbi.pohlman@us.gus.com		<b>Telephone Number:</b>	954-818-5131

## AUDIT FINDINGS

### PROGRAM DESCRIPTION:

The department of Juvenile Justice contracts with G4S Youth Services, LLC to operate **Spring Lake Youth Academy** (SLYA), a thirty-bed, low-risk residential program for male youth aged fifteen to eighteen. The anticipated length of stay for each youth is sixty to ninety days. All thirty beds were utilized on the days of the PREA audit. The program is located in Desoto County, Florida. The campus has an administration building; a maintenance building; a school building with offices for the teachers; a building that houses the kitchen and dining hall and a large building containing three dormitory areas, medical, case management and therapist offices, one classroom and a social hall. The on-site management of this program is the responsibility of the facility administrator; the management staff includes an assistant facility administrator, one treatment director, one dietary manager, one physical plant manager, one human resource manager, one licensed practical nurse, and one lead teacher.

The facility administrator and the assistant facility administrator live on site, and are therefore able to respond to any issues that may arise, twenty-four hours per day. The facility administrator conducts daily management meetings to address safety and security issues, daily activities within the facility, any problems regarding the youth, and any issues of which the management team needs to be aware. A personnel and training file is maintained for each staff. Training provided to staff is through a combination of instructor-led and web-based courses. All new staff complete pre-service orientation training at a training academy located at another program operated by the provider.

The program has two full-time case managers that are supervised by the facility administrator. The case managers are responsible for conducting all case management functions, such as completing the Residential Positive Achievement Change Tool (R-PACT) assessments and the Youth Needs Assessment Summary (YNAS), performance planning, writing performance summaries, and leading the treatment team. The case managers are also responsible for transition planning, to include submitting the Pre-Release Notification and conducting the exit conference.

Upon admission to the program, each youth receives a resident handbook and is provided with an orientation to the program. The resident handbook is available in three languages: English, Spanish, and Creole. The youth are allowed weekly telephone and letter writing privileges. Visitation is held every weekend for immediate family members; special visitation arrangements are made for families when necessary. Quarterly family days are held, during which siblings or additional family members of the youth are permitted. The program staff conducts restorative justice groups, gender-specific groups, and life and social skills groups. Evidence-based curricula are utilized, to include Impact of Crime (IOC), The Council for Boys and Young Men, and Skillstreaming for the Adolescent. The educational services are provided to the youth by the provider, with oversight by the Desoto County School System. The program provides youth with educational opportunities such as earning high school credits or working towards their General Education Development (GED) test.

### DESCRIPTION OF FACILITY:

Spring Lake Youth Academy is a stand-alone facility located in rural Desoto County near Arcadia, FL. The facility consists of six buildings which include administration, cafeteria, maintenance, education, residential/offices/and multi-purpose room. The residential building consists of three 10-bed rooms, stark in appearance with bunk beds. The facility is located on the banks of Horse Creek. There is no perimeter fence.

The facility has a total of 23 cameras in the following locations:

- |                      |                       |                   |
|----------------------|-----------------------|-------------------|
| 1. Classroom Stairs  | 9. Cafeteria          | 17. Med Room      |
| 2. Courtyard         | 10. Med Foyer         | 18. Dorm Stairs   |
| 3. Entryway          | 11. Med Stairwell     | 19. Classroom 2   |
| 4. Admin             | 12. Dorm Foyer 1      | 20. Social hall 2 |
| 5. Recreation Field  | 13. Social Hall 1     | 21. Back stairs   |
| 6. Cafeteria Ramp    | 14. Bravo Dorm        | 22. Charlie Dorm  |
| 7. Classroom Hallway | 15. Social Hall Porch | 23. Admin Ramp    |
| 8. Classroom 1       | 16. Alpha Dorm        |                   |

The camera system was completed less than two weeks prior to the audit. The images of all the cameras are available in the facility administrator’s office and only accessed by the facility administrator and his assistant.

**SUMMARY OF AUDIT FINDINGS:**

The audit of the **Spring Lake Youth Academy (SLYA)** was conducted on July 21 and 22, 2014 by Dan McGehee, assisted by Richard Bazzle, both certified PREA auditors. The audit began at 8:30 a.m. with an in-briefing with the facility administrator.

Prior to the audit, the agency mailed a thumb drive containing the information for the facility. It was received three weeks before the audit rather than the four weeks required by contract. The information had the Pre-audit questionnaire with no specific policies referenced as required. Most electronic files also contained policies none of which were highlighted nor referenced by standard. Approximately 214 policies from the facility/corporation were also attached none of which were referenced for specific standards. The chair, Mr. McGehee, emailed the facility administrator requesting highlighted policies and supporting documentation for the standards as required by the Pre-audit questionnaire. The company Vice President, also a certified PREA auditor, requested a conference call to discuss. The conference call was conducted on Monday, July 7, with Flora Boyd from CMCG facilitating. Ms. Boyd, also a certified PREA auditor, confirmed that it is the agency’s responsibility to provide specific policy references for the standards, as well as supporting documentation. The vice president of G4S finally agreed to “let me see what I can do.” As a result of the conference call, no additional information was received from the agency by the audit team.

When the audit team arrived at the facility, there was no information presented for auditors to review. As a result, the audit team had to spend a substantial amount of time in the two days at the facility asking for documentation, waiting for it to be presented, and then evaluating it for standards compliance. All areas of the facility were toured on the beginning of the first day of the audit. The facility consists of five buildings—administration; dorms/counseling/bathrooms; education; cafeteria, and maintenance. Juveniles were under constant supervision. At night a staff member is assigned in each room of 10. For education, teachers are provided by the Desoto County School Board but hired by G4S. All school instruction is provided on-site. Following the tour, auditors began going through each standard asking the facility director for needed documentation. While he began to assemble necessary documentation, the auditors interviewed staff and residents as required.

Auditors reviewed documentation as it was available to determine compliance with PREA standards. Facility staff was most accommodating in assisting the auditors with documentation and the audit process. A close-out with the facility administrator was conducted at approximately 4:00 p.m. on Tuesday, July 22, 2014. The audit chair reviewed those standards in non-compliance. The audit chair then reviewed the development of an action plan, as well as reported on the reporting process.

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 To 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)

G4S Spring Lake Youth Academy (SLYA) Policy 10-25 dated April 25, 2014, mirrors that of its contracting agency, Florida Department of Juvenile Justice, Policy 1919 revised April 10, 2014. Page 3 of the SLYA policy has necessary written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. Within the 10 page policy, the agency's approach to preventing, detecting, and responding to acts of sexual abuse and harassment is outlined.

The agency, G4S, has a PREA Coordinator who oversees PREA compliance efforts for the agency. Page 3 of policy 10-25 designates the SLYA Facility Administrator as the PREA Compliance Manager and outlines the specific related duties. When interviewed, both the PREA Coordinator and PREA Compliance Manager indicated they had authority and sufficient time to manage PREA compliance related responsibilities.

**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)
- Not Applicable

SLYA is a G4S Youth Services, LLC program that operates under contract with the Florida Department of Juvenile Justice (FDJJ) and does not contract with other entities for the confinement of residents.

**Standard 115.313 - Supervision and Monitoring**

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

SLYA is a G4S Youth Services, LLC program that became operational June 30, 2011 and exists through contractual arrangement with the Florida Department of Juvenile Justice (FDJJ). A review of the Staffing Plan Assessment and other secondary documentation such as the Facility Administrator Weekly Management Report and the Monthly Fidelity Compliance Scorecard validated that ratios were in compliance with Standard requirements. There are no

findings of inadequacies from judicial, federal investigative agencies, nor internal or external oversight bodies; and there were no documented deviations from the staffing plan.

The Staffing Plan Assessment and interviews with staff served to validate that in establishing and maintaining the agreed upon ratios, consideration was given to needs of the residents to be served, physical location and layout of the facility, as well as the location of available video surveillance cameras. The facility has 23 cameras, both interior and exterior, which supplement the Staffing Plan.

SLYA Policy 10-25 mandates that facility supervisors shall conduct unannounced rounds of all areas of the facility at a minimum of one time per shift and that the rounds must be documented on all shifts. **However, rounds of the facility administrator and his deputy were not documented.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

#### **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)

SLYA policies numbers 10-25, 10-3, and 8-14 outline all mandates in compliance with this standard. Policy requires that only in exigent circumstances will cross-gender searches be conducted and that any such search will be documented as to the reason for the search and why a same sex staff was not available. SLYA Policy 10-3, states that strip searches must be conducted in a private room with two staff members of the same sex as the resident. SLYA Policy 10-3 further states that body cavity searches must be approved by the Facility Administrator or the Operations Administrator only when it is strongly suspected that a youth has concealed contraband in the body cavity. All body cavity searches must be conducted by trained medical personnel in an emergency room setting. Program staff is not authorized to conduct a body cavity search of a youth. During the past 12 months, there were no cross-gender strip and body cavity searches and no cross-gender pat-down searches.

Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Further, policy also mandates that residents have access to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing; and that staff of the opposite sex shall announce their presence when entering resident housing facility or an area where residents are likely to be showering or performing bodily functions or changing clothing. Interviews with staff and residents verified that these practices are in place at SLYA.

#### **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)

SLYA Policy 10-25 requires the PREA Facility Compliance Manager to ensure residents with disabilities and residents who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. The policy also states the facility will take steps to provide interpreters who can interpret effectively, accurately, and impartially.

The policy prohibits the use of youth or staff as interpreters, readers, or other assistant to perform such functions except in limited circumstances where an extended delay in obtaining interpreters services could jeopardize residents' safety. The facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. Staff and resident interviews validated compliance with policy.

**Documentation of contracts or agreements for interpreters or other professionals hired to ensure services for disabled and/or limited English proficient residents was not provided.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

Elements required by this standard are outlined in SLYA Policies 10-25, 3-16 and FDJJ Policy 1919. Persons desiring employment with SLYA complete the application packet; a portion of which is sent from SLYA to the FDJJ Office of the Inspector General for background screening. Details of the screening are described on the FDJJ's website and include conducting two background screenings; the Level II pre-employment screening and a 5-year re-screening. Upon request, background screening is conducted on state and contract provider directors, owners, applicants, employees, volunteers, mentors, and interns. The term contract provider includes grant recipient employees, volunteers, mentors, and interns. Background screenings consist of a state and national fingerprint check through the Florida Department of Law Enforcement and the Federal Bureau of Investigation, and a demographic search of the Florida Clerk of the Courts. As a criminal justice agency, the Department has access to juvenile, sealed, and expunged criminal history information.

Interview with Human Resources (HR) staff confirmed that the policy is in practice for staff and contractors. The auditor's review of sample staff files validated at 100% that criminal background records checks were completed, and applicants seeking employment are asked about previous misconduct outlined in section (a) of this standard. Consistent with the PREA requirement and Florida Statutes 768.096 and 435.10, SLYA has in place a process for contacting prior employers for information before hiring and sharing information with employers.

Of assigned employees, only 3 have anniversary dates of over 5 years. The HR Staff confirmed that background checks had indeed been conducted on the 3.

The policy states that staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

**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)

SLYA has not acquired any new facilities, or done any expansion or modification since August 20, 2012. Within the last 30 days, the 23 cameras were installed in the facility to supplement the Staffing Plan and to assist with better 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)

SLYA does not conduct administrative or criminal sexual abuse investigations and by policy upon learning of such an event SLYA staff must immediately make a report through the Florida Department of Juvenile Justice (FDJJ) Central Communications Center (CCC) hotline. Policy also mandates a call to local law enforcement and the Florida Department of Children and Families Abuse Registry hotline. Criminal investigations are conducted by the Desoto County Sheriff's Office.

Written on the Youth Acknowledgement and Notification of Prison Rape Elimination Act form is this statement, *"The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost."* Staff interviews validated this practice.

There were no forensic medical examinations conducted in the past 12 months. There is no MOU with a rape crisis center or other such agency to provide the services required by section C of this standard. Therefore, no documentation could be provided.

**Documentation that the agency has requested the responsible agencies follow requirements in paragraph 115.321 (c) through (f) of the standards was not made available to the auditor.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

SLYA policy 10.25 requires that any staff receiving a report of sexual misconduct or possible sexual misconduct must ensure that it is immediately reported to their supervisor who shall ensure that it is reported to local law enforcement, (the Desoto County Sheriff's Office) if criminal in nature. During the past 12 months, there has been one allegation of sexual assault by a juvenile against an employee. An investigation was begun by the facility director and notifications were made to FDJJ and the Department of Children and Families as required. The internal investigation has been completed and the determination of an unfounded allegation has been found. The investigation has not been closed with the Department of Children and Families or with FDJJ at this time.

The FDJJ Policy 1919 describes the agency's investigative responsibilities and duties for its facilities and is published on the DJJ website.

**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)

SLYA Policies 10-25 and 5.1.5 (C) and FDJJ Policy 1919 outline training requirements for staff that is consistent with this standard. The regional trainer provided a written statement that all employees at Spring Lake Youth Academy have received the required PREA training. Additionally, three sample DJJ forms 1919 were provided which were signed by staff stating that they had received all required training. The In-service curriculum was also reviewed showing PREA training which was taught for one hour with both Pre- and Post-test scores recorded. Staff interviews also served to further validate that training occurred. **The training curriculum provided was consistent with the elements of 115.331(a) except for number 6 and 11.**

SLYA school teachers are provided by the Desoto County School Board and under F39.201, school teachers and other school officials or personnel are mandated reporters. Staff advised that SLYA school personnel signed a form declaring that they are aware of the sexual abuse/assault policies governed by G4S Youth Services, LLC, the Florida Department of Juvenile Justice and PREA and that they have read and understand those policies.

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

SLYA Policy requires that all persons providing volunteer or contractor services at SLYA be trained at a minimum on the agency's zero-tolerance policy regarding sexual abuse and harassment and how to report such incidents. Additional training provided to volunteers and contractors is based on the service they provide and the level of contact they have with residents.

Contractors such as dentist, psychiatrist, and medical doctors sign the Acknowledgement of the Prison Rape Elimination Act form declaring they have been informed and understand that SLYA has a zero tolerance and that sexual contact of any kind is forbidden, the possible penalties for such behaviors, and that they have a duty to report.

**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)

SLYA Policy 10-25 requires that during intake all residents will be provided with information on zero-tolerance regarding sexual misconduct including how to report sexual abuse and suspicion of any sexual misconduct. Policy also requires that within 10 days of intake, all residents will be provided with additional comprehensive training regarding their rights to be free from sexual misconduct; their right to be free from retaliation for reporting; and the agency's sexual misconduct response policies and procedures. As a part of the training, residents are given a handout entitled, "You Have the Right to Be Safe" from Sexual Violence. The handout provides information on preventing, detecting, and responding to sexual assault and harassment. At the end of the training session residents acknowledge through signature that they understand their right to be Safe from Sexual Misconduct, Abuse, and Harassment. Interviews with 5 residents (at least one from each living units) validated that they receive education at intake and later. Interviews with intake and clinical staff verified that youth are provided with PREA required education in individual sessions with staff the day they arrive at the facility.

During the tour of the facility, posters outlining the sexual abuse zero tolerance policy, duty to report, and instructions for reporting, were posted in various locations including the living units; however, the posters are letter size and only visible from a short distance.

**Documentation for 115.333 (d)-1 was not made available to the auditor. Larger sized posters would likely provide for better visibility.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

#### **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)
- Not Applicable

SLYA does not employ facility investigators. 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)

SLYA Policy 10-25 and FDJJ Policy 1919 mandates training for medical and mental health workers consistent with section (a) of this policy.

**There was no documentation that medical and mental health staff had received any specialized training other than the PREA information received by all staff.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

### 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)

SLYA Policy 9-1 describes the process staff is to use for screening for Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB). Within 24 hours of a resident's arrival at the facility, trained staff meets with residents and complete the VSAB form. The instrument is scored prior to housing placement. Those residents who score vulnerable to victimization or sexually aggressive are included in the alert system, and referred for 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. Interviews with the clinical director and PREA Compliance Manager confirmed that policy is in practice and that information from the VSAB is disseminated on a "Need to Know" basis.

The screening for vulnerability to sexual victimization and sexual aggressive behavior instrument met the 11 minimum required elements outlined in section (c) of the standard. An examination of resident records indicated that the practice is followed.

### 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)

SLYA Policy 10-25 states that the information gathered from screening for vulnerability to sexual victimization and abusiveness shall be used to guide treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Policy 10-18 directs SLYA staff to maintain a continually updated internal alert system that is easily accessible to program staff and keeps them alerted about youth who are security or safety risks in multiple categories including sexual predator risks. Facility tour and interviews with staff verified compliance.

SLYA Policy 8-14.5 directs staff in the treatment of LGBTI residents consistent with those outlined in sections (c) through (g) of this standard. Interviews with staff indicated they are aware of the policy and intend to comply.

### 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)

SLYA Policy 8.3.4 (B) Abuse and Neglect Reporting – states that all youth shall have unimpeded access to the Florida Abuse Hotline without interference or retaliation of any kind and further outlines in detail that residents are to be provided with the Abuse hotline number which is provided at intake, included in the resident handbook and posted throughout the facility. A review of FDJJ Quality Improvement Report in February of 2014 indicates that Hotline numbers are posted and given to residents.

SLYA provides instruction and multiple ways for residents to report sexual abuse and harassment including telling a staff member, writing a grievance, asking to speak with the Facility Administrator, calling the Florida Abuse Hotline. A review of the resident guide indicates several hotline numbers that can be called and includes their numbers; however, these numbers were not posted in other locations in the facility.

Staff and residents validated that they have access to the tools necessary to make a report. Also, policy outlines procedures for staff to follow when a youth desires making a report including assisting the youth by dialing the number. However, staff interviews revealed conflicting ways for residents to access the hotline number.

Interviews with staff validated that they would accept and document reports made verbally, in writing, anonymously, and from third parties.

**SLYA is not compliant with section (b) of the standard because it does not provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of abuse and harassment to agency officials allowing the resident to remain anonymous upon request. Residents must exhaust written remedies before asking to use the phone to access the hotline. Then, staff would dial the number, place the phone on speaker, and monitor the phone call between the juvenile and the hotline staff.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

#### **Standard 115.352 - Exhaustion of administrative remedies**

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

**SLYA Policies 8-4 and 10-25 failed to address procedural issues for residents to submit grievances alleging sexual abuse without submitting it to the staff member who is the subject of the complaint nor should it be referred to the staff member who is the subject of the complaint. Additionally, policies do not address third party grievances or emergency grievances with appropriate timelines.**

During the past 12 months no sexual abuse grievance was filed. Interviews with residents validated their knowledge of how to file a grievance for sexual abuse or harassment. During the facility tour a locked grievance box was visible in the living unit.

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

#### **Standard 115.353 - Resident access to outside confidential 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)

**SLYA has no MOUs or other agreements establishing or attempting to establish a relationship with community service providers that are able to provide residents with emotional support services related to**

sexual abuse.

**Residents are not provided reasonable confidential communication between residents and outside victim advocates. A resident wanting to call 1-800 hotline must make request to staff, staff places call and remains with resident during conversation between resident and advocate.**

SLYA does not detain residents solely for immigration purposes.

**Interviews with residents and observations of posting in the facility suggest SLYA does not provide mailing addresses and telephone numbers of local or national victim advocacy or rape crisis organizations.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

**SLYA does not provide a method that is publically distributed on how to receive third-party reports of resident sexual abuse or sexual harassment on behalf of the residents.**

As of January 14, 2015, the policy, procedure and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

The employees at SLYA are mandatory reporters and SLYA Policy 10-25 directs staff to immediately report any abuse, knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment. Policy also directs staff to report any retaliation against residents or other staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of abuse or retaliation. SLYA policies further direct staff in complying with the elements outlined in sections (b) through (f) of this standard. Interviews with Health Services Coordinator, Facility Administrator/PREA Compliance Manager, and random selected staff served to validate that the staff are aware of the policies and their duty to report.

**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)

SLYA Policy 10-25 requires that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse it shall take immediate action to protect the resident from harm or further threat. During the past 12 months no residents were identified to be of such risk. Interviews with the Agency Head Designee, Facility Administrator/PREA Compliance Manager and random sample of staff validated that staff is aware of their mandate to immediately take steps necessary to keep the resident safe.

**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)

**SLYA policy does not address the requirement of facility upon receiving an allegation that a resident was sexually abused while confined at another facility, that the head of the facility receiving the allegation shall notify the head of the facility where the alleged abuse occurs, and also notify the appropriate investigative agency. Notification should be provided no later than 72 hours with notification being documented.**

During the past 12 months SLYA staff did not receive any reported allegations that a SLYA resident was abused while confined at another facility. Likewise, SLYA did not receive any reports of allegations of sexual abuse from other facilities that residents previously confined at SLYA were sexually abused.

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

**SLYA policy 10-25 (dated 4-25-2014 supersedes 10-01-2013) does not direct staff first responders to take specific steps of requesting victim of alleged sexual abuse that occurred within a time period that still allows for collection of physical evidence not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Also steps should be taken to ensure that alleged abuser does not take any the above actions that could destroy physical evidence.**

During the past 12 months SLYA had one allegation that a resident was sexually abused or harassed and in no instance was a non-security staff member the first responder.

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

**SLYA facility does not have a coordinated response plan that clearly states specific duties of responding staff and in what order, to include interface with investigators and follow up responsibilities as outlined in the Standard.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)
- Not Applicable

Spring Lake Youth Academy does not participate in collective bargaining.

**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)

SLYA Policies 10-25 and 8-3 establish that residents and staff are to be protected from retaliation for reporting sexual abuse or harassment and/or cooperating with investigations of sexual abuse and harassment. The monitoring will take place for a period of at least 90 days and at each 30 day interval the Facility Administrator/PREA Compliance Manager will determine if retaliation is occurring by reviewing such items as disciplinary reports, status checks, housing or program changes, and negative performance reviews or staff reassignment. There were no incidents of retaliation in the past 12 months reported.

**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)

SLYA does not have isolation rooms or segregated housing. The resident housing at SLYA consists of three 10-bed wards in the Dorm Building that comprises the living unit. Isolation is prohibited.

**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)

SLYA does not employ facility investigators. All allegations of abuse are reported to the Florida Department of Children and Families, the Desoto County Sheriff's Office, and the FDJJ Office of the Inspector General – Central Communications Center.

The PREA Coordinator was interviewed and indicated she has access to reports and comments on them for the agency.

**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)

SLYA does not conduct administrative investigations. All allegations of abuse are reported to FDJJ Office of the Inspector General – Central Communications Center. Staff from the Inspector General’s office conducts the administrative investigation and provides a report back to SLYA.

**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)

**SLYA policy 10-25 does not require notification of victim after completion of investigation of alleged sexual abuse by another resident or staff member (unless allegation is determined to be unfounded) and notification shall be documented.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

SLYA Policy 10-25 states that sexual activity between staff and youth, as well as between youth is prohibited and subject to administrative and criminal disciplinary sanctions. The policy also mandates that violations be reported to law enforcement.

The G4S Employee Handbook makes clear that employee sexual harassment is prohibited and when an allegation is substantiated, disciplinary action up to and including termination will be imposed.

During the past 12 months no staff from SLYA has been terminated or resigned for violating agency sexual abuse or harassment policies. At the time of the audit, no SLYA staff had been reported to law enforcement or licensing boards for violating agency sexual abuse and sexual harassment policies.

**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)

**SLYA has no policy that requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies and to relevant licensing bodies.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

During the past 12 months there has been no administrative finding of resident-on-resident sexual abuse; and no criminal finding of guilt for resident-on-resident sexual abuse at SLYA. Interviews with the Facility Administrator, medical, and mental health staff verified that residents are informed that in the event of such findings charges would be pressed and if not prosecuted, then the Treatment Team would make decision for any necessary treatment modification.

**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)

SLYA Policy 10-25 requires that if during intake screening, health/mental health screening, or health history, a resident discloses prior sexual victimization or perpetrated sexual abuse, whether it occurred in a facility setting or in the community, staff shall ensure the youth is referred for medical and mental health services within 14 day of the screening. Policy also mandates that sensitive information shall be on a need-to-know basis and shall not be exploited to the resident's detriment by staff or other residents. There were no residents who disclosed prior victimization during their initial screening process. Interviews with the medical and mental health staff and documentation review verified compliance with this standard.

**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)

SLYA Policy 7-30 requires that residents who are victims of sexual assault shall have immediate medical care. There were no sexual assault victims during the past 12 months. The medical personnel verified that any sexual assault victim would be provided unimpeded access to emergency medical treatment immediately; according to the medical personnel's professional judgment, the victim would be offered timely information about access to sexually transmitted infection prophylaxis; and that the services would be provided without cost to the victim.

**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)

SLYA Policy 10-25 mandates ongoing medical and mental health care for sexual abuse victims and abusers to include mental health evaluations and services as appropriate and medical health care services consistent with the community level of care. There has not been any sexual abuse victim during the last 12 months. Interviews with the medical personnel and Clinical Director verified that there are procedures in place compliant with the requirements of this standard.

**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)

SLYA Policy 10-25, page eight mandates that the facility shall create a Review Team with specific staff consistent with those outlined in section (c) of the standard. The policy further mandates that the Review Team shall ordinarily conduct the incident review within 30 days of the conclusion of every sexual misconduct investigation or administrative review. Page nine of the policy outlines the specifics of the Review Team's duties the same as those in section (d) of the standard; and directs that Review Team recommendation must be implemented or justification provided for not implementing the recommendations. Interview with Facility Administrator/PREA Compliance Manager verified that the facility is in compliance with this standard.

**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)

**SLYA provided no information or documentation that indicated collection of data addressed in the Standard.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

**SLYA provided no information that indicated the existence of a document that contained review of data collected as addressed in the Standard.**

As of January 14, 2015, the policy, procedure, and practice developed by the agency are now in compliance with the requirements of the standard.

**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)

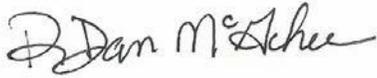
Does Not Meet Standard (requires corrective action)

SLYA Policy 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator shall ensure that requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. No additional information was provided.

**Any questions about PREA standards, required documentation or process please refer to the PREA Resource Center website under Juvenile Standards.**

**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 Signature

January 14, 2015

---

Date