

# PREA Facility Audit Report: Final

**Name of Facility:** Reception and Medical Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/02/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Darla P. O'Connor	<b>Date of Signature:</b> 11/02/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	O'Connor, Darla
<b>Email:</b>	darla@preaauditing.com
<b>Start Date of On-Site Audit:</b>	09/15/2020
<b>End Date of On-Site Audit:</b>	09/16/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Reception and Medical Center
<b>Facility physical address:</b>	7765 S County Road 231, Lake Butler, Florida - 32054-0628
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	D. Elizabeth Mallard, AWP
<b>Email Address:</b>	Elizabeth.Mallard@fdc.myflorida.com
<b>Telephone Number:</b>	386-496-7003

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Joseph Edwards
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<b>Facility PREA Compliance Manager</b>	
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<b>Facility Health Service Administrator On-site</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	3050
<b>Current population of facility:</b>	2436
<b>Average daily population for the past 12 months:</b>	2833
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-99
<b>Facility security levels/inmate custody levels:</b>	The Main Unit at RMC is a Security Level 6 Institution which houses all custody level inmates. The West Unit at RMC is a Security Level 4 Institution which housed Close, Medium, Minimum, and Community custody levels. The Work Camp at RMC is a Security Level 3 Facility which housed Medium, Minimum and Community custody levels.
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	697
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	409
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	232

AGENCY INFORMATION	
<b>Name of agency:</b>	Florida Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	501 S Calhoun Street, Tallahassee, Florida - 32399
<b>Mailing Address:</b>	
<b>Telephone number:</b>	850-488-5021

Agency Chief Executive Officer Information:	
<b>Name:</b>	Mark Inch
<b>Email Address:</b>	Mark.Inch@fdc.myflorida.com
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Judy Cardinez	<b>Email Address:</b>	Judy.Cardinez@fdc.myflorida.com

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Reception and Medical Center (RMC) is located in Region 1 of the Florida Department of Corrections (FDC). RMC is located in Union County approximately two miles south of Lake Butler at 7765 County Road 231, Lake Butler, FL, 32054-0628. RMC is 30 miles from Gainesville, 54 miles from Jacksonville and 22 miles from Lake City. RMC is situated on 816 acres and consists of the Main Unit, West Unit, Work Camp.

RMC is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above during the period of September 15-17, 2020. The assigned PREA auditor is an independent sub-contractor, working for the primary contract holder from the Florida Department of Corrections. Following coordination preparatory work and collaboration with the assigned FDC Correctional Services Consultant, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the inmate count was 1,963, with a designated capacity of 3,050. RMC reported the average length of stay is 7 months and 25 days.

### **PRE-AUDIT PHASE**

On June 22, 2020, the Auditor signed a contract to conduct the PREA Audit at RMC September 15-17, 2020.

On June 30, 2020, the Auditor received an email from the primary contract holder with the Florida Department of Corrections, introducing her to the FDC PREA Coordinator for RMC.

On June 30, 2020, the Auditor received an email from the FDC PREA Coordinator introducing herself and providing the point of contact for all things related to this audit. The point of contact was a FDC PREA Correctional Services Consultant working out of the Tallahassee office. The Auditor was provided her contact information, both email and telephone.

On July 9, 2020, the Auditor emailed everyone involved with the audit and introduced herself, gave some generic logistics information regarding email subject lines and expected time frames.

On July 15, 2020, the Auditor provided RMC with the Notice of Audit in English and Spanish for posting throughout RMC. The Auditor strongly encouraged the copies of the notice to be made on brightly colored paper for posting throughout the facility. The Auditor request to be provided ten (10) date and time stamped photographs of notices posted throughout the facility no later than August 5, 2020. With this email the Auditor also enclosed a pre-audit checklist to provide the institution a complete listing of everything needed for the audit.

On August 9, 2020, the Auditor reached out to the FDC PREA Correctional Services Consultant confirming receipt of the PAQ and supporting documentation. The Auditor made the FDC PREA

Correctional Services Consultant aware of the possibility of a Pre-Audit Issue Log and what that would entail. It was agreed the Pre-Audit Issue Log, if needed, would be provided no later than August 31, 2020. It was also confirmed all mail being sent out from the facility as a result of the audit notice postings, would be treated as legal mail, for the sake of confidentiality.

On August 27, 2020, the Auditor provided a request for listings of inmate and staff breakdowns to be uploaded into OAS no later than September 4, 2020. The request was for:

- Alpha listing of inmates
- List of inmates who alleged PREA violations in the past 12 months
- Inmates who identify or are perceived to be Gay or Bisexual
- Transgender and Intersex Inmates
- Inmates who reported victimization during screening
- Inmates who in the past 12 months who were placed in segregated housing for high risk of victimization
- Physically impaired inmates
- Hearing or Visually impaired inmates
- LEP inmates
- Cognitively impaired residents
- Alpha listing of staff
- Staff who have been hired in the past 12 months
- Staff who have been promoted in the past 12 months

August 31, 2020, following a review by the Auditor of the PAQ and supporting documentation, a Pre-Audit Issue Log was not necessary.

**Pre-Audit Section of the Compliance Tool:** The completed pre-audit questionnaire, including supporting documentation, were provided to the Auditor via OAS. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

It should be noted that RMC has had two previous PREA audits, May 3-5, 2016, and August 8-10, 2017.

There were no barriers in completing the audit. The staff whom the Auditor encountered, were prepared, cordial and accommodating. The FDC as an agency, which includes RMC, chose to utilize the Online Audit System (OAS).

### **ON-SITE PHASE**

September 15, 2020, the Auditor arrived at RMC and participated in an entrance meeting. The following people attended the entrance meeting: Associate Warden (AW), PREA Auxiliary Staff, and the FDC PREA Correctional Services Consultants. During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary points of contact for the on-site audit were the Associate Warden (who is also the PCM), PREA Auxiliary Staff and PREA Correctional Services Consultant

Prior to arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers,

housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters the interview lists were selected in a complete random fashion.

Each staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals with a specialized position or individuals who had been promoted or hired within the last 12 months. Otherwise the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested and received a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with inmates assigned to RMC
- Complete list of volunteers who have contact with inmates assigned to RMC

Each inmate roster was utilized to create a list of inmates randomly selected for interviews. The only selection criteria used for inmates was housing unit or if they fell into a targeted population. One inmate name listed for each letter of the alphabet on the roster was selected from each housing unit. From this pool of names, the random inmates were chosen ensuring diversity in age and race. Otherwise the inmate selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which inmates were in which category for interviewing purposes, except targeted inmates.

The Auditor had previously requested and received a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Youthful Inmates
- Inmates in Segregated Housing or Isolation
- Inmates who Reported Sexual Abuse
- Inmates who Reported Sexual Victimization during Risk Screening

In addition to the inmate and staff lists the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded.
- All hotline calls made during the 12-months preceding the audit.

An extensive amount of internet research was conducted regarding RMC and little information was recovered.

- July 3, 2020 there was an article in the Orlando Sentinel “Slain Prisoner’s family waited 2 years to see autopsy report. They still wait for answers about his killing” about an inmate who died while in custody at RMC.
- August 21, 2020 there was an article by the News Service of Florida, “Third Florida Correctional Officer Dies with COVID-19” about a correctional officer at RMC.
- September 24, 2020 there was an article by CBS Miami/NSF “Florida Inmate COVID Deaths Jump to 131” indicating RMC had 18 inmate deaths from COVID-19.
- October 9, 2020 there was an article in the Tampa Bay Times, “A ‘golden-hearted young man’: Another Florida Corrections Officer dies of COVID-19” about a correctional officer at RMC.
- There were several articles discussing COVID-19 and the Florida Department of Corrections in general.

There was no information uncovered with regard to lawsuits, civil rights issues, security issues, sexual abuse or sexual harassment, or sexual violence. There was no information discovered during the research portion of the audit to suggest an unhealthy correctional environment within the RMC.

During the research to prepare for this audit, the Auditor learned Florida law requires any person in Florida to report knowledge or reasonable suspicion of abuse, neglect or exploitation of elders and adults with disabilities.

As a result of the posted audit notices, the Auditor did not receive any letters from inmates at the facility prior to arrival.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the RMC Main Unit, RMC West, and RMC Work Camp. In addition to the dormitories, other areas toured were the kitchen, inmate dining room, inmate canteen, administrative offices, staff officer stations, control center, library, classrooms, medical area, dental area, intake processing area, groups therapy rooms, visiting area, recreational area, programming areas, and storage closets. In addition to custody staff, the facility maintains a camera monitoring system which covers all vital areas of the facility and is monitored by a staffed camera control center 24/7/365.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of surveillance cameras, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc.

During the on-site tour, one telephone in each housing unit was tested. Each telephone tested was in working order and could call out to the local PREA Hotline by dialing \*8466 for anonymous reporting; \*8477 for the TIPS line that goes directly to the Office of Inspector General or \*8499 which go directly to the community advocacy organization. All numbers provided sufficient time to leave a detailed message to follow-up. The \*8466 never required personal identifying information. Additionally, RMC has a language line for interpreter services, that is used when a staff member is not available who is bilingual.

During the on-site tour inmates were observed in the recreational area, performing landscaping work around the facilities, food service workers were observed preparing lunch, in the barber shops cutting hair and getting haircuts, walking around the compound going from one activity to another, etc.



In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing unit, an announcement was always made by the respective staff member. Prior to opposite-gender staff entering into a bathing area, the announcement was made multiple times, with a lengthy pause before staff entered the area. In all cases if a response was made from within, no entrance was made until the inmate had completed their purpose. If no response was received after several announcements, a sufficient amount of time was waited prior to entrance. During the interviews, several inmates indicated some of the female staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a male staff member.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or proper procedures were demonstrated by staff on hand.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members of the management team:

- Facility Head or designee - Associate Warden (AW)
- PREA Compliance Manager (PCM)

It should be noted the Associate Warden is also the PREA Compliance Manager. In this report when an interview with the Associate Warden is cited, it is an interview with this individual, in her role as the facility head designee, using that specific interview protocol. When an interview with the PREA Compliance Manager is cited, it is an interview with this individual in her role as the PREA Compliance Manager, using that specific interview protocol.

As a result of logistics, the Auditor was unable to conduct in-person interviews with the following members of the management team:

- Agency Head (AH)
- PREA Coordinator (PC)
- Agency Contract Administrator
- SAFE/SANE Nursing Staff
- Victim Advocates

These interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. Each of these individuals were interviewed using the applicable interview protocols, and responses were recorded by hand.

All in-person interviews occurred in private areas of the facilities.

The following are a list of the staff interviews:

24 - Random Staff (Total)

3 - Management Level Staff (Total)

15 - Specialized Staff (Total)

42 - Total Staff

## Breakdown of Specialized Staff Interviews

- 1 - Agency Head
- 1 - Agency PREA Coordinator
- 1 - Agency Contract Administrator
- 1 - Facility Head
- 1 - Facility PREA Compliance Manager
- 1 - Intermediate or Higher Staff
- 1 - Intake Staff
- 1 - Classification Staff
- 1 - Medical and Mental Health Staff
- 1 - SAFE/SANE Nursing Staff
- 1 - Investigative Staff
- 1 - Incident Review Team Member
- 1 - Staff who perform screening for risk of victimization and abusiveness
- 1 - HR staff
- 1 - Monitor(s) for Retaliation
- 1 - First Responder (Custody/Non-Custody)
- 1 - Non-Medical staff involved in cross gender strip or visual cavity searches
- 1 - Staff who supervise inmates in segregated housing

Note: in several instances a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc.

Specialized Staff Interviews: Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers based on the line of questioning on the specific interview protocols for their position.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: "confidential" letters can be mailed out of the facility, through PREA hotline calls PREA Hotline by dialing \*8466 for anonymous reporting; \*8477 for the TIPS line that goes directly to the Office of Inspector General or \*8499 which go directly to the community advocacy organization, third party reporting, or through notifying a staff member. The Office of Inspector General (OIG) is charged with investigating all allegations, administrative and criminal.

Random Staff Interviews: There are 697 total staff positions allocated at RMC for all three (3) facilities. A

total of forty-two (42) staff members were interviewed, twenty-four (24) were random staff selected from all three shifts, three (3) were management staff and fifteen (15) were specialized staff. Staff were randomly chosen from a complete staff roster. There was no rhyme or reason to the selection, except that an effort was made to select staff from all three facilities and all three shifts. All staff provided answers based on the line of questioning on the Random Interview protocol.

Work shifts for custody staff are:

- 1st shift: 0600 – 1400 hours
- 2nd shift: 1400 – 2200 hours
- 3rd shift: 2200 – 0600 hours

Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

RMC offers the inmate population a variety of volunteer program services, ranging from Support Groups to numerous community religious organizations, with a list of 232 volunteers. However, due to COVID-19 all volunteer programs have been placed on hold and volunteers are not allowed to come to the institution. Consequently, no volunteers were interviewed during the audit period.

The only contractors who have any contact with the inmate population are directly associated with the medical services provided at the facility. These contract staff members are provided specific PREA training as it relates to health care providers, in addition to the BOP specific PREA training. The Auditor conducted (1) one interview with contract medical staff. He provided a comprehensive overview of the medical processes.

All in-person interviews occurred in a private space in each facility. The following interviews were conducted.

35 - Random Inmates (Total)  
22 - Targeted Inmates (Total)  
57 - Total Inmates Interviewed

**Breakdown of Targeted Inmate Interviews:**

- 5 - Youthful Inmates
- 1 - Inmates who reported sexual abuse
- 0 - Inmates who disclosed prior sexual victimization during risk screening
- 3 - Inmates who identify as Lesbian, Gay or Bisexual
- 3 - Inmates who identify as Transgender or Intersex
- 0 - Inmates in segregated housing for risk of sexual victimization
- 8 - Inmates with physical disability, blind, deaf, hard of hearing, LEP
- 2 - Inmates with cognitive disability

Random Inmate Interviews: The institutional count the first day of the on-site audit was 1,963. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from each facility to interview, ensuring diversity in age and race. However, due to COVID-19 infections and exposure, the interview list had to be changed several times using first and second alternates on over half the scheduled interviews.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of thirty-five (35) formal random inmate interviews were conducted with inmates in varying custody levels.

As a result of the audit notice posting the Auditor did not receive correspondence from any random inmates.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the protocol questions. All random inmates willing participated in the interview process. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the staff at RMC took PREA issues very seriously.

In regard to personal safety at RMC, every random inmate interviewed stated he felt safe from Sexual Harassment and Sexual Abuse.

Targeted Inmate Interviews: The Auditor requested and received a roster of inmates who fell into the targeted categories. Out of the eight (8) targeted categories, there were inmates who fell into six (6) categories. The Auditor randomly chose inmates from each facility to interview, ensuring diversity in age and race. However, due to COVID-19 infections and exposure, the interview list had to be changed several times using first and second alternates on over half the scheduled interviews. Once selected each inmate was put on "call-out" with a time to report to the private space designated for interviews.

Because of the relatively short period of time inmates remain at RMC, they did not have any inmates currently in house who had been in segregated housing for risk of sexual victimization or who disclosed sexual abuse during screening and no. The information the Auditor gained from the facility tour, informal conversations with inmates and staff, as well as formal interviews with staff and inmates supported this assertion.

As a result of the audit notice posting the Auditor did not receive correspondence from any random inmates.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand. One (1) targeted inmates declined to be

interviewed.

In regard to personal safety at RMC, of the fifty-seven (57) inmates interviewed, fifty-six (56) reported they felt safe from Sexual Harassment and Sexual Abuse. The one (1) who reported a concern for his safety, reported "I am worried about retaliation because of my PREA report." When asked if he had experienced retaliation he responded "no". When asked if staff had followed up with him about retaliation since he filed a report he responded "yes, they check on me pretty regular". When asked why he was afraid of retaliation, he responded, "you know how people can be". However, when questioned neither felt there was an unsafe culture within RMC, he stated "no". When his file was reviewed for retaliation monitoring had been consistent and thorough as required by standard.

### **Document Reviews:**

A thorough review of the FDC, as well as the facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site portion, and Post- Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities).
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse that occurred in RMC or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with inmates assigned to RMC
14. Complete list of volunteers who have contact with inmates assigned to RMC
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12

months in the RMC

16. Copies of all grievances submitted over the past 12 months which claim allegations sexual abuse, sexual harassment, or retaliation, including:

- o Total number of allegations
- o Number determined to be Substantiated, unsubstantiated or unfounded
- o Number of cases in progress
- o Number of criminal cases investigated
- o Number of administrative cases investigated
- o Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted

17. List of all hotline calls made in the 12 months preceding the audit

18. List of all 3rd party reports of inmate sexual abuse, sexual harassment, or retaliation

19. Copies of all incident review team cases conducted over the past 12 months

20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address

21. List of community-based advocacy organization(s) utilized by RMC

The facility provided the Auditor the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	697	30
Training Files	697	30
Inmate Records	1,963	62
Grievances	3	3
Incident Reports	24	20
Investigation Records (SA and SH)	24	20

**Personnel and Training Files:**

There was a total of thirty (30) record reviews conducted on staff from various categories, including employees hired in the past 12 months and employees promoted in the past 12 months. The thirty (30) files were selected by randomly choosing the files of new hires in the past twelve (12) months; newly promoted employees in the past twelve (12) months and employees who had been at RMC for longer periods of time. All of the files contained all of the required documentation, i.e. initial criminal history

check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

### **Inmate Records:**

There were sixty-two (62) inmate files, chosen randomly from the master roster, with arrival dates varying throughout the previous 12 months, with attention given to try to have at least one file for an inmate who arrived in each month of the past 12 calendar months. All sixty-two (62) files had a signed acknowledgment sheet, had received an orientation booklet, PREA brochure and viewed the PREA video. All sixty-two (62) inmates had received PREA information during intake, had their PREA screening within 72 hours of admission, were reassessed within 30-days arrival and had comprehensive PREA education within 30-days of intake.

### **Grievances:**

On the PAQ, RMC indicated they had three (3) grievances for alleged sexual abuse in the past 12-months. All three (3) grievances alleging sexual abuse reached a final decision within 90 days of being filed.

The Auditor reviewed documentation that indicated during the past 12-months there were a total of three (3) grievances filed. All were filed by the inmate (victim).

The documentation review included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. All cases were investigated appropriately and were determined unsubstantiated. The inmates were given proper notice of the findings and the cases have been closed.

### **Incident Reports:**

The PCM provided the Incident Report and Investigative report for the three (3) grievance allegations received during the previous 12-months. All three (3) of these reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

One (1) third-party grievance was filed, and the inmate denied having any knowledge of it being written and denied having someone write it for him. The inmate denied any PREA violation took place and said he knew nothing about the information reflected in the third-party report.

### **Investigation Files:**

Information received regarding the allegation of sexual abuse indicate in the past 12-months there had been a total of twenty-four (24) allegations made. Of those twenty-four (24) allegations, staff were notified within a time period that still allowed for the collection of physical evidence three (3). Each of the three (3) times security personnel were the first responder and activated the Sexual Assault Response

Team (SART). In each of the three (3) cases evidence was properly collected, and the perpetrator and the victim were separated and instructed not to do anything to contaminate the evidence.

The Auditor scheduled the exit briefing with the Warden and his executive staff, which was conducted the final day of the audit, September 16, 2020. The Warden, Associate Warden, PREA Auxiliary, PCM, and FDC PREA Correctional Services Consultant were present. During this exit briefing the executive staff members were provided with an overview of what had been observed and information about the interim or final report which is due no later than October 29, 2020.

The institution staff I encountered were extremely courteous, supportive, and professional. Their combined demeanors and attitudes displayed a culture that is acutely aware of the significance of sexual safety and view the responsibility to protect inmates and staff from sexual victimization as a high priority.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility." At the completion of the corrective action period, the Auditor has 30-days to issue a "final report" with final determinations. Section §115.404 (d) stated that "after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action." The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

This information was discussed with the Warden, Associate Warden, PREA Auxiliary, PCM, as well as the FDC PREA Correctional Services Consultant.

Alachua County Victim Services and Rape Crisis Center was emailed requesting information related to the sexual safety practices of RMC. At the time of this report a response had not been received.

Just Detention International was emailed requesting information related to the sexual safety practices of RMC. A response was received from Just Detention International stating "2 inmates reported that they were sexually harassed and abused in the shower by other inmates at Reception and Medical Center within the past 12 months. The survivors reported the incidents to officials. No investigation was reported to take place as well as no SART exam and the perpetrators were not charged. If you have not already done so, you may want to contact the local rape crisis centers for these facilities to verify if they have received any reports."

Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the onsite audit should be reviewed in order to determine compliance for each standard. After checking the appropriate "yes" or "no" boxes on the compliance tool for each provision of each standard, the Auditor completed



the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures and practices, exceeds, meets or does not meet each specific standard.

## AUDIT FINDINGS

### **Facility Characteristics:**

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Florida Department of Correction is divided into five regions. The Reception and Medical Center (RMC) is located in Region 1. RMC is located in Union County approximately two miles south of Lake Butler at 7765 County Road 231, Lake Butler, FL, 32054-0628. RMC is 30 miles from Gainesville, 54 miles from Jacksonville and 22 miles from Lake City. RMC is situated on 816 acres and consists of the Main Unit, West Unit, Work Camp. Each of these facilities were audited by the Auditor.

RMC was planned, designed, and constructed to serve the dual purpose of a Reception/Diagnostic/Classification unit for newly committed male felony inmates as well as the central medical facility for selected inmates from throughout the Florida Department of Corrections.

RMC has the distinction of being the first such unit to become operational in the Florida Department of Corrections. The reception function commenced on September 23, 1968, with the processing of the first inmate. The 120-bed hospital opened and received the first patient on September 1, 1972.

All three (3) facilities are individually surrounded by two rows of perimeter fencing. The fence is 12-feet high with shaker and microwave security systems which alert in the control center. The fence is equipped with rows of razor wire. There are seven towers along the fence line at the Main Unit but only two are operational. The West Unit has three towers, two are operational. One tower is located in the center of the compound and the back tower is only manned during outside recreation. The work camp does not have towers.

The mission of RMC is three-fold. The first mission is to receive and process new inmates into the system from 23 designated counties. Once the new inmate has been evaluated and all new commitment requirements are met, the inmate is transferred to their permanent unit. The second mission is to provide medical services for all inmates. These services include hospital care, a cancer center, a dialysis unit, and an ambulatory surgical unit within the secure perimeter. Also, the RMC provides an oversight of a contracted secure unit at the Memorial Hospital near Jacksonville, FL. The Memorial Hospital Unit is not part of this audit. The third mission is a transportation/layover hub for inmate transfers; over 400 inmates enter and depart the RMC. The RMC processes over 18,000 inmates yearly.

### **RMC MAIN UNIT**

RMC Main Unit has 550 acres with 52 acres inside the perimeter fence. The bed capacity of the RMC is 1,470 inmates. It is a level 6 security institution and houses all custody levels of inmates. RMC Main is not a close management designated facility, except for medical purposes. The Main Unit consists of eight (8) open bay dormitories and a T-building confinement unit, Auburn style confinement building renovated to house open population and youthful offender inmates, a hospital, food service, and several administration and program building.

### **RMC WEST**

The RMC West Unit occupies 266 acres which was donated by Union County. The bed capacity of RMC

West is 1,148 inmates. RMC West is a level 4 security institution and houses Close, Medium, Minimum, and Community custody inmates. The West Unit's mission is to temporarily house inmates that are undergoing medical treatment at the Main Unit as well as reception/orientation inmates awaiting transfer to their permanent institution. The West Unit does not have a confinement unit and consists of open bay housing only. The West Unit compound is a campus style occupying 31 acres. The buildings consist of nine (9) open bay dormitories, a multipurpose building for medical and classification, food service, and an administration building. The West Unit of the Reception and Medical Center was constructed during the fiscal year 1989 – 1990.

### **RMC WORK CAMP**

The Work Camp is comprised of approximately 13 acres inside the perimeter fences. The bed capacity of RMC Work Camp is 432 inmates. The RMC Work Camp is a level 3 security institution. It houses Medium, Minimum and Community custody inmates who are utilized on outside work squads both within and outside of the facility and in the community. The Work Camp also functions as the RMC Re-Entry program.

The Work Camp's primary mission is to house inmates utilized on outside work squads both on institutional properties as well as in the community. The Work Camp is campus style, with the buildings consisting of three (3) open bay dormitories, dining hall, chapel, program building, visiting park and administration. The Work Camp also serves as RMC's main focus of Re-Entry programming. The Work Camp of the Reception and Medical Center became fully operational in the fall of 2006.

There have been 19,472 inmates assigned to Reception and Medical Center during the previous twelve (12) months. Of those, 8,127 were in the facility for 72 hours or more with 2,095 being in the facility 30 days or more. RMC has held 289 youthful inmates in the facility during the past twelve (12) months. The custody level of the inmate population is close to community. RMC has 697 staff assigned. There have been 142 staff hired during the past twelve months.

In addition to custody staff, the RMC facilities maintain a camera monitoring system which covers all vital areas of each facility and is monitored by a staffed camera monitoring station that operates 24/7/365. The camera locations are such that each facility is widely covered, yet inmates have a level of privacy during searches, stages of undress, toilet, and shower use.

The facility grounds are well maintained and offer ample green space for inmates to spread out and get fresh air. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and inmates.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0
Standards Exceed: 115.11; 115.13; 115.16; 115.65	

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Exceeds Standard	
<b>Auditor Discussion</b>	
<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• PREA Statement from the Office of the Secretary, Florida Department of Corrections, dated March 17, 2015</li> <li>• Florida Department of Corrections (FDC) Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 2</li> <li>• FDC, Inmate Orientation Handbook, dated November 9, 2018, pp. 19-20.</li> <li>• FDC PREA Organizational Chart</li> <li>• RMC PREA Organizational Chart</li> <li>• Email from the Deputy Director of Institutional Operations, Florida Department of Corrections, dated November 5, 2018</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Agency PREA Coordinator (PC)</li> <li>o Institution PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The Pre-Audit Questionnaire (PAQ) indicates RMC has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.</p> <p>The PREA Statement from the Florida Department of Corrections, Office of the Secretary, dated March 17, 2015 specifically proclaims the Florida Department of Corrections (FDC) has established a zero-tolerance policy for all forms of sexual abuse, sexual battery and sexual harassment, pursuant to the Prison Rape Elimination Act of 2003.</p> <p>The FDC procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 2, specifically asserts the zero-tolerance policy.</p> <p>Additionally, policy language outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.</p> <p>FDC, Inmate Orientation Handbook, dated November 9, 2018, pp. 19-20, addresses the Florida Department of Corrections and RMC zero tolerance policy against sexual abuse and sexual harassment. Any sexual conduct, whether inmate-on-inmate or staff-on-inmate, whether consensual or coerced, is strictly prohibited.</p> <p>RMC policy and procedure are consistent with the PREA standards.</p> <p>Provision (b)</p>	

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, specifically addresses the requirements of this provision. Additionally, it identifies the role of an Institutional PREA Compliance Manager (PCM). The reviewed policy is consistent with the PREA Standards and outlines the agency's approach to sexual safety.

The November 5, 2018, email from the Deputy Director of Institutional Operations, FDC, announcing the appointment of a new Statewide PREA Coordinator (PC) for the FDC confirms the agency has an agency wide PC.

The positions and hierarchy within the FDC for PREA personnel was confirmed through a review of the agency PREA organization chart. The positions and hierarchy within RMC for PREA personnel was confirmed through a review of the facility PREA organization chart.

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, outline the responsibilities of the Agency PREA Coordinator (PC) and the Institutional PREA Compliance Manager (PCM) and relates directly to the implementation, management and monitoring of the Florida Department of Corrections and member institutions compliance with the PREA Standards, including collaboration with various levels of management.

The PC is classified at the Executive Level as confirmed through a review of the agency organizational chart. The PC has regular contact with all Florida Department of Corrections facilities throughout the state. According to the agency organization chart, the PC reports directly to the Deputy Director Institutional Operations.

The interview notes of the PC indicate the PC is a full-time position dedicated solely to PREA compliance. The PC feels she has sufficient time to manager her PREA related responsibilities. Each facility has one (1) PREA Compliance Manager (PCM), for a total of fifty-seven (57) throughout the agency.

The PC provides training to all new PCMs. She is a resource for the PCMs and interacts with them via email, telephone, and in-person, when she visits their facilities.

#### Provision (c)

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp15-17, establishes, identifies, and outlines the roles and responsibilities of the RMC PCM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the PCM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency's approach to sexual safety.

RMC PCM is the Assistant Warden, who reports directly to the Warden of the facility, which was confirmed by a review of the institutional organizational chart. Through interviews with the agency PC and the institution PCM, it was confirmed the PCM has the responsibility to ensure the institution's compliance with the PREA standards and has the authority to address all PREA issues.

During interviews with RMC PCM, she indicated she has sufficient time to complete her responsibilities. It is evident that she is deeply knowledgeable with the expectations and

responsibilities of her position and is able to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC exceeds the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator. No recommendations or corrective action is required.



115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o PREA Compliance Manager (PCM)</li> <li>o Agency Contract Administrator</li> </ul> </li> </ul> <p>Provision (a)</p> <p>RMC Pre-Audit Questionnaire (PAQ) revealed the FDC requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. RMC does not individually contract for the confinement of inmates.</p> <p>The interview notes of the Agency Contract Administrator indicate FDC contracts include verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed. The contract administrator pointed out:</p> <p>(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>According to the Agency Contract Administrator, there are seventy-four (74) total contracts for the confinement of FDC inmates. The 7 DMS contract facilities that operate in Florida submit their completed audit report to the FDC PREA Coordinator. These reports are then posted on the FDC public page along with FDC facility PREA reports.</p> <p>The PREA compliance results for the 67 contracts for confinement of inmates with other entities are managed by the contract manager in accordance with the verbiage of the contract that is in place with each entity.</p> <p>Provision (b)</p> <p>According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed by FDC who ensure appropriate adherence to the national standards. Each entity is contractually required to notify the FDC of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.</p> <p>Conclusion:</p>

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC) Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 7, 14-15</li> <li>• RMC Annual Staffing Plan Review approved February 27, 2020</li> <li>• FDC, Procedure 602.030, Security Staff Utilization, effective date February 12, 2019, p. 9</li> <li>• PREA Audit Team Memorandum, PREA Standard 115.13, dated April 2, 2020</li> <li>• PREA Audit Team Memorandum, Average Daily Inmate Population, dated April 2, 2020</li> <li>• FDC, Shift Supervisor Post, issued June 1, 2000, p 2.</li> <li>• FDC, General Post Order, issued January 22, 2020, p. 10, 3, h</li> <li>• FDC form DC6-207, Control Room Log</li> <li>• FDC, form DC6-209, Housing Unit Log</li> <li>• FDC. form DC6-210, Incident Report Log</li> <li>• FDC. form DC6-228, Inspection of Special Housing Record</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility Head or Designee – Associate Warden (AW)</li> <li>o PREA Compliance Manager (PCM)</li> <li>o Agency PREA Coordinator (PC)</li> <li>o Intermediate-or-Higher Level Facility Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>Florida Department of Corrections (FDC), Procedure 602.030, Security Staff Utilization, effective date February 12, 2019, p. 9, specifies security staffing levels are designated to assist supervisors in the daily staffing of their shifts by establishing priorities for post staffing which will assist in ensuring continued security and safety of staff, visitors and inmates. Additionally, it outlines the manner in which Level I through Level III are to be staffed.</p> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 7 indicates each institution will develop a staffing plan that provides adequate staffing levels, and where applicable, video monitoring, to protect inmates against sexual abuse, sexual battery, staff sexual misconduct and sexual harassment. This plan shall be reviewed at least once per year, both by the Warden of the institution and by the PREA Coordinator, to assess, determine, and document whether adjustments are necessary.</p> <p>On the PAQ, RMC indicated they have a staffing plan and the plan addresses each of the thirteen items listed in Provision (a). In addition, the RMC Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified.</p> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date</p>

July 31, 2018, pp. 14-15, identifies the PREA Coordinator as being responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2. The data will also be utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution.

The Auditor reviewed copies of the 2019 annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan is predicated upon a daily facility inmate population of 3,050, the average daily number of inmates during the past 12 months has been 2,848.

PREA Audit Team Memorandum, Average Daily Inmate Population, dated April 2, 2020, confirms the average daily number of inmates during the past 12 months has been 2,848.

Interviews with the PCM and other executive staff indicated random reviews of the staffing levels, how they affect the inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, inmate population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

Provision (b)

RMC has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected according to the Level of the post. In the event staff cannot be redirected, a Florida Department of Corrections, Incident Report, Form DC6-210 is completed by the Shift Supervisor and forwarded to the Warden.

It is the Shift Supervisor's responsibility to document all deviations from the staffing plan. On the Pre-Audit Questionnaire (PAQ), RMC reported there had been eight (8) deviations from the staffing plan in the past 12-months. The Shift Supervisor as well as the PCM both indicated, when asked, that possible deviations could occur for the following reasons:

1. Vacancy Rate
2. Staff call-ins
3. Staff Emergencies
4. Post Inactivity
5. Weather Emergencies

According to the PAQ, RMC has 75 vacancies or vacancy rate of 11.28%.

PREA Audit Team Memorandum, PREA Standard 115.13, dated April 2, 2020 states any deviation from PREA Standard 115.13 is documented on the Roster Management System and is due to a staff shortage and/ or the high turnover rate of staff. In the case of a deviation staff member(s) assigned on another shift would cover the level one post to ensure that no level one post was left vacant at any time.

#### Provision (c)

Policy requires the staffing plan review be completed in consultation with the PCM and other executive staff at least annually. The Auditor was provided a copy of the RMC Annual Staffing Plan Review approved March 9, 2020. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

Policy requires an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include: the PCM and other institutional Executive Staff.

The Auditor reviewed shift rosters for respective shifts and was able to verify that every mandatory post was covered by an assigned staff member.

RMC has a comprehensive camera system, with a fully staffed monitoring control room. The camera system has been well thought out, and strategically designed to optimize oversight of all aspects of the facility. Camera and video surveillance are monitored by specially trained staff, who are assigned specifically to the monitoring control room. In addition to the camera and video system, RMC also uses security mirrors throughout the institution to enhance the level of safety and security for staff and inmates.

#### Provision (d)

FDC, Shift Supervisor Post Order, issued June 1, 2000, p. 2, mandates the Shift Supervisor conduct daily unannounced rounds and security inspections of all inmate housing and activity areas. All security posts will be visited, and these inspections will be documented daily on the DC6-107 Control Room Log, as well as the DC6-209 Housing Unit Log or DC6-228 Inspection of Special Housing Record maintained in each area. Random shifts were selected from these logs and the corresponding date and time were reviewed on video. All documented unannounced rounds corresponded to the unannounced rounds observed on video.

FDC, General Post Order, issued January 22, 2020, p. 10, 3, h, expressly prohibits staff from alerting other staff members that supervisor rounds are occurring.

During the three (3) days the Auditor was on site; numerous supervisors were observed walking and working in various capacities throughout the facility. When interviewing inmates, it was confirmed the PCM, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

There were interviews and informal discussions with (4) intermediate or higher-level staff. These interviews and discussions affirmed that staff are making unannounced rounds to all areas of the facility, with no warning to staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC exceeds the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority. No recommendations or corrective action is required.

115.14	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities effective date September 12, 2019, pp. 2, 5</li> <li>• Observations during on-site review</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility Head or Designee – Associate Warden (AW)</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>On the PAQ, RMC reported they do house youthful inmates. In Interviews with the AW, using the interview protocol for the facility head, she confirmed RMC does house inmates younger than 17 years old. RMC currently houses youthful inmates age 18-25 years of age for reception and process and for medical services as needed.</p> <p>During the course of the on-site tour, the Auditor did observe five (5) youthful inmates. Interviews were conducted with all five (5) youthful inmates.</p> <p>The FDC, Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders and Youthful Offender Facilities, effective date September 12, 2019, pp 2, 5 , Specifies guidelines of how youthful offenders would be managed while in the facility.</p> <p>Provision (b)</p> <p>According to the PAQ, RMC reported they do house inmates younger than 17 years of age. RMC houses youthful inmates, ages 18-25 separately from the adult population. It further states all youthful inmates are directly supervised in all areas outside the housing unit. This was confirmed through on-site observations during the facility tour and through interviews with five (5) youthful inmates.</p> <p>The FDC, Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders and Youthful Offender Facilities, effective date September 12, 2019, pp 2, 5 , Specifies guidelines of how youthful offenders would be managed while in the facility.</p> <p>Provision (c)</p> <p>According to the PAQ, youthful inmates are given access to large-muscle exercise, legally required education services, programs, and work while in RMC. It further states that during the past 12 months there have not been any instances when a youthful inmate was placed in isolation in order to separate them from adult inmates. This was confirmed through on-site observations during the facility tour and through interviews with five (5) youthful inmates.</p>

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding youthful inmates. No recommendations or corrective action is required.



115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center(RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.204 Search of Inmates, Chapter 33, Sections 2, 3</li> <li>• FDC, Procedure 602.018, Contraband and Searches of Inmates, Effective June 9, 2020, pp. 4, 5</li> <li>• FDC, Procedure 602.036, Gender Specific Security Positions, Shifts, Posts and Assignments, Effective February 6, 2019, pp. 3-6</li> <li>• FDC, Prison Rape Elimination Act, Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019</li> <li>• FDC, Prison Rape Elimination Act, Training Attendance Report 2019/2020</li> <li>• Observations made during on-site review</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Random Staff</li> <li>o Random Inmates</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 602.018, Contraband and Searches of Inmates, Effective June 9, 2020, pp. 4, 5 and FDC, Procedure 602.036, Gender Specific Security Positions, Shifts, Posts and Assignments, effective February 6, 2019, p. 4 both express a staff member of the same sex as the inmate shall conduct all unclothed body searches of inmates, except where circumstances are such that delay would constitute an immediate threat to the inmate, staff, others or institution security. Further they specify that unclothed body searches of inmates will not be conducted in areas where staff of the opposite gender can observe. Cross gender searches of inmates are only allowed in exigent circumstances.</p> <p>FDC, Prison Rape Elimination Act, Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019, Slides 21, 22, reaffirm that unclothed body searches of inmates, except where circumstances are such that delay would constitute an immediate threat to the inmate, staff, others or institution security.</p> <p>FDC, Prison Rape Elimination Act, Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019, Slides 21 asserts the facility shall not conduct cross gender strip searches or visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. The facility shall document all exigent circumstance cross-gender strip or visual body cavity searches. This documentation shall be submitted on an "Incident Report," DC6-210, explaining the urgency justifying the search exception. Each of the reviewed policies are consistent with the PREA standard and outlines the agency's approach to sexual safety.</p> <p>There were twenty-four (24) formal and four (4) informal random staff questioned about cross</p>

gender search practices. All of the staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

#### Provision (b)

A total of thirty-five (35) formal and five (5) informal random inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been part of a cross gender search. There were no transgender or intersex inmates at the facility at the time of the audit.

There were twenty-four (24) formal and four (4) informal random staff questioned about cross gender search practices. When asked how the female staff would proceed if a male staff member was not available, they indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff recalled receiving training on opposite gender searches; however, each of them articulated that in all instances cross gender searches are not conducted at the facility. All staff (both male and female) reported cross gender strip searches or cross gender body cavity searches do not occur at this facility.

#### Provision (c)

On the PAQ, RMC reported there had not been any cross-gender searches of any kind, i.e. strip, visual or pat conducted in the past 12 months.

FDC, Procedure 602.204 Search of Inmates, Chapter 33, Sections 2 and 3 asserts the facility shall document all exigent circumstance cross-gender strip or visual body cavity searches. The reviewed policy is consistent with the PREA standard.

Random staff indicated there were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.

#### Provision (d)

FDC, Procedure 602.036, Gender Specific Security Positions, Shifts, Posts and Assignments, effective February 6, 2019, p. 3, proclaims inmates are to be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genital area, except in exigent circumstances or when such viewing is incidental to routine cell checks. To date, there have been no exigent circumstances at RMC requiring cross gender viewing of an inmate by a staff member.

On the PAQ, RMC indicated they allowed inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further the PAQ indicated opposite gender staff are required to announce their presence when entering an inmate housing unit.

Three (3) transgender inmates were interviewed. Each inmate stated they were given the option of an alternate time to shower when the remainder of the housing unit was not using the shower.

When staff were specifically asked would transgender or intersex inmates be able to shower

privately, the answer was affirmative. When asked how this would be arranged, each staff member reported alternative showering times would be implemented as needed. Each staff member further stated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence was made. The Auditor was also announced by RMC staff when entering inmate housing and restroom areas as she was of opposite gender.

Inmates interviewed reported female staff announce their presence when entering living areas, and always announce and wait extended periods of time before entering the bathroom areas. Every inmate interviewed confirmed they were able to dress without being viewed by staff of the opposite gender.

Of the thirty-five (35) formal and five (5) informal random inmate interviewed, all reported hearing opposite gender staff announce their presence when entering the housing unit. All inmates indicated the female staff will rarely enter the bathroom area, preferring a male staff enter, unless there are no male staff present, and then will only enter after the announcement has been made several times and the female staff have waited for a response. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units.

Most of the housing units are designed in an open bay setting, with one bathroom at one end of the housing unit. Each bathroom has several toilets and several shower stalls. Segregated housing cells contain toilets inside the cell. The showers are outside of the cell yet allow for privacy. All of the showers in the open bay housing units and segregated housing either have doors, curtains or privacy screens which adequately protect against opposite gender viewing. The toilets have surrounds or are situation in a way that prevents opposite gender viewing.

#### Provision (e)

Florida Department of Corrections (FDC), Procedure 602.018, Contraband and Searches of Inmates, effective June 9, 2020, p. 5 states that female staff will search clothed transgender/intersex inmates. Further it states unclothed searches of transgender/intersex inmates will be conducted out of the view of unnecessary staff, visitors, and inmates, except in exigent circumstances. Lastly all exigent circumstances will be immediately reported on an "Incident Report," DC6-210. The reviewed policy is consistent with the PREA standard.

A total of thirty-five (35) formal and five (5) informal random inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been part of a cross gender search. Of the three (3) transgender inmates interviewed, all stated they are searched by female staff members and had never been uncomfortable with any search procedure. Additionally, no one reported being searched for the sole purpose of determining genital status.

There were twenty-four (24) formal and four (4) informal random staff questioned about transgender and intersex inmate search practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status.

Provision (f)

The Auditor reviewed copies of the 2019 PREA training sessions for RMC staff. The Auditor verified each signature on the sign-in sheet correlated to an existing RMC staff member listed on the staff roster, ensuring all staff received the required training. All participants also signed an acknowledgment of training materials. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex inmates. Additional training documents provided direction to staff on proper documentation practices when cross gender searches were conducted.

When female staff were asked how they would proceed if a male staff member was not available, each indicated there was never an instance when a male staff is not on duty, and would be directed to the area to conduct the search to ensure cross gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. The opposite gender Auditor was also announced by RMC staff when entering the inmate housing and restroom areas.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined RMC meets the standard regarding the limits to cross-gender viewing and searches.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, effective July 31, 2018, pp.8-9</li> <li>• FDC requisition agreement with Language Line Services, Inc. for translation services for the fiscal year 2020/2021</li> <li>• RMC Annual PREA Training Fiscal Year 2019</li> <li>• PREA Audit Team Memorandum, PREA Standard 115.16, dated March 23, 2020</li> <li>• Staff attendance record for Fiscal year 2019 PREA Training</li> <li>• Observations of PREA poster locations during on-site tour of facility</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility Head or Designee – Associate Warden (AW)</li> <li>o Random Staff</li> <li>o Inmates with disabilities or LEP Provision (a)</li> </ul> </li> </ul> <p>On the PAQ, RMC reported established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency’s effort to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>FDC, Procedure 602.053, effective July 31, 2018, pp.8-9 indicates inmates with recognized disabilities and Limited English Proficiency (LEP) shall be advised of the Department’s zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in “Americans with Disabilities Act Provisions for Inmates,” Procedure 604.101 and other Department resources as appropriate. Resources include:</p> <ul style="list-style-type: none"> <li>• Closed captioning (deaf/hard of hearing)</li> <li>• Large print materials (impaired vision)</li> <li>• Reading of materials to inmate(s) by staff (blind/limited mental capacity)</li> <li>• The Department translator list (LEP)</li> <li>• Language Line services (LEP)</li> </ul> <p>The auditor was provided a copy of the FDC requisition agreement with Language Line Services, Inc. for translation services for the fiscal year 2021; July 1, 2020 to July 31, 2021.</p> <p>The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population.</p> <p>PREA Audit Team Memorandum, PREA Standard 115.16, dated March 23, 2020, states to accommodate our impaired population, Reception and Medical Center currently has closed caption, inmate assistance, and staff that have been instructed to read aloud all documents</p>

related to the particular impaired inmate to ensure complete understanding and compliance.

During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the AW, using the interview protocol for the facility head, she shared that RMC has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, Language Line Services, staff interpreters, outside service providers.

RMC utilizes Language Line Services (LLS). LLS is an on-demand, over-the-phone language interpretation service. This service is available 24 hours a day, 7 days a week. LLS supports 240 different languages. In the unlikely event LLS was out of service, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

The Auditor interviewed ten (10) inmates with disabilities. Four (4) inmates were Limited English Proficient (LEP); four (4) were physically disabled and two (2) were cognitively disabled. The four (4) LEP inmates stated they received all PREA information and facility rules in English and Spanish. They further indicated language was not a barrier in programming or work assignments. The four (4) physically disabled inmates reported they felt safe and did not feel at a disadvantage due to their physical disability. The two (2) inmates with cognitive disabilities indicated they had a clear understanding of the PREA guidelines and were able to explain their rights and articulate multiple methods by which they could report an issue if necessary.

#### Provision (b)

FDC, Procedure 602.053, effective July 31, 2018, pp. 8-9 denote numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding FDC's PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will be distributed within the first 24 hours and include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.

The Auditor reviewed documentation that all RMC staff had received PREA training, during the calendar year 2019. This training was extensive and comprehensive, instructing staff of the various components of Americans with Disabilities Act, including the appropriate treatment of those inmates who are covered under the act.

#### Provision (c)

FDC, Procedure 602.053, effective July 31, 2018, p, 9, addresses the prohibition of using other inmates for translation services.

FDC requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations, and/or participate in investigations of sexual misconduct. The policy states

inmates are not authorized to use interpretation/translation services from other inmates, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties under §115.64 or the investigation of the inmate's allegations.

Of the twenty-four (24) random staff interviewed, all recalled the process of how to utilize LLS for interpretation services. Most indicated that in the event translation is required, they would try to find another staff member to provide translation and then contact the Shift Supervisor before using LLS.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC exceeds the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), Procedure 208.049, Background Investigation and Appointment of Certified Officers, effective November 14, 2019, pp.5-6</li> <li>• FDC, NI1-088, Moral Character and Background Guidelines, Revised 10/19/18, p. 1</li> <li>• 2019 Florida Statute, Chapter 435, Section 435.03, Level 1 Screening Standards</li> <li>• 2019 Florida Statute, Chapter 435, Section 435.04, Level 2 Screening Standards</li> <li>• 2019 Florida Statute, Chapter 435, Section 435.11, Penalties</li> <li>• FDC, Procedure 33-601.202, Use of Inmates in Public Works</li> <li>• Personnel file reviews for current employees, new employees and employees receiving promotions</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Human Resource Manager (HRM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>On the PAQ, RMC reported to have six hundred, ninety-seven (697) total staff with one-hundred, forty-two (142) new hires in the past twelve (12) months. Further, they reported fifty-two (52) contractors and two-hundred, thirty-two (232) volunteers who have contact with inmates.</p> <p>2019 Florida Statute, Chapter 435, Section 435.04, Level 2 Screening Standards declares that FDC agency policy prohibits the employment of an individual who may have contract with inmates who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.</li> </ol> <p>The Auditor reviewed a random sampling of staff and contractor files. Of the one hundred, seventy-five (175) promotions that occurred in the past twelve (12) months, the Auditor reviewed thirteen (13) files. Each of the files reviewed contained all items required by the standard, which included documentation and Criminal History Check information. The Auditor also reviewed an additional seven (7) files of staff who were either hired within the past twelve (12) months (8 files); existing staff who had been with FDC between one and five years (1 file); or existing staff who had been with the FDC for over five years (8 files). The Auditor was able to verify all files reviewed contained all items required by the standard, including</p>



PREA documentation and verification of the completed criminal history checks.

Provision (b)

FDC, Procedure 208.049, Background Investigation and Appointment of Certified Officers, effective November 14, 2019, p. 5 states an individual is determined to be disqualified for employment if they are found in violation of FDC, NI1-088, Moral Character and Background Guidelines, Revised 10/19/18.

FDC, NI1-088, Moral Character and Background Guidelines, Revised 10/19/18, p. 1, states that sexual misconduct with an inmate or an offender supervised by the FDC is a disqualifier for employment with the FDC.

The Auditor interviewed the Human Resource Manager (HRM) in regard to the hiring practices of the RMC. The HRM indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HRM stated the FDC takes a very active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all of the required history checks are completed for pre-hires, promotions, and five (5) year reviews. The Auditor conducted a review of the requested personnel files and verified that all of the files reviewed contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks. The three (3) questions listed under Provision (a) were asked and answered on all documents as required by the standard.

Provision (c)

2019 Florida Statute, Chapter 435, Section 435.04, Level 2 Screening Standards, indicates before hiring a new employee or contractor, the FDC shall: 1) conduct a criminal background record check, 2) make its best efforts to contact all prior institutional employers in regard to substantiated allegations of sexual abuse or any resignation during a period of sexual abuse investigation; 3) ask potential employees and contractors about previous misconduct described in Paragraph V, A, 4, a of this regulation; 4) Apprise potential employees and contractors that false information or material omissions regarding such misconduct shall be grounds for termination and that they have a continuing duty to disclose such conduct.

The Auditor interviewed the HRM in regard to hiring practices of the RMC. The HRM stated the FDC requires background checks on all new hires, promotions, and existing staff every five (5) years.

In the preceding 12-months there were one-hundred, forty-two (142) persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of eight (8) of these personnel files and verified that all of the files contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d)

2019 Florida Statute, Chapter 435, Section 435.04, Level 2 Screening Standards, indicates that before hiring a new employee or contractor, the FDC shall conduct a criminal background records check

On the PAQ, RMC reported there are a total of one hundred, forty-two (142) contractors who might have contact with inmates. Additionally, in the PAQ, RMC reported during the past twelve (12) months fifty-two (52) of these contractors needed criminal background record checks. 100% of the fifty-two (52) background checks needed were conducted in a timely fashion. RMC provided information for review indicating 100% of the contractors had up to date with criminal background history checks.

#### Provision (e)

2019 Florida Statute, Chapter 435, Section 435.03, Level 2 Screening Standards, requires employees to undergo background screening as a condition of employment and continued employment. This background screening shall include, but not be limited to employment history checks, statewide criminal correspondence through the Department of Law Enforcement, a check of the Dru Sjodin National Sex Offender Public Website as well as an NCIC/FCIC background check.

The FDC conducts a criminal background records check, upon application, when being considered for a promotion, and every five (5) years on all current employees and contractors.

The Auditor interviewed the HRM who stated the agency has a centralized database, located in Tallahassee, Florida, that tracks the completion of all background checks, and also tracks the due dates of the five (5) year criminal history background check.

#### Provision (f)

During the interview with the HRM, it was reported all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions.

During the interview with the HRM, it was reported that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

#### Provision (g)

2019 Florida Statute, Chapter 435, Section 435.11, Penalties, states that material omissions regarding such misconduct (as stated in this provision) shall be ground for termination and that they have a continuing duty to disclose such conduct.

#### Provision (h)

During the interview, the HRM confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding hiring and promotion decisions. No corrective action is

required.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>● Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>● Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 7</li> <li>● PREA Audit Team Memorandum, PREA Standard 115.18, dated April 6, 2020</li> <li>● PREA Audit Team Memorandum, Camera Location, dated March 23, 2020</li> <li>● Observations during on-site review</li> <li>● Interviews with the following: <ul style="list-style-type: none"> <li>○ Facility Head or designee - Associate Warden (AW)</li> <li>○ PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>On the PAQ, RMC reported they have not acquired any new facilities or made substantial expansions or modifications of the existing facility, nor have they expanded their camera system.</p> <p>The PREA Audit Team Memorandum, <i>PREA Standard 115.18</i>, dated April 6, 2020, states:</p> <ul style="list-style-type: none"> <li>● RMC has not had any additional cameras added during the audit period which began September 2019.</li> <li>● RMC recently went through a camera review per central office and it was suggested that RMC add more cameras to our institution but the number of cameras (to be added) is unknown at this time.</li> <li>● RMC has had no major renovations or additions during the audit period which created additional spaces to the facility that will be occupied by inmates.</li> </ul> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 7 specifies that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facility, the agency shall consider the effect of the design, acquisition, expansion or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>The Auditor conducted a comprehensive tour of RMC. Since the last audit there has not been any substantial expansions or additions to the facility.</p> <p>The Auditor interviewed the AW, using the interview protocol for the facility head, who reported any construction, renovation or modification would be done with full consideration of all PREA standards. She further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras or other technologies would be discussed and considered at such meetings. During these meetings RMC executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as</p>

Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

PREA Audit Team Memorandum, *Camera Location*, dated March 23, 2020, states there are 119 cameras installed in the Main Unit; 33 cameras installed at the Work Camp; 99 cameras installed in the West Unit, for a total of 251 cameras..

During the interview with the AW, using the interview protocol for the facility head, she said there is a total of 251 video cameras in the RMC complex.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 7, indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how much technology may enhance the agency's ability to protect inmates from sexual abuse.

RMC camera coverage is monitored in a central control rooms for each institution. Each central control room is staffed twenty-four (24) hours a day, seven (7) days a week. The control room has the capability of selecting any area and reviewing footage as needed for that institution.

RMC cameras are positioned normally within the dormitories with front, middle and rear coverage. Every area accessible by an inmate is covered by a camera monitoring capability or a security mirror. The positions allow for privacy in and around areas of showers and restrooms.

The Auditor interviewed the AW, using the interview protocol for the facility head, who stated that the FDC and RMC are committed to the camera monitoring program and indicated that having the cameras in place has created a sense of comfort for everyone, staff and inmates, knowing that should an incident occur, an independent observation can be reviewed using the stored video.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center(RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), NI1-120, Sexual Abuse Awareness Pamphlet, Revised 5/23/18</li> <li>• FDC Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, pp. 10, 11, 12, 14</li> <li>• FDC, Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities effective date September 12, 2019</li> <li>• FDC Memorandum of Agreement #A3934 with Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017</li> <li>• FDC contract ATC-19-024 with Panhandle Forensic Nurse Specialist, Inc., dated August 2, 2019</li> <li>• Florida Crime Prevention Training Institute, Certification of Recognition for Victim Services Practitioner Designation, dated September 28, 2018 for Kellie E. Eberlein</li> <li>• Florida Crime Prevention Training Institute, Certification of Recognition for Victim Services Practitioner Designation, dated February 14, 2020 for Christina L. Counce</li> <li>• Florida Crime Prevention Training Institute, Certification of Recognition for Victim Services Practitioner Designation, dated January 2018 for Judy A. Cardinez-Harris</li> <li>• FDC Form DC6-210 Incident Report</li> <li>• FDC Adult/Adolescent Forensic Sexual Assault Examination Form</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Random Staff</li> <li>o SAFE/SANE Staff</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>On the PAQ, RMC reported the Office of the Inspector General (OIG) is responsible for conducting investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The PCM provides investigative assistance for those inmate-on-inmate sexual harassment administrative cases.</p> <p>FDC Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 12, states the Office of the Inspector General shall conduct all investigations of sexual abuse, sexual battery, sexual misconduct, and sexual harassment pursuant to section 944.31, F.S., "Investigative Process," Procedure 108.003, and "Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations," Procedure 108.015. Page 13 of the same Procedure states staff from the Office of the Inspector General will collect evidence as appropriate.</p> <p>The Auditor interviewed a total of twenty-four (24) random staff in regard to the rules of evidence, and their understanding of the process should an inmate report alleged sexual</p>

abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

Florida Department of Corrections (FDC), Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities effective date September 12, 2019 outlines the protocol for youthful offenders. The FDC adheres to the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. The protocol is developmentally appropriate for youth

According to the PAQ, RMC does not house offenders under the age of 17. RMC does house inmates 18-25, for reception purposes only.

Provision (c)

On the PAQ, RMC reported all treatment services are provided to the victim without financial cost.

FDC Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 11, 5, any inmate who alleges sexual abuse or sexual battery shall be given a copy of the NI1-120 and advised of her/his right to crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or investigative interview, is s/he chooses.

FDC Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 14 indicates treatment services shall be provided to the victim without financial cost and regardless if the victim names the abuser or cooperates with an investigation arising out of the incident.

The FDC contracts with Panhandle Forensic Nurse Specialist to provide forensic medical services. The Sexual Abuse Response Team (SART) responds to the institution. The SART is made up of SAFEs and SANEs. All forensic examinations are conducted by SAFE/SANE personnel.

FDC Memorandum of Agreement #A3934 with Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017, establishes collaboration between FDC, specifically RMC, and Alachua County Victim Services and Rape Crisis Center to provide confidential support services related to sexual abuse to individuals at RMC. The inmates housed at RMC are provided the treatment services through Panhandle Forensic Nurse Specialist, Inc (SAFE/SANE exams) and Alachua County Victim Services and Rape Crisis Center (Victim Advocacy Services). When a SAFE/SANE examination is conducted, Alachua County Victim Services and Rape Crisis Center provides a victim advocate for the alleged victim.

On the PAQ, RMC reported three (3) performed by SANEs/SAFEs during the past 12 months. During the interview with the PCM, she confirmed in the past twelve (12) months there have been three (3) exams performed by SANEs/SAFEs.

The SAFE/SANE representative confirmed the examinations are provided at no cost to the

inmate and that all forensic services are provided when the inmate alleges sexual abuse, sexual assault, or sexual battery. All forensic examinations consist of an assessment, documentation and collection of evidence as outline in the Attorney General's "Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination. Further the SAFE/SANE representative reported when notified SAFE/SANE personnel will report to the institution immediately, but no later than 4 hours after the alleged assault. All forensic examinations are performed at the FDC correctional institution.

#### Provision (d)

As stated in Provision (c), a victim advocate is provided during the forensic medical examination. In addition, FDC Memorandum of Agreement #A3934 with Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017, confirms the victim/inmate is also provided advocacy assistance.

During the interview with the PCM, she indicated victim advocacy services are offered through contract and are built into the forensic exam process. The PCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through Alachua County Victim Services and Rape Crisis Center, in collaboration with mental health services.

RMC utilizes the Alachua County Victim Services and Rape Crisis Center. The inmates can reach this agency by dialing \*8499 on the telephone or calling toll free 866-252-5439. According to the PAQ, no inmate requested a victim advocate during the past 12 months.

At the time of the audit, information received regarding the allegations of sexual abuse the past 12-months revealed a total of thirty-six (36) allegations reported. Twenty-eight (28) were administrative investigations and eight (8) were referred for criminal investigation. Two (2) of the victims are deceased. Three (3) administrative investigations were completed as "Staff/Offender Relationship" but none were determined to be sexual in nature. One (1) criminal investigation was completed Sex Offense "inmate on inmate" that was Exceptionally Cleared. All other cases were active at the time of the audit.

The Auditor reviewed twenty (20) files of sexual abuse allegations. In all cases the alleged victim was offered medical and mental health services. Three (3) of the twenty (20) declined both medical and mental health services. The remaining seventeen (17) were provided medical and mental health services and follow-up consistent with the standard.

#### Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

#### Provision (f)

As reported in Provision (a) the Office of the Inspector General is responsible for conducting administrative and criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.



All investigators with the Office of the Inspector General are trained using the curriculum "Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators". This training was created by The Moss Group, Inc and is available through the National PREA Resource Center. While on-site, the Auditor reviewed the training records of the investigators utilized by RMC. Each investigator had successfully completed this specialized training.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through contract and are built into the forensic exam process.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is required.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, effective February 22, 2018, pp. 2, 4, 7</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, pp. 4, 8, 10, 16</li> <li>• Interviews with: <ul style="list-style-type: none"> <li>o Random Staff</li> <li>o Investigative Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>Florida Department of Corrections (FDC), Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, effective February 22, 2018, pp. 2 states the agency and facility refer all investigations, administrative and criminal, to the Office of Inspector General (OIG).</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, states in addition to the general PREA training investigators who work regularly with inmates shall complete specialized training for investigators. All investigators with the Office of the Inspector General are trained using the curriculum "Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators". This training was created by The Moss Group, Inc and is available through the National PREA Resource Center. While on-site, the Auditor reviewed the training records of the investigators utilized by RMC. Each investigator had successfully completed this specialized training. This training meets the requirements of this standard.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 10 states an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Further this investigation is initiated in accordance with "Investigative Process," Procedure 108.003 and "Sexual battery, Sexual Harassment, and Sexual Misconduct Investigations," Procedure 108.15.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 4, states any inmate, employee, volunteer, or contractor who commits a sexual battery may be criminally prosecuted pursuant to chapter 794, F.S.</p> <p>At the time of the audit, information received regarding the allegations of sexual abuse the past 12-months revealed a total of thirty-six (36) allegations reported. Twenty-eight (28) were administrative investigations and eight (8) were referred for criminal investigation. Two (2) of the victims are deceased. All cases were active at the time of the audit.</p> <p>The Auditor reviewed twenty (20) files of sexual abuse allegations. In all cases the alleged</p>

victim was offered medical and mental health services. Three (3) of the twenty (20) declined both medical and mental health services. The remaining seventeen (17) were provided medical and mental health services and follow-up consistent with the standard.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to immediately report to their shift supervisor.

Provision (b)

The policies regarding the FDC and RMC obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, effective February 22, 2018, indicates the Office of the Inspector General has investigative responsibilities at FDC facilities.

As stated previously in Provision (a) FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, confirms the investigators have been provided special training per PREA guidelines.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 4, indicates substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, pp. 15, 10, (a) states upon completion of the investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation via an "Inmate Notification Administration Investigation Outcome," DC6-2080. Once completed, the DC6-2079 will be forwarded to the PREA Coordinator.

During the interviews, staff indicated all allegations are investigated. Administrative and criminal allegations are investigated by the Office of the Inspector General. The ones which are criminal in nature are investigated by OIG, then referred to the appropriate jurisdiction for prosecution.

Provision (c)

As stated in Provision (a) the agency and facility refer all administrative investigations and criminal investigations to the OIG.

As stated previously, FDC, Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, effective February 22, 2018 outlines how criminal matters are referred, as well as the responsibilities of those investigating the allegations.

Provision (d)

Auditor is not required to audit this provision

Provision (e)

Auditor is not required to audit this provision

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <ul style="list-style-type: none"> <li>● Reception and Medical Center(RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>● Florida Department of Corrections (FDC),Prison Rape Elimination Act, Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019</li> <li>● FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p.8</li> <li>● Observations during on-site review of rounds</li> <li>● Interviews with the following: <ul style="list-style-type: none"> <li>o Random Staff Provision (a)</li> </ul> </li> </ul> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, (c), specifies that all employees will be trained in a minimum of:</p> <ol style="list-style-type: none"> <li>1. Zero tolerance policy</li> <li>2. How to fulfill responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response</li> <li>3. Inmate’s right to be free from sexual abuse and sexual harassment</li> <li>4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment</li> <li>5. The dynamics of sexual abuse and sexual harassment in confinement</li> <li>6. Common reactions of sexual abuse and sexual harassment victims</li> <li>7. How to detect and respond to signs of threatened or actual sexual abuse</li> <li>8. How to avoid inappropriate relationships with inmates</li> <li>9. How to communicate effectively with LGBTI and gender non-conforming inmates</li> <li>10. How to comply with relevant mandatory reporting laws.</li> </ol> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, (c), indicates all employees will be trained annually with a refresher course every two years. New employees will be trained prior to having contact with inmates.</p> <p>At a minimum volunteers and contractors will be trained in the FDC’s zero tolerance policy regarding sexual abuse, sexual harassment and how to report such incidences.</p> <p>RMC’s curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements</p>

is covered in detail in the training and have incorporated numbered training elements in order to facilitate retention of the required elements. The level or complexity of the training will depend on the employee's classification with some specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed a total of thirty (30) staff training records, conducted on staff from various categories, including employees hired in the past 12 months, employees promoted in the past 12 months, those employees who have been employed at RMC longer than 12 months and those employees who have been with the RMC longer than 5 years. Each reviewed file contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all of the sign-in sheets for PREA refresher training for the past twelve (12) months which confirmed by staff signatures, each of the employees at RMC had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual PREA training, as well as additional in-service training.

#### Provision (b)

The policy regarding the FDC's and RMC's responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are provided in Provision (a).

The training provided by the FDC, addresses both male and female issues. However, the RMC training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff at RMC. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to be placed in contact with the inmate population.

As stated in Provision (a), the Auditor reviewed documentation for the training that occurred at RMC, verifying attendance of all RMC staff.

#### Provision (c)

Of the 697 staff presently assigned to RMC, the Auditor reviewed documentation that reflected all 697 staff or 100% of the staff have received the PREA training in the past twelve (12) months. RMC staff also receive refresher training every two (2) years. The Auditor reviewed documents of the last refresher training in fiscal year 2019. The annual PREA training is being conducted in the fiscal year 2020. RMC also provides additional PREA training annually, as well as shift trainings, staff meetings and posters.

#### Provision (d)

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. A copy of these receipts was observed in every file reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

In instances where a receipt of training material was not required, staff would sign-in on a training sheet, verifying their attendance at the required training. The Auditor viewed copies of each training session for the past twelve (12) months, reflecting training completed by RMC staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses policies regarding employee training. No recommendations or corrective action is required

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>● Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>● Florida Department of Corrections (FDC), Prison Rape Elimination Act, Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019</li> <li>● FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p.8</li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, (c), indicates at a minimum volunteers and contractors will be trained in the FDC's and RMC's zero tolerance policy regarding sexual abuse, sexual harassment and how to report such incidences.</p> <p>RMC's curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements in order to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.</p> <p>The Auditor reviewed documentation indicating that 232 volunteers and 409 contractors, or 100%, have received PREA training in the past twelve (12) months.</p> <p>The Auditor was unable to interview a volunteer, as the institution is not currently utilizing volunteer services due to COVID-19. The Auditor conducted one (1) formal interview with a contract staff member. The contractor recalled having PREA training, stating it was specific to his roles or responsibilities in the facility. When the Auditor questioned the contractor about his knowledge of PREA, he was able to identify what PREA was and more importantly, what his role or responsibility was in the event he is confronted with a situation of Sexual Abuse or Sexual Harassment.</p> <p>Provision (b)</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, indicates the FDC will ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies. The level and type of training will be based on the services they provide and level of contact with the inmates. However, all volunteers and contractors shall at a minimum be trained in the following:</p> <ol style="list-style-type: none"> <li>1. Zero tolerance policy</li> <li>2. How to report sexual abuse or sexual harassment</li> </ol>



The Auditor conducted one (1) formal interview with contract staff. During the interview he verbally demonstrated to the Auditor a comprehensive and complete understanding of the agency's zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained in each volunteer and contractor file. The Auditor reviewed the sign in sheets from the PREA training sessions for the past twelve (12) months. Each sign in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

115.33	<b>Inmate education</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <ul data-bbox="300 353 1469 1088" style="list-style-type: none"> <li>● Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>● Florida Department of Corrections (FDC), Procedure 601.210, Inmate Orientation, effective August 17, 2018, p. 5</li> <li>● FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, 8, 9</li> <li>● FDC, Inmate Orientation Handbook, dated November 9, 2018, pp. 9-20</li> <li>● FDC, electronic Classification Contact Log print out</li> <li>● FDC, Form DC6-134C, Acknowledgment of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003, revised 10/29/15</li> <li>● PREA Posters</li> <li>● Miscellaneous Training Materials</li> <li>● Observations during on-site review</li> <li>● Interviews with the following: <ul style="list-style-type: none"> <li>○ Intake Staff</li> <li>○ Random Inmates</li> </ul> </li> </ul> <p data-bbox="248 1128 416 1164">Provision (a)</p> <p data-bbox="248 1205 1437 1323">Florida Department of Corrections (FDC), Procedure 601.210, Inmate Orientation, effective August 17, 2018, p. 5, d, indicates the PREA (Sexual Assault &amp; Sexual Harassment Orientation) will include:</p> <ul data-bbox="300 1391 1477 1809" style="list-style-type: none"> <li>● Information on PREA and the Department’s zero tolerance standard relating to sexual assault</li> <li>● The viewing of “PREA – What You Need to Know” DVD</li> <li>● A realistic presentation on how to avoid sexual violence while incarcerated</li> <li>● Information on how to prevent and reduce the risk of sexual violence</li> <li>● Explanation of appropriate methods of self-protection and intervention</li> <li>● Information on how to report sexual assault to staff, including contact information for the Office of Inspector General</li> <li>● Information on available sexual assault counseling and treatment</li> <li>● Instructions on the process for requesting sexual assault counseling and treatment.</li> </ul> <p data-bbox="248 1850 1477 2011">Florida Department of Corrections (FDC), Procedure 601.210, Inmate Orientation, effective August 17, 2018, p. 5, c, specifies the inmate will sign the “Acknowledgement of Receipt of Orientation,” DC6-134A verifying the completion of orientation. The original form will be placed in the inmate’s institutional file.</p> <p data-bbox="248 2051 1477 2125">Florida Department of Corrections (FDC), Procedure 601.210, Inmate Orientation, effective August 17, 2018, p. 5, 3, e, specifies the inmate will sign the “Acknowledgement of Receipt of</p>

Orientation on the Prison Rape Elimination Act (PREA) of 2003, DC6-134C verifying the completion of orientation on PREA. The original form will be placed in the inmate's institutional file.

Florida Department of Corrections (FDC), Procedure 601.210, Inmate Orientation, effective August 17, 2018, p. 5, 4, d, mandate all inmates will receive information on the PREA, the Department's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment within 24-hours of receipt at a permanent facility.

FDC, Inmate Orientation Handbook, dated November 9, 2018, pp. 19-20, explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment. further explains how to report incidents or suspicions of sexual abuse and sexual harassment.

The Inmate Orientation Handbook, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

The Auditor was provided a copy of FDC, Form DC6-134C, Acknowledgment of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003, revised 10/29/15, which is completed by each inmate upon

FDC, Form DC6-134C, Acknowledgment of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003, revised 10/29/15, states "My signature below certifies that in addition to a general comprehensive orientation, I have received orientation from staff members of the Florida Department of Corrections specific to the PREA. I have been provided information orally and in writing." This form as a place for the inmate name and signature, date of orientation and staff name signature. This signed form is maintained in the inmate institutional file. Of the forty-two (42) inmate files reviewed, signed, and dated documentation of PREA education through orientation was retained in every file with the rest of the inmate information.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, Section 2, a, 1, states initial orientation will be provided to all newly received inmates concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with "Inmate Orientation," Procedure 601.210.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 9, e, 6, indicates each institution will ensure that "Sexual Abuse Awareness," NI1-120 is distributed to inmates within the first 24 hours, and that the "Zero Tolerance for Sexual Abuse and Sexual Harassment," NI1-132 poster is clearly displayed in both English and Spanish, in areas easily assessable to inmates, family members and the public at each facility.

During interviews with intake staff, it was confirmed all inmates who enter the care and custody of the FDC are provided an Inmate Orientation Handbook upon admission. The inmate signs the acknowledgment form which is retained in the inmate file.

Each housing unit has multiple telephones designated for inmate use. Using any of these telephones, an inmate can call a PREA hotline to report an incident of sexual abuse or sexual harassment. The call is free of charge and confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with thirty-three (33) inmates, all of them remembered receiving written PREA materials and an Inmate Orientation Handbook. All of the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report. For those inmates who arrived prior to PREA going into effect, they recalled receiving the materials and attending training when PREA was implemented. All interviewees stated the facility took PREA seriously and frequently discussed it with them both formally and informally.

#### Provision (b)

Per the PAQ, RMC reported during the past twelve (12) months there were 1514 inmates whose length of stay at the facility was more than thirty (30) days. The PAQ also reflected all of these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. RMC reported 100% of the inmates admitted to their facility in the past twelve (12) months received the mandated information.

During interviews with Intake staff, they indicated inmates receive their PREA training immediately upon arrival, prior to their unit assignment

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. All responses were similar in nature and were generally: zero tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, to dial the PREA Hotline or use the computer to make a report, and call the number on the posters around the facility.

#### Provision (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at RMC were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also provided an Inmate Orientation Handbook and goes through the A&O process. At the end of the A&O process is a question and answer period to reinforce retention of the information presented.

The information was documented with verification of the training retained in the inmate institutional file. It is also electronically recorded on the Classification Contact Log. This documented was reviewed by the Auditor.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

#### Provision (d)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8, e, 2 and 3, require the agency to provide all inmates accessible educational

formats if an inmate has special needs (language barriers, visually impaired, deaf, limited reading skills, or otherwise disabled), not relying on inmates for this service.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish. The facility also uses the Language Line Services (LLS) for when an interpreter is not available.

LLS is an on-demand, over-the-phone language interpretation service. This service is available 24 hours a day, 7 days a week. The Language Line Services supports 240 different languages. As a back-up, anytime a translation service is needed and should the LLS be down for any reason, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

During the interview with the PCM, she was asked what the process was if an inmate had a disability not covered under the training elements established by the facility. She stated she would work with the Local Disability Assistance to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

#### Provision (e)

As stated in previous provisions, all inmates sign the "Acknowledgement of Receipt of Orientation on the Prison Rape Elimination Act (PREA) of 2003, DC6-134C verifying the completion of orientation on PREA. The original form will be placed in the inmate's institutional file.

A review of forty-two (42) inmate files was conducted, and the signed acknowledgment document was in every file.

#### Provision (f)

RMC has made noteworthy strides to ensure the inmates at RMC receive crucial education about Sexual Abuse and Sexual Harassment. Through the use of varying formats, the inmate population receives important information in user friendly, comprehensible ways. The Inmate Orientation Handbook is an excellent tool which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

RMC has a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. During the on-site, the Auditor observed these posters in every room throughout the facility.

In interviews with inmates, they each reported the PCM, as well as other staff, check with them formally and informally about PREA issues and practices. They often ask them questions to make sure they are remembering PREA policies and reporting guidelines, as well as feeling safe on the compound.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined

the RMC meets the standards for inmate education. No recommendations or correction action is required.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="248 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 282"><b>Auditor Discussion</b></p> <ul data-bbox="300 353 1481 801" style="list-style-type: none"> <li>● Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>● Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8</li> <li>● The Moss Group, Inc. Training Curriculum: Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators, as approved by The National PREA resource Center</li> <li>● Staff Course Completion Documentation, Training Attendance Record, DC2-901</li> <li>● Interviews with the following: <ul style="list-style-type: none"> <li>○ Investigative Staff</li> </ul> </li> </ul> <p data-bbox="248 842 416 875">Provision (a)</p> <p data-bbox="248 916 1477 1077">FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8, indicates in addition to the general PREA training, investigators, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training.</p> <p data-bbox="248 1120 1426 1234">The Moss Group, Inc. Training Curriculum: Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators, which has been approved by The National PREA Resource Center. The Curriculum includes:</p> <ul data-bbox="300 1305 1385 1765" style="list-style-type: none"> <li>● Overview of the Prison Rape Elimination Act (PREA)</li> <li>● Why Investigation in Custodial Settings are Different</li> <li>● Tools to Ensure Quality Investigations</li> <li>● Investigative Techniques and Protocols</li> <li>● Interviewing Sexual Abuse Victims</li> <li>● Proper Use of Miranda and Garrity Warnings</li> <li>● Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting</li> <li>● Criteria and evidence required to substantiate a case for administrative action</li> <li>● Criteria and evidence required to substantiate a case for prosecutorial referral</li> <li>● Training for Trainers</li> </ul> <p data-bbox="248 1805 1369 1879">FDC, Staff Course Completion Documentation, Training Attendance Record, DC2-901 provided documentation of the specialized training required by this standard.</p> <p data-bbox="248 1919 1449 2125">The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for FDC employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the contracted and direct hire medical staff received the general PREA training mandated for all FDC employees.</p>

Through a review of training records and an interview with the RMC investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (b)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8, indicates in addition to the general PREA training, investigators, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training. This training will include, but not be limited to:

- Interviewing Sexual Abuse Victims
- Proper Use of Miranda and Garrity Warnings
- Conducting Sexual Abuse Investigations, including the collection of evidence in a confinement setting
- Criteria and evidence required to substantiate a case for administrative action
- Criteria and evidence required to substantiate a case for prosecutorial referral

Currently there are ninety-eight (98) investigators. Through staff interview and review of training documents by the Auditor, each of the assigned investigators have attended the required training and meet all training requirements.

Through a review of training records and an interview with the RMC investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (c)

As outlined previously in Provision (a) & (b) FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8, address this provision.

The Office of Inspector General conducts all investigations, administrative and criminal, in FDC institutions.

Provision (d)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.



115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8</li> <li>• Staff Training Materials, Health Services Bulletin No. 15.03.36, Post Sexual Battery Medical Action, effective 10/14/15</li> <li>• Staff Course Completion Documentation, Training Attendance Record, DC2-901</li> <li>• Observations during on-site review</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Medical and Mental Health Staff Provision (a)</li> </ul> </li> </ul> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 8, indicates in addition to the general PREA training, investigators, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training.</p> <p>Staff Training Materials, Health Services Bulletin No. 15.03.36, Post Sexual Battery Medical Action, effective 10/14/15, p. 5, indicates that all Medical and Mental Health employees, shall receive additional training to include, but is not limited to:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and harassment.</li> <li>2. How to preserve physical evidence of sexual abuse.</li> <li>3. How to respond effectively and professionally to victims of sexual abuse and harassment.</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and harassment</li> </ol> <p>A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.</p> <p>Currently there are one-hundred, eighty (180) contract and direct hire medical and mental health staff assigned to the facility. Through staff interview and review of training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements.</p> <p>Provision (b)</p> <p>N/A - All medical staff at RMC are prohibited by procedure from performing forensic examination on sexual abuse victims.</p> <p>Provision (c)</p> <p>As indicated in Provision (a), through staff interview and a review of the training documents by</p>

the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for FDC employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the contracted and direct hire medical staff received the general PREA training mandated for all FDC employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the RMC meets the standard which addresses policies regarding specialized training: medical and mental health care. No recommendations or corrective action is required.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, 7</li> <li>• FDC, Procedure 601.209, Reception Process – Initial Classification, effective October 17, 2008, pp. 5, 6</li> <li>• FDC, Procedure 401.014, Health Services Intake and Reception Process</li> <li>• FDC, Procedure 507.201, Substance Abuse Screening at Reception Centers</li> <li>• Bureau of Classification Management, IBAS, IRMS Assessment</li> <li>• Bureau of Classification Management, Questions and Answers – PREA Assessments</li> <li>• Observations during on-site review</li> <li>• Interview with the following: <ul style="list-style-type: none"> <li>o Staff Responsible for Risk Screening</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 601.209, Reception Process – Initial Classification, effective October 17, 2008, pp. 5, 6, requires all FDC facilities during the reception process to adhere to the following guidelines, screening and assessments: Upon arrival, among other things, see all inmates for a social interview, medical review, substance abuse screening and assessment for risk of victimization or abusiveness prior to release to general population. Further, all inmates, at initial intake and upon transfer to another facility, shall be screened for potential risk of sexual vulnerability, potential risk of sexual aggression and self-injurious behavior and/or suicidal ideation within 72 hours of arrival. Inmates who surpass the threshold on the screening form are referred to Mental Health Services for an additional assessment regarding their level of risk, environmental considerations, and treatment needs.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, indicates each time an inmate arrives at an institution, Health Services staff will screen the inmate upon arrival as soon as possible and within 24 hours. This screening shall be conducted as part of the intake process to assess the inmate’s sexual orientation including whether the inmates identifies as LGBTI, and whether the inmate has a mental, physical, or developmental disorder that requires particularized medical or mental health care. This information will be documented in OBIS.</p> <p>Of the fifty-seven (57) inmates who were interviewed relative to this provision fifty-five (55) were able to recall being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.</p> <p>During the on-site audit, the Auditor was able to review the intake process.</p>

#### Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 8,127 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. From the roster of inmates, the Auditor chose forty-five (45) files of inmates to review. The files were for inmates from varying housing units, ethnic and racial backgrounds. The names were chosen from a complete alpha roster of inmates. The Auditor went down the list and randomly chose names, in no order or sequence, from the roster.

The Auditor reviewed thirty-five (35) random inmate files to ensure they received the training and how that training was completed. All thirty-five (35) files had verification that the initial screening had occurred within 72-hours of arrival at RMC.

Of the thirty-five (35) random and twenty-two (22) targeted inmates interviewed, all but two (2) of the inmates recalled being asked questions specific to previous Sexual Abuse & Harassment within three (3) days of their arrival at the facility. Two (2) of the inmates interviewed indicated they did not remember if it happened. Of the inmates who remember participating in an intake screening, each indicated that it occurred the day of their arrival. A review of the files of the two (2) inmates who could not remember being asked these questions, revealed they had been asked the questions on the day they arrived.

During the interview, Classification staff reported all of the PREA related questions are asked during initial intake and ongoing classification screenings.

#### Provision (c)

The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake Screenings utilize the Bureau of Classification Management, IBAS, IRMS Assessment for guidance in conducting an initial assessment of an inmate's risk of victimization and risk of abusiveness. Inmates who surpass the threshold on the screening form are referred to Mental Health for an additional assessment regarding their level of risk, environmental considerations, and treatment needs. The inmate is reassessed within thirty (30) days, after the initial meeting.

The Auditor was able to verify compliance with this provision through the review of sixty-two (62) inmate records, reflecting copies of the required assessments. A review of the Bureau of Classification Management, IBAS, IRMS Assessment indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard and Provision.

#### Provision (d)

The Auditor reviewed the Bureau of Classification Management, IBAS, IRMS Assessment form and compared the questions with the requirements of Provision (d). All items required for Provision (d) have been included on the screening instruments. The included items are:

- What is the inmate's sexual orientation
- What is the inmate's gender identity
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the inmate has been a victim of sexual abuse while incarcerated, as an adult or juvenile
- Whether the inmate been a perpetrator of sexual abuse while incarcerated, as an adult or juvenile
- Whether the inmate has been a victim of sexual abuse anytime in the life outside of being incarcerated
- Whether the inmate has been a perpetrator of sexual abuse anytime in the life outside of being incarcerated
- Whether the inmate feels adequately familiar with the prison environment
- Whether the inmate is being approached or pressured by other inmates for sexual favors
- Whether the inmate was previously incarcerated
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child
- Whether the inmate has previously experienced sexual victimization
- The inmate's own perception of vulnerability.
- Whether the assessor notices or has knowledge of anything the inmate is not reporting

As stated in (a), the Auditor was able to review the intake process.

#### Provision (e)

The Auditor reviewed the Bureau of Classification Management, IBAS, IRMS Assessment and compared the questions with the requirements for Provision (e). All items required for Provision (e) have been included in the screening instrument, which addresses Possible Sexual Predatory Risk Factors.

As stated in (a), the Auditor was able to review the intake process and interview classification staff who were able to explain the classification process.

#### Provision (f)

The Auditor reviewed the PAQ which indicated that within the past 12 months, of the inmates in the facility longer than 30-days, 100% of 2,095 inmates were re- assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Of the thirty-five (35) random and twenty-two (22) targeted inmates, who arrived after PREA went into effect, all but seven (7) indicated they recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks after arrival. A review of the files of the seven (7) who denied being asked these questions, revealed they had been reassessed within the thirty (30) day timeframe.

Out of the sixty-two (62) inmate records which were reviewed by the auditor, all had been reassessed within thirty (30) days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 7, number 11 and 12, state within 30 days from the initial intake screening, the institution will reassess the inmate's risk of victimization or abusiveness and a reassessed additionally when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on the inmates' risk of sexual victimization or abusiveness.

As stated in (a), the Auditor was able to review the intake process and interview classification staff who were able to explain the classification process. Classification staff indicated they monitor the inmate population, and will re-assess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.

Provision (h)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 7, number indicate inmates are not to be disciplined for refusing to respond or electing not to disclose complete information with regard to this provision.

Classification staff indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

Provision (i)

As stated in (a), the Auditor interviewed classification staff. During that interview, the classification staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

The Auditor interviewed the PCM regarding who can specifically access the screening information collected during intake and screenings, and was informed that Medical Staff, Mental Health Staff, Classification Staff and the PCM have access. All information is limited to a need to know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, 7</li> <li>• FDC, Procedure 601.209, Reception Process – Initial Classification, effective October 17, 2018, pp. 8, 9</li> <li>• FDC, Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria, effective November 13, 2019, p. 7</li> <li>• RMC PREA Compliance Manager Memorandum, dated June 24, 2020, Subject: Standard 115.42 Use of Screening Information</li> <li>• Inmate Files</li> <li>• Interview with the following: <ul style="list-style-type: none"> <li>o Staff Responsible for Risk Screening</li> <li>o PREA Compliance Manager (PCM)</li> <li>o Agency PREA Coordinator (PC)</li> <li>o Random Inmates</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, pp. 6, 7, numbers 6 and 10 respectively, indicate the agency shall use information from the risk screening required by §115.41 to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexual victimized from those at high risk of being sexual abusive.</p> <p>The PCM indicated every assessment completed by staff is factored into the placement and programming of each inmate. She further stated the inmate’s risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.</p> <p>Following a review of sixty-two (62) inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.</p> <p>Provision (b)</p> <p>FDC, Procedure 601.209, Reception Process – Initial Classification, effective October 17, 2018, p. 9, c, as well as FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 7, item 10, indicate the information obtained during the screening process and PREA Mental Health Assessment is used to make individualize and</p>

safety based determinations and assist in the initial classification and institutional assignment of the inmate, as well as determine work, education and program assignments.

During interviews with staff who are responsible for risk screening, the Auditor was informed that because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

#### Provision (c)

FDC, Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria, effective November 13, 2019, p. 7, requires that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the institution shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security concerns.

During interviews with Intake Staff that are responsible for risk screening, they indicated the Transgender or Intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

The interview notes of the PC, indicated according to FDC policy, the gender identification of each inmate is initially determined by their sex assignment at birth; however, from that point forward every inmate is individually assessed and classified in order to ensure the safety of each inmate, as well as the safety of the inmate population.

During interviews with three (3) transgender inmates, all reported feeling the RMC staff had taken their health and safety into consideration when making their housing and programming assignments.

#### Provision (d)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 6, item 8, states that placement and programming assignments for each transgender or intersex inmate shall be assessed biannually by classification. An interview will be conducted as well as a review of their housing, program, and work assignments to determine if there are any necessary changes or threats to the inmate's safety.

During interviews with the PC, PCM and Intake Staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed that regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

During interviews with three (3) transgender inmates, all reported they were formally re-assessed twice a year and more often informally. The one inmate reported he had never been re-assessed. When reviewing inmate files, it was confirmed all three (3) transgender inmates interviewed had been formally re-assessed bi-annually, as required by the standard.



Provision (e)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 6, Section 2, as well as FDC, Procedure 403.012, Identification and Management of Inmates Diagnosed with Gender Dysphoria, effective November 13, 2019, p. 7, d, show that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

During interviews with the PC, PCM and Intake Staff responsible for screening, all specified the Transgender or Intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

During interviews with three (3) transgender inmates, all reported they felt the RMC staff seriously consider their feelings and perceptions when making feeling decisions regarding their cases, programming, housing, etc.

Provision (f)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 6, item 9, reveals Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

According to the PC, PCM and the staff responsible for risk screening, each indicated the Transgender or Intersex inmate's views of their own safety is given serious consideration when providing showering options. In addition, they clarified, Transgender or Intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing units have bathrooms with shower stalls that have screens for use by Transgender inmates for additional privacy, if desired. The random staff who were interviewed also indicated that if a Transgender or Intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates.

RMC PREA Compliance Manager Memorandum dated June 24, 2020, Subject: Standard 115.42 Use of Screening Information, reveals how transgender inmates request alternate shower arrangements as well as how they request to be searched by a specific gender staff member.

During interviews with three (3), all reported being satisfied with the alternate shower options provided by the RMC staff.

Provision (g)

The interview with the PC and the PCM, both indicated that neither the FDC or RMC are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit or wing for lesbian, gay, bisexual, transgender or intersex (LGBTI) inmates. Both indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

During interviews with three (3) LGBTI inmates, all reported they were housed in general

population and were not currently, nor had they ever been, housed in a unit designed for only LGBTI inmates. The Auditor reviewed an inmate roster and confirmed that all LGBTI inmates were housed in general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the RMC meets the standard requiring the use of screening information. No recommendation or corrective action is required.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, effective date July 31, 2018, pp. 10, 11</p> <p>Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 1, (a) (b), 2 (a), 3, (a-f), 8, (c)</p> <p>Interview with the following:</p> <ul style="list-style-type: none"> <li>o PREA Compliance Manager Provision (a):</li> </ul> <p>Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 1, (a) defines administrative confinement as the temporary removal of an inmate from the general population in order to provide for security and safety until such time as a more permanent management process can be concluded.</p> <p>Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 1, (b), states when a decision is made to place an inmate in administrative confinement, the reason for such placement shall be explained to the inmate and the inmate shall be given an opportunity to present verbal comments on the matter. The inmate shall also be allowed to submit a written statement.</p> <p>Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 3, specifies once the investigation is complete the Institutional Classification Team (ICT) shall interview the inmate to determine whether the inmate has a legitimate, verifiable need for protection. The ICT shall review all documentation available concerning the need for protection to include any written statements submitted by the inmate. The inmate's written request for release and the DC6-203 will also be reviewed. The following elements shall be considered in determining whether protective management is necessary:</p> <ul style="list-style-type: none"> <li>(a) A record of having been assaulted</li> <li>(b) Not applicable to this standard</li> <li>(c) Not applicable to this standard</li> <li>(d) Not applicable to this standard</li> <li>(e) Not applicable to this standard</li> <li>(f) Reliable confirmed evidence of sexual harassment</li> <li>(g) Other factors such as physical size, build, age producing a risk from the general inmate population</li> </ul>

Florida Department of Corrections (FDC), Procedure 602.053, effective date July 31, 2018. p. 10, Section 4, (a), 2, (a), states inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and a determination has been made that there is not available alternative means of separation from likely abusers. If the inmate indicates s/he would like to be housed in Administrative Confinement, the inmate is no longer involuntarily segregated and this may be placed in administrative confinement pursuant to the provisions of "administrative Confinement," Rule 33-302.220, FAC.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The Auditor interviewed the PCM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

#### Provision (b)

Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 2, (a) indicates administrative confinement is a temporary confinement status that may limit conditions and privileges as provided in subsection (5) as a means of promoting the security, order and effective management of the institution. Otherwise the treatment of inmates in administrative confinement shall be as near to that of the general population as assignment to administrative confinement shall permit. Any deviations shall be fully documented as set forth in the provisions of this rule.

Administrative Confinement shall only be until an alternative means of separation from the likely accuser can be arranged, a time period not to ordinarily exceed thirty (30) days. In these cases, the facility shall clearly document the basis for the facility's concerns for the inmate's safety and the reason why no alternative means of separation can be arranged.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The Auditor interviewed the PCM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months. Consequently, no inmates could be interviewed relative to this provision.

#### Provision (c)

Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 5 states the State Classification Office (SCO) shall determine within five working days whether protection is necessary based upon the investigation and any follow-up they deem appropriate. The SCO shall approve or disapprove placement of the inmate in protective management. The SCO's decision shall be documented in the electronic classification contact log in OBIS. If the SCO determines that a need for protection exists, they shall direct that the inmate shall be placed in a protective management unit or transferred to resolve the inmate's need for protection. If a decision is made to transfer the inmate for housing in a protective management unit or to resolve the inmate's need for protection at the inmate's current location, the inmate shall be kept in administrative confinement until the transfer is completed. Transfers for protection needs shall be effected within five working days. SCO members are authorized to approve transfers.

Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 6, states

the facility shall assign such inmates to administrative confinement only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30-days.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The Auditor interviewed the PCM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

#### Provision (d)

Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 6, (e), 4 states an inmate can be placed in administrative confinement:

1. Pending an evaluation for placement in close management.
2. Special review against other inmates, disciplinary, program change or management transfer. Transfers for this reason shall be given priority.
3. Pending an investigation into allegations that the inmate is in fear of a staff member. The protection process outlined in paragraph (d) above shall be utilized for this purpose. Paragraph (c) above shall not apply.
4. Any other reason when the facts indicate that the inmate must be removed from the general inmate population for the safety of any inmate or group of inmates or for the security of the institution.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The Auditor interviewed the PCM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

#### Provision (e)

Florida Administrative Code (FAC), Chapter 33-602.220, Administrative Confinement, 8, c, indicates if an inmate is confined for more than 30 days, the ICT shall interview the inmate and shall prepare a formal assessment and evaluation report after each 30-day period in administrative confinement. Such reports may be in a brief paragraph form detailing the basis for confinement, what has transpired since the last report, the decision concerning continued confinement and the basis for that decision.

During the past twelve (12) months there have been no inmates placed into protective custody in accordance with this standard. This was confirmed via the PCM interview.

#### Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the RMC meets the standard relative to protective custody. No recommendation or corrective action is required.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019</li> <li>• Florida Department of Corrections (FDC) Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 2, 7, 9, 10</li> <li>• FDC, Form DC6-210, Incident Report</li> <li>• FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18</li> <li>• Florida Administrative Code (FAC), Chapter 33-103.006 Formal Grievance – Institution or Facility Level</li> <li>• Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017</li> <li>• PREA Poster in English and Spanish</li> <li>• Observations during on-site review</li> <li>• Interview with the following: <ul style="list-style-type: none"> <li>o PREA Compliance Manager (PCM)</li> <li>o Random Staff</li> <li>o Random Inmates</li> </ul> </li> </ul> <p>Provision (a):</p> <p>FDC, Procedure 602.053, effective date July 31, 2018, pp. 9-10, (3), (a), 1-9 specifies that the FDC shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>(a) The following methods are available for inmates and offenders to report incidents of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment:</p> <ol style="list-style-type: none"> <li>1. A verbal report to any staff member, volunteer, or contractor</li> <li>2. Calling the TIPS line (866-246-4412 or *8477 for inmates)</li> <li>3. Calling an outside entity Alachua County Victim Services and Rape Crisis Center and report (866-252-5439 or *8466 for inmates)</li> <li>4. Filing an Inmate Request, DC6-236</li> <li>5. Filing an informal and/or formal grievance</li> <li>6. Having a family member, friend, or other member of the public fill out the online Citizen’s</li> </ol>

## Complain Form

7. Having a family member, friend or other member of the public submit a third-party grievance
8. Write or email the Office of Inspector General
9. Write or email the PREA Coordinator

Of the twenty-four (24) random staff, three (3) management level staff, fifteen (15) specialized staff, that were interviewed, all indicated they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA hotline posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well, through the hotline number.

Of the thirty-five (35) random inmates and twenty-two (22) targeted inmates interviewed regarding this provision all reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, have family member contact the institution, contacting a staff member, and "writing to the address on the poster". Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous inmate telephones throughout the facility, and all were in working order and readily available in each housing unit.

### Provision (b)

FDC, Procedure 602.053, effective date July 31, 2018, p. 10, (a), 3, states an inmate or offender may report incidents of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment by calling an outside entity (Alachua County Victim Services and Rape Crisis Center) and report (866-252-5439 or \*8466 for inmates).

FDC, Procedure 602.053, effective date July 31, 2018, p. 10, (a), 8, states an inmate or offender may report incidents of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment by writing the Office of Inspector General (using legal mail procedures).

The Auditor reviewed a copy of Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017. This agreement is to provide RMC inmates a private entity or office, to contact that is not part of the FDC, in the event of sexual abuse or sexual harassment. According to the agreement, Alachua County Victim Services and Rape Crisis Center, will immediately forward all inmate reports of sexual abuse and sexual harassment to agency officials and they will allow the inmate to remain anonymous, if requested.

The PCM was interviewed regarding the FDC's process for providing one way for the inmate population to report abuse or harassment to a public or private entity. She indicated RMC has a contractual relationship with Alachua County Victim Services and Rape Crisis Center, which

serves as an outside agency that provides an avenue for the inmate population to contact them and leave an anonymous message. She further stated that these messages are provided directly to the agency level PREA Coordinator for appropriate follow-up and resolution. The Auditor was able to view spreadsheets, which identify the facility and the issue; however, there is no indication of who the reporting party is, therefore, maintaining anonymity.

Of the thirty-five (35) random inmates and twenty-two (22) targeted inmates interviewed regarding this provision, thirty-six (36) were familiar with the Alachua County Victim Services and Rape Crisis Center. However, when specifically asked about a PREA telephone number to receive services all fifty-seven (57) inmates reported there was a telephone number and a mailing address on the PREA poster over the telephones. All of the inmates reported they were aware they could make a report via the telephone without providing their name or ID number.

During the on-site tour, each phone that was tested was in working order and could call out to the local PREA Hotline at 866-252-5439 or by dialing \*8466. Sufficient time was provided to leave a detailed message to follow-up and never required personal identifying information.

RMC does not detain inmates solely for civil immigration purposes.

#### Provision (c)

FDC, Procedure 602.053, effective date July 31, 2018, p. 9, (3) states all incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported.

FDC, Procedure 602.053, effective date July 31, 2018, p. 10, (a), states any employee, volunteer or contractor who observes, has knowledge of, or received information, written or verbal (either first hand or a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the office of Inspector General, who will then take immediate steps to evaluate the inmate's concern/allegations.

FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18, p. 19, indicates if an inmates feels they have been a victim of sexual assault/battery or sexual harassment they are to immediately notify a staff member so appropriate action can be taken. When sexual assault/battery or sexual harassment are verbally reported to a staff member, the staff member completes FDC, Form DC6-210, Incident Report.

Of the thirty-five (35) random inmates and twenty-two (22) targeted inmates interviewed regarding this provision, 100% indicated they were aware of the ability to make reports of sexual abuse or sexual harassment in person and in writing.

#### Provision (d)

Florida Department of Corrections (FDC), Bureau of Professional Development and Training, ETRAIN Course Code PREA-001, Revised June 2019, states the agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. These reporting methods include but are not limited to writing or calling the Office of Inspector General; writing or calling the FDC PREA Compliance Coordinator; writing or speaking with institution executive staff such as the Warden or the PREA compliance Manager.



The PAQ states RMC staff may report anonymously to the Inspector General TIPS line at 866-246-4412. They may report to an outside agency at 866-252-5439. They can also file a complaint on-line directly to the Office of the Inspector General. They can also report it directly to the Reception and Medical Center (RMC).

Through interviews with twenty-four (24) random staff, three (3) management level staff, fifteen (15) specialized staff, several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, another supervisor, the FDC PREA Coordinator, OIG, or the PCM.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined RMC meets the standard relative to inmate reporting. No recommendation or corrective action is required.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 108.015, effective date February 22, 2018, pp. 2, 4, 7</li> <li>• FDC, Procedure 602.053, effective date July 31, 2018, p. 10, 15, 16</li> <li>• Florida Administrative Code, (FAC), 33-103.005, Informal Grievance</li> <li>• FAC, 33-103.006, Formal Grievance – Institution or Facility Level</li> <li>• FAC, 33-103.017, Inmate Grievance – Reprisal</li> <li>• FAC, 33-103.011, Time Frames for Inmate Grievances</li> <li>• FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18 – English and Spanish</li> <li>• Observations during on-site review</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Random and Specialized Staff</li> <li>o Random and Targeted Inmates</li> </ul> </li> </ul> <p>Provision (a):</p> <p>In the PAQ the facility reported the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment. The PAQ also reflects, RMC had twenty-four (24) grievances in the past twelve (12) months.</p> <p>Florida Administrative Code, 33-103.005, Informal Grievance, (1), states Inmates shall utilize the informal grievance process prior to initiating the formal grievance process. Inmates may skip this step and initiate the process at the formal institutional level for grievances regarding allegations of sexual abuse.</p> <p>FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (2), (j), states if the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also, on Form DC1-202 the third part filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third part box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer.</p> <p>FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (4) (j), (1), If an inmate believes he or she is a victim of sexual abuse they should immediately report it. There are several ways that allegations of sexual abuse may be reported, filing grievances is one of those ways. If an inmate decides to use the grievance proves to report sexual abuse, they must complete form DC1-202, Request for Administrative Remedy or Appeal and file within the requirements and guidelines listed below. This rule is established to meet the requirements of the Prison Rape Elimination Act (PREA0 of 2003. 28 CFR Part 115.</p>

a. The grievance should begin at the formal level at the institution unless filing pursuant to paragraph 33-103.007 (6)(a), F.A.C., or subparagraph 33-103.007 (6)(b)5., F.A.C. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. However, normal time limits as described in rule 33-103.011, F.A.C., will apply when the inmate receives the response to the formal grievance and elects to proceed to the next level of review. Staff shall comply with response time requirements outlined in rule 33-103.011, F.A.C.

The Auditor reviewed FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18. The handbook informs offenders how to report allegations of sexual abuse. The procedures listed in the Inmate Orientation Handbook include the process for submitting both formal and informal grievances. Each offender receives a handbook at the time of admission.

The Auditor conducted formal interviews with thirty-five (35) random inmates and twenty-two (22) targeted inmates. Each inmate reported they could file a grievance to report an allegation of sexual abuse. The Auditor asked each inmate interviewed if he could file a grievance alleging an imminent risk of sexual abuse. The inmates were aware of the grievance process and no offender interviewed had done so. Most inmates stated they would immediately notify a staff member as that is the quickest way to report. Some inmates stated they might use the hotline number. Each inmate was asked if he was required to give his name when alleging sexual abuse. All inmates were aware they could submit an allegation anonymously.

#### Provision (b)

Florida Administrative Code, 33-103.005, Informal Grievance, (1), states Inmates shall utilize the informal grievance process prior to initiating the formal grievance process. Inmates may skip this step and initiate the process at the formal institutional level for grievances regarding allegations of sexual abuse.

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (4) (j), (1), (a), states there is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. However, normal time limits as described in rule 33-103.011, F.A.C., will apply when the inmate receives the response to the formal grievance and elects to proceed to the next level of review. Staff shall comply with response time requirements outlined in rule 33-103.011, F.A.C.

FDC, Procedure 602.053, effective date July 31, 2018, p. 10, (3), (d), states no initial time limit shall be imposed for sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment grievances.

#### Provision (c)

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (4), 1, (b), states inmates filing grievances alleging sexual abuse shall not be instructed to file the grievance to the individual(s) who are the subject(s) of the complaint. Additionally, grievances of this nature shall not be referred to the subject(s) of the complaint.

#### Provision (d)

FDC, Procedure 602.053, effective date July 31, 2018, p. 15, (10), (a), states when an allegation is returned to the management (RM) from the Office of the Inspector General, the

institution will be responsible for conducting a PREA administrative security investigation utilizing a "PREA Investigative Report," DC6-2079. Upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation via an "Inmate Notification Administration Investigation Outcome," DC6-2080. Once completed, the DC6-2079 will be forwarded to the PREA Coordinator.

FDC, Procedure 602.053, effective date July 31, 2018, p. 16, (10), (b), indicates unless the allegation is unfounded, following an inmate's allegation that a staff member has committed sexual abuse against her/him, the Warden or her/his designee shall inform the inmate via an "Inmate Notification PREA Staff Allegation," DC6-2081, whenever the staff member is no longer:

1. assigned to the facility; or
2. employed with the Department.

FAC, 33-103.011, Time Frames for Inmate Grievances, (2), (b), indicates formal Grievances – The reviewing authority as defined in paragraph 33-103.002(15)(b), F.A.C., shall have up to 20 calendar days from the date of receipt of the grievance to take action and respond. See rule 33-103.006, F.A.C.

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (3) (g), indicates the Department shall claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision due to the need for additional investigation. The inmate shall be notified in writing of the extension and date by which a decision will be made.

During the on-site review of documentation, the Auditor reviewed investigation records in which the allegation was reported through the grievance mechanism and confirmed all time frames had been met.

#### Provision (e)

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (3) (f), if the inmate agrees to let the grievance filed by a third party proceed, staff shall log the third party grievance alleging sexual abuse and provide a receipt to the inmate. The response will be provided to the inmate. If the inmate is unsatisfied with the response to the formal grievance, they may file an appeal on Form DC1-303. The third party who initiated the formal grievance cannot appeal the decision when it is rendered. Staff shall notify the third-party filer of the disposition rendered on the grievance. In accordance with the Health Insurance Portability and Accountability Act, specifics of the case shall not be divulged to the third party.

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (3), (j), (c), states third parties, including fellow inmates, staff members, family members, attorneys and outside advocates shall be permitted to assist inmates in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of inmates.

#### Provision (f)

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (3), (h) states an inmate may file an emergency grievance if they believe they are subject to a substantial risk of

imminent sexual abuse.

FAC, 33-103.006, Formal Grievance – Institution or Facility Level, (3), (i) states When receiving an emergency grievance from an inmate expressing belief, they are subject to a substantial risk of imminent sexual abuse the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from the receipt of the grievance. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Through the interview process of twenty-four (24) random staff and fifteen (15) specialized staff, the Auditor confirmed staff were aware that inmates could submit grievances alleging a risk of imminent sexual abuse or to report an allegation of sexual abuse. Facility staff understood the procedures for submitting these emergency grievances alleging a risk of imminent sexual abuse. Supervisors were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

FAC, 33-103.011, Time Frames for Inmate Grievances, (3), (e), states emergency Grievances Alleging Substantial Risk of Imminent Sexual Abuse – corrective action shall be conducted within 48 hours and a response must be provided within 5 calendar days.

Provision (g)

FAC, 33-103.017, Inmate Grievance – Reprisal, (2) states an inmate shall be subject to disciplinary action if the inmate knowingly includes false, threatening, obscene, or profane statements in the grievance or any of its attachments. In this instance the inmate shall be subject to administrative action in accordance with the provisions of Rules 33-601.301-.314, F.A.C., or criminal prosecution. Notwithstanding administrative or criminal proceedings, the grievance shall be responded to on its merits.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 5, 11, 14</li> <li>• PREA Posters – English and Spanish</li> <li>• FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18 – English and Spanish</li> <li>• Observation during on-site review</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Inmate who reported sexual abuse</li> <li>o Random and Targeted Inmates</li> </ul> </li> </ul> <p>Provision (a)</p> <p>On the PAQ the facility reported it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> <li>• Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations</li> <li>• Giving inmates mailing addresses and telephone numbers (including toll free numbers) for immigrant service agencies for persons detained solely for civil immigration purposes</li> <li>• Enable reasonable communication between inmates and these organizations in a confidential a manner as possible.</li> </ul> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 5, (25), defines a victim advocate as a qualified individual trained in rape crisis counseling.</p> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 11, (5), states any inmate who alleges sexual abuse or sexual battery shall be given a copy of the NI1-120 and advised of her/his right to access crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or the investigative interview, if s/he chooses. The provision of the NI1-120 and the advisement of rights shall be documented on a DC6-210.</p> <p>Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017, establishes collaboration between RMC and Alachua County Victim Services and Rape Crisis Center to provide confidential support services related to sexual abuse to individuals at RMC.</p>

The Auditor spoke with a representative from Alachua County Victim Services and Rape Crisis Center and was informed a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

Of the thirty-five (35) random and twenty-two (22) targeted inmates interviewed, twenty-one (21) reported they had no knowledge of Alachua County Victim Services and Rape Crisis Center. However, when specifically asked about the posters above the telephone on the housing units, each readily admitted there was a tollfree number and address available to them to contact someone in the event of sexual abuse or sexual harassment.

Each inmate who stated they were familiar with Alachua County Victim Services and Rape Crisis Center, reported the call was free and confidential. Each responded they knew about an outside agency because of the PREA training and the posters around the facility. Each responded they knew some of the information they provided might be given to the facility staff.

During the tour of the facility, the Auditor observed posters throughout the facility. The posters stated, "You have a right to be free from sexual assault" or "zero tolerance for sexual abuse or assault". The posters had a victim support telephone number to call. The Auditor utilized the telephone number provided and was able to confirm it was functioning for the identified services. Lastly, postings around the facility as well as the FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18 let inmates know they have the ability to notify the PCM, or other staff member, of any incident of sexual abuse or sexual harassment.

#### Provision (b)

On the PAQ the facility reported it tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws,

During the tour of the facility, the Auditor tested several pay phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked once on each shift by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 14, (7), (c), specifies, alleged inmate victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment.

Of the thirty-five (35) random and twenty-two (22) targeted inmates interviewed, twenty-one (21) reported they had no knowledge of Alachua County Victim Services and Rape Crisis Center. However, when specifically asked about the posters above the telephone on the housing units, each readily admitted there was a tollfree number and address available to them to contact someone in the event of sexual abuse or sexual harassment. Each inmate who reported knowledge of the community agency stated they understood there were limits to confidentiality and some information might be reported back to facility staff.

The Auditor spoke with a representative from Alachua County Victim Services and Rape Crisis Center and was instructed a victim advocate is made available to be present with the victim before, during and following the examination. The representative reported Alachua County

Victim Services and Rape Crisis Center staff have a responsibility to inform any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical, for purposes such as institutional security, PREA investigation, and further medical and mental health services.

Provision (c)

On the PAQ the facility reported it has a contract with a community service provider and maintains copies of that contract.

Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017, establishes collaboration between RMC and Alachua County Victim Services and Rape Crisis Center to provide confidential support services related to sexual abuse to individuals at RMC. The facility maintains a copy of this contract. A copy of the contract was provided to the Auditor.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding inmate access to outside confidential support services. No recommendations or corrective action is required.



115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 10</li> <li>• FDC webpage link - <a href="http://www.dc.state.fl.us/">http://www.dc.state.fl.us/</a></li> </ul> <p>Provision (a)</p> <p>On the PAQ, the facility reported there is access to third-party reporting through their agency website.</p> <p>Florida Department of Corrections (FDC), FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 10, (7) states a method for reporting sexual abuse or sexual harassment is to have a family member, friend, or other member of the public submit a third-party grievance.</p> <p>The FDC has provided access to a third-party reporting process through their agency website. On the agency website, the individual wishing to report a PREA related incident can access this through the following link:</p> <p><a href="http://www.dc.state.fl.us/PREA/index.html">http://www.dc.state.fl.us/PREA/index.html</a></p> <p>Under resources on this page, there is a link for a Third-Party Grievance Form.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding third party reporting. No recommendations or corrective action is required.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, pp. 8, 9, 10, 16</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Random Staff</li> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o PREA Coordinator (PC)</li> <li>o PREA Compliance Manager</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 10, (a) states any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either first hand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate's concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with "Investigative Process," Procedure 108.003 and "Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations," Procedure 108.015.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 8, (c), (4), indicates the general PREA training shall include, among other things, the rights of both staff and inmates to be free from retaliation for reporting sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 9, (f), (4-5), specifies all staff, volunteers, and contractors will ensure that they foster an environment within their facility that precludes sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• taking all appropriate measures to ensure the safety of an inmate who may have been sexually abused or battered or of an inmate who may have reported the sexual abuse or sexual battery of another</li> <li>• promptly reporting any allegation involving retaliation against alleged victims or identified reporters of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment</li> </ul>

During interviews with twenty-four (24) random staff, fifteen (15) specialized staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e. their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Provision (b)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 16, (12) specifies no employee, volunteer, or contractor may knowingly disclose any information pursuant a sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to any person other except as permitted by law. The release of any information identifying any PREA or other sexual battery or sexual abuse victims in the custody of the Department shall not be printed published, or broadcasted unless a court determines that such information is no longer confidential and exempt pursuant to section 92.56, F.S., or other applicable law.

During interviews with twenty-four (24) random staff, fifteen (15) specialized staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e. their supervisor, medical staff, etc.

Provision (c)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 9, (3), indicates all incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported in accordance with: "Incident Reports - Institutions," Procedure 602.008; or "Incident Reports - Community Corrections," Procedure 302.045, as appropriate; and "Reporting Incidents to the Inspector General and Management Information Notification System," Procedure 108.007; and "Emergency Action Center," Procedure 602.012.

During interviews with medical and mental health individuals, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Provision (d)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 14, (b), indicates if during a screening or services, medical and mental health practitioners gain knowledge of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment that did not occur in an institutional setting they shall obtain informed consent from the inmate before reporting the information, unless the inmate is under the age of 18. This informed consent shall be documented as received on a DC6-210.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or

local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws

Interviews with the AW, using the interview protocol for the facility head, and the PC, revealed they were aware of this requirements and would report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators.

Provision (e)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 10, (4), specifies any employee, volunteer, or contractor who observes, has knowledge of, or receives information, written or verbal (either first hand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmate's concern/allegation. The authority notified will ensure proper medical treatment (if applicable) and mental health treatment are obtained. An investigation will be initiated in accordance with "Investigative Process," Procedure 108.003 and "Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations," Procedure 108.015.

In interviews with the PC and PCM, using the interview protocol for the PREA compliance manager, each confirmed allegations of sexual abuse and sexual harassment are reported to the PCM and Office of Inspector General investigators.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 10</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Agency Head (AH)</li> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o Random Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection and Response, effective July 31, 2018, p. 10, states when the Department learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediately action to protect the inmate.</p> <p>Interview notes reflect the AH indicated if he received such information, he would contact the facility where the inmate was housed and if necessary, the inmate could be temporarily transferred while the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.</p> <p>The Auditor interviewed the AW, using the interview protocol for the facility head, who stated she would take immediate action to protect the victim (inmate). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. She stated the perpetrator, if known, would be placed in segregated housing.</p> <p>During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding agency protection duties. No recommendations or corrective action is required.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 12</li> <li>• Warden to Warden Notification</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Agency Head or designee (AH)</li> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o PREA Coordinator (PC)</li> <li>o PREA Compliance Manager (PCM) Provision (a)</li> </ul> </li> </ul> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 12, (8), indicates if staff at a receiving institution receives information that sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment occurred at another institution, the receiving institutions Warden shall notify the sending institutions Warden within 72 hours of receiving the allegation. The notification shall be documented on a DC6-210.</p> <p>Provision (b)</p> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 12, (8), states indicates if staff at a receiving institution receives information that sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment occurred at another institution, the receiving institutions Warden shall notify the sending institutions Warden within 72 hours of receiving the allegation. The notification shall be documented on a DC6-210.</p> <p>Provision (c)</p> <p>As stated in provisions (a) and (b) the notification shall be documented on a DC6-210.</p> <p>The Auditor reviewed emails that were sent from facility to facility regarding sexual abuse allegations. Each email included the PREA Case Number. A PREA case number is assigned once the allegation is reported to the Emergency Action Center (EAC) and entered in the Management Information Notification System (MINS). The Auditor compared the notification with the investigative tracking sheet and was able to determine each facility followed the agency's reporting requirements as each was assigned a PREA number. A review of the notifications all notifications were made within 24 hours.</p> <p>Provision (d)</p>

FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 12, (9) states the receiving institution, where the allegation is reported, will be responsible for contacting EAC, completing a DC6-210, and entering the appropriate information into MINS for appropriate handling.

A review of interview notes reveal that the AH, PC and the PCM all confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any FDC facility will be investigated in accordance with the guidelines of FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018.

The AH, PC and PCM all indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an Office of Inspector General investigator to conduct the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 11</li> <li>• FDC, Officer-in-Charge (OIC) PREA Checklist</li> <li>• Florida Department of Corrections (FDC), Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations effective date February 22, 2018, pp. 5, 6,</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility head or designee – Associate Warden (AW)</li> <li>o Custody Staff - First Responders</li> <li>o Non-Custody - First Responders Provision (a)</li> </ul> </li> </ul> <p>Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 11, (4), (a – e), states that upon learning of an inmate sexual abuse or sexual battery allegation or incident, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> <li>a. separate the alleged victim and abuser.</li> <li>b. preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence.</li> <li>c. if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;</li> <li>d. if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and</li> <li>e. if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff.</li> </ol> <p>Florida Department of Corrections (FDC), Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations effective date February 22, 2018, p. 5, (7), (b) states correctional personnel shall separate the alleged victim and suspect.</p> <p>Florida Department of Corrections (FDC), Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations effective date February 22, 2018, p. 6, (e),</p>



(g), (h), (i), state:

- The Officer in Charge (OIC) shall ensure that the crime scene is secure and remains undisturbed until released to a responding Inspector or other law enforcement authority.
- The OIC shall ensure that the victim inmate is instructed not to wash, bathe, eat, drink, smoke, brush her/his teeth, use the toilet, or change clothes until authorized by an Inspector or other law enforcement authority.
- No inmate who is suspected of having been involved in a sexual battery or sexual misconduct shall be permitted or assisted to clean blood, saliva, or other evidence from her/his person, except as may be necessary for medical purposes. The suspect inmate(s) shall not be permitted to wash, bathe, eat, drink, smoke, brush her/his teeth, use the toilet, or change clothes until authorized by an Inspector or other law enforcement authority.
- No crime scene in which evidence exists shall be cleaned, disturbed, transited, or manipulated in any manner until released by a responding Inspector or other law enforcement authority.

On the PAQ, RMC indicated they had twenty-four (24) grievances for alleged sexual abuse and harassment in the past 12-months. Of those twenty-four (24), in three (3) cases, staff was notified within a time frame that still allowed for the collection of physical evidence. In each of the six (6) cases SART was activated for the incident and the RMC staff utilized the evidence collection protocols correctly.

The AW, during her interview using the interview protocol for the facility head, indicated First Responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor, step-by-step how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

During interviews with First Responders, all stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings. Each verbalized the PCM is constantly reminding them of PREA policies and speaking with them regarding the importance of PREA and sexual safety.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

The agency has an OIC PREA Checklist for supervisors to follow after an alleged incident of sexual abuse. The checklist includes, but is not limited, to the following:

- Separation of abuser and victim
- First responder duties
- Securing the crime scene
- Housing of victim

- Contacting EAC
- Evaluation by medical
- Complete MINS

The OIC PREA Checklist requires the staff member completing the form to check a box next to each action included on the form and acts as a guide to ensure proper protocol is followed. The Auditor reviewed twenty (20) investigative records. Each investigative record included a completed OIC PREA Checklist. The checklists were completed following each incident.

The documentation review also included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. Where applicable, the inmates were given proper notice of the findings and the cases have been enclosed.>

#### Provision (b)

Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 11, (4), (b-c), state upon learning of an inmate sexual abuse or sexual battery allegation or incident, the first security staff member to respond to the report shall be required to

- and protect any potential crime scene until appropriate steps can be taken to collect any evidence.
- if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;

Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 11, (4), (d) states if the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the OIC, Shift Supervisor, OIG investigator, or PCM.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

115.65	<b>Coordinated response</b>
	<p data-bbox="252 170 927 203"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <ul data-bbox="300 353 1437 629" style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Officer-in-Charge (OIC) PREA Checklist</li> <li>• RMC, Coordinated Response, dated May 12, 2020</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> </ul> </li> </ul> <p data-bbox="252 674 416 707">Provision (a)</p> <p data-bbox="252 745 1485 947">The Reception and Medical Center has a written a detailed Coordinated Response Plan. The plan includes response actions for staff first responders, supervisors, medical and mental health practitioners, investigators, and facility leadership. The Auditor reviewed thirteen (13) OIC PREA Checklists. Each allegation was reported within the previous 12 months. A review of records show staff followed the actions outlined in the coordinated response plan.</p> <p data-bbox="252 992 1477 1283">During interviews with fifteen (15) specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigators, and command staff questions regarding their duties in response to an alleged sexual abuse incident. Each first responder and specialized staff interviewed by the Auditor was able to articulate their required response actions following an alleged sexual abuse incident. Specialized staff interviewed by the Auditor understand and make appropriate response efforts to an alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.</p> <p data-bbox="252 1328 1477 1529">The AW confirmed, during her interview with the Auditor as the facility head designee, that the coordinated response has been identified in the policies listed above. She indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training.</p> <p data-bbox="252 1574 408 1608">Conclusion:</p> <p data-bbox="252 1641 1461 1753">Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC exceeds the standard regarding coordinated response. No recommendations or corrective action is required.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• State of Florida Agreement with the Florida Police Benevolent Association, Article 7, Discipline and Discharge</li> <li>• 2015-16 Legislative Impasse Resolution to Articles 3, 5, 6, 7, 8, 9, 10, 13, 18, 25 and 26 effective July 1, 2015</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Human Resources (HR)</li> <li>o Random Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>2015-16 Legislative Impasse Resolution states An employee who has attained permanent status in his current position may be disciplined only for cause as provided in section 110.227 Florida Statutes. Reductions in base pay, demotions, involuntary transfers of more than 50 miles by highway, suspensions, and dismissals may be effected by the state at any time against any employee. Demotion will not be used as a form of disciplinary action for employees in the classes of Correctional Officer, Correctional Probation Officer, Correctional Probation Officer-Institution, or Institution Security Specialist I.</p> <p>The Auditor reviewed the agreement between the Florida Police Benevolent Association and the Florida Department of Corrections. Article 7 of this agreement, Discipline and Discharge, does not limit the FDC's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Interviews with thirty-five (35) random staff reveal participation with the Florida Police Benevolent Association is optional. According to human resources personnel, management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning the employee or redirecting the employee.</p> <p>Provision (b)</p> <p>Auditor is not required to audit this provision</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 8, 11, 12</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o Staff in Charge of Monitoring Retaliation</li> </ul> </li> </ul> <p>Provision (a)</p> <p>Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 8, (c), (4), states both staff and inmates have the right to be free from retaliation for reporting sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.</p> <p>According to the PAQ, a Sergeant who functions as the PREA Compliance Officer has been identified as the individual who is primarily responsible for monitoring possible retaliation.</p> <p>Provision (b)</p> <p>In the interview with the AW, using the interview protocol for the facility head, the Auditor was informed there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments.</p> <p>Provision (c)</p> <p>According to the PAQ, RMC generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, RMC did not have any instances of retaliation in the past twelve (12) months.</p> <p>Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 11-12 (7), (a-c), states inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days, with at least three contact status checks to occur within the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation.</p> <p>a. Conduct, including a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks. For auditing purposes, it is the responsibility of the originating facility.</p>

b. If an inmate is transferred during the 90-day monitoring period, it is the receiving institutions' procedural responsibility to continue monitoring the inmate for the remainder of the 90-day period.

c. Although monitoring shall continue for at least 90 days, if during this period, the investigation has determined the allegation to be unfounded, monitoring may cease.

In the interview with the AW, using the interview protocol for the facility head, the Auditor was told that retaliation is absolutely not tolerated at RMC. The AW emphasizes to staff and inmates that they are to speak about PREA issues freely and loudly without fear of retaliation. She stressed that if retaliation does occur, there would be prompt action taken against those responsible for the retaliation. They would be investigated and disciplined. These sentiments were echoed by the Staff in Charge of Monitoring Retaliation.

#### Provision (d)

Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 11, (7), states inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days, with at least three contact status checks to occur within the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation

#### Provision (e)

According to the PAQ, because an allegation of retaliation indicates an allegation that there was a deviation from policy, an incident report is submitted and a Management Information Notification System (MINS) is completed to ensure the allegation is referred to the Office of the Inspector General. Any other remedy that is deemed necessary would also be enacted.

#### Provision (f)

Auditor is not required to audit this provision.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 10</li> <li>• Florida Administrative Code (FAC), 33-602.220, Administrative Confinement</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Classification Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ indicates RMC has not used segregated housing in the past 12-months for PREA related allegations.</p> <p>FAC, 33-602.220, Administrative Confinement, (2), (a-b), explains:</p> <p>(a) Administrative confinement is a temporary confinement status that may limit conditions and privileges as provided in subsection (5) as a means of promoting the security, order, and effective management of the institution. Otherwise the treatment of inmates in administrative confinement shall be as near to that of the general population as assignment to administrative confinement shall permit. Any deviations shall be fully documented as set forth in the provisions of this rule.</p> <p>(b) When a decision is made to place an inmate in administrative confinement, the reason for such placement shall be explained to the inmate and the inmate shall be given an opportunity to present verbal comments on the matter. The inmate shall also be allowed to submit a written statement.</p> <p>FAC, 33-602.220, Administrative Confinement, (3), (c), states inmates shall be placed in administrative confinement pending review of the inmate's request for protection from other inmates, (Rule 33-602.221, F.A.C.). The inmate shall be placed in administrative confinement by a senior correctional officer when the inmate presents a signed written statement alleging that the inmate fears for his safety from other inmates, and that the inmate feels there is no other reasonable alternative open to him. A senior correctional officer shall place an inmate in administrative confinement, pending review for protective management, based on evidence that such a review is necessary, and the senior correctional officer determines that no other reasonable alternative is available. The inmate shall be encouraged to provide information and otherwise cooperate with the investigation of the matter. The protective management process, including the ICT's action, shall be completed within 15 working days from the initial confinement of the inmate.</p> <p>Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, pp. 10-11, (2), (a, b), state inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless</p>

an assessment of all other available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

a. Upon notification of a PREA incident the inmate victim will be immediately afforded the opportunity to indicate his/her housing preference on the "PREA Victim Housing Preference," DC6-2084. If the inmate indicates that s/he would like to be housed in Administrative Confinement, the inmate is no longer involuntarily segregated and thus may be placed in administrative confinement pursuant to the provisions of "Administrative Confinement", Rule 33-302.220, FAC.

b. If the inmate victim indicates s/he wants to remain in general population and it has been determined that there are no available alternative means of separation from likely abusers the inmate may be placed in administrative confinement pursuant to the provision of "Administrative Confinement," Rule 33.302.220, FAC. The Institutional Classification Team (ICT) will then conduct a 72-hour review of the named PREA victim. The ICT will further review the inmate and the allegation, verify the inmate's housing preference, and reassess the availability of any alternative housing. If the inmate victim remains involuntarily segregated ICT will ensure proper documentation is placed in OBIS related to the basis of the facilities concern for the inmate's safety and why no alternative means of separation can be arranged.

Classification staff reported there are multiple housing options available and therefore a sexual abuse victim is not automatically placed in segregation for his protection. Other alternatives are always explored, and segregation is utilized as a last resort. The Auditor was informed there are numerous areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregation housing. Classification and the facility's Warden stated they can transfer the abuser or victim to another FDC facility if need be.

Classification staff confirmed inmates are allowed to participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding post allegation protective custody. No recommendations or corrective action is required.



115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 16</li> <li>• FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 8</li> <li>• Florida Statute Title XLVII, Criminal Procedure and Corrections, Chapter 944, State Correctional System</li> <li>• Interviews with the following: <ul style="list-style-type: none"> <li>o Inmate who reported sexual abuse</li> <li>o Investigative Staff</li> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o PREA Coordinator (PC)</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ reflects the FDC has a policy related to criminal and administrative investigations.</p> <p>Florida Statute Title XLVII, Criminal Procedure and Corrections, Chapter 944, State Correctional System, 944.31 states the inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections.</p> <p>During the interview with the investigator, he indicated investigations begin immediately following notification of the incident. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.</p> <p>Provision (b)</p> <p>As stated in provision (a), the FDC's OIG Inspectors conduct administrative and criminal investigations. The FDC requires OIG Inspectors receive special training to conduct sexual abuse investigations in confinement settings. This required specialized training include:</p> <ul style="list-style-type: none"> <li>• Techniques for interviewing sexual abuse victims.</li> <li>• Appropriate application of Miranda and Garrity warnings.</li> <li>• Sexual abuse evidence collection in confinement settings; and</li> </ul>

- The critical and evidence required to substantiate a case for prosecution referral.

Investigative staff confirmed he had attended these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

#### Provision (c)

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 8, (9), (b), states an Inspector investigating a sexual battery or sexual misconduct where physical evidence may be present shall:

1. respond to the scene and immediately contact the OIC.
2. coordinate crime scene access and control with the OIC.
3. if a forensic evidence technician is unavailable, assume responsibility for the proper collection, retention, and maintenance of physical evidence and all accompanying chains of custody.
4. conduct any necessary preliminary interviews of the victim, if applicable, and witnesses, as appropriate (a preliminary interview may be a verbal interview or a written statement) with appropriate follow-up interviews as outlined in OIG Procedures or Directives.
5. in the case of sexual battery, in accordance with Florida law (section 794.052, F.S.), verify the victim obtains medical treatment, if medical treatment is necessary as a result of the alleged incident, a forensic examination, and advocacy and crisis intervention services;
6. ensure the incarcerated victim has received the brochure "Sexual Abuse Awareness," Nil-120, and was advised of her/his right to access crisis intervention services, to have a forensic examination, and to have a victim advocate present during the forensic examination and/or the investigative interview if s/he chooses to. If the inmate has not received notification and the brochure, prior to any exam or interview, the Inspector will give the inmate one, advise them appropriately, and document such in the interview.
7. ensure any staff or non-incarcerated victim is provided the "Sexual Battery" brochure of the legal rights and remedies available to a victim on the standard form developed and distributed by the Florida Council Against Sexual Violence in conjunction with the Department of Law Enforcement and advise that s/he may contact a certified rape crisis center from which the victim may receive services;
8. during the victim review of the final Investigative Report process ensure the victim, as applicable, is provided with the appropriate "Notice to Incarcerated Victims," DCI-832, (to inmate victim) or the "Victims' Rights Brochure," NII-039 (to non-inmates);
9. if as a result of the interview with the victim, physical evidence of alleged battery or misconduct may exist on the victim, request a sexual assault examination, and evidence kit be conducted by a SANE or SART. The victim or, if applicable, the person representing the victim, must be informed of the purpose of submitting evidence for testing and the right to request testing in accordance with "Evidence, Property, and Contraband Collection, Preservation, and Disposition," Procedure 108.017;

10. ensure photos are taken of any physical injuries of the victim (e.g., bruises or cuts).
11. identify and locate all witnesses to the crime and obtain all necessary biographical and contact information; and
12. present any affidavit and accompanying warrant through the OIG chain of command prior to the presentation to a Judge, unless exigent circumstances exist which require the immediate processing and execution in order to obtain or preserve critical evidence.

Investigative staff indicated all of his investigations follow practically the same investigative format. Generally speaking, he stated he interviews the victim first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the rape crisis center or the dedicated SAFE/SANE location at the local hospital where the victim is being seen. Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection. The Auditor reviewed training records, which confirmed this training.

#### Provision (d)

During the interview process, the investigator reported when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Office of Inspector General confirmed if the case appears to be criminal Miranda warnings are given to the person(s) interviewed. The auditor reviewed twenty (20) investigations validating the process.

#### Provision (e)

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12, (15) clarifies that in all instances of investigating sexual battery, sexual misconduct, sexual abuse or sexual harassment, the case Inspector shall not make a request of the victim to submit to a voice stress analysis or polygraph examination.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

#### Provision (f)

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12, (12), (a), states during investigation into any PREA allegations, Inspectors shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures.

During the interview, the investigative staff reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his

report.

Provision (g)

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature. When he determines that the incident rises to the level of criminal prosecution, he will provide an affidavit to the Prosecutor who will determine if charges will be filed

According to the PAQ, in the past twelve (12) months there have been zero (0) substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Per the PAQ, in the past 12-months there have not been any criminal cases referred for prosecution.

During the interview, the investigator said if the investigation uncovers evidence that a crime has been committed, he will provide an affidavit to the Prosecutor who will determine if charges will be filed. The full documentation of investigation by the OIG is kept within their office. The institution keeps a file with documentation that corresponds with actions within the facility, i.e.: Responder Check-off (Supervisory, Medical, Mental Health), 30-day reviews, sign-off form for offenders housing choice, etc.

Provision (i)

Florida Department of Corrections (FDC), Procedure 602.053 Prison Rape: Prevention, Detection, and Response effective date July 31, 2018, p. 16, (11) states case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer.

Compliance Managers are responsible for uploading all related documents to the facility's electronic retention file once a PREA case is completed.

Provision (j)

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

Provision (k)

Auditor is not required to audit this provision.

Provision (l)

During the interview, the investigator confirmed in the facilities cooperate with the Office of Inspector General (OIG) and the OIG endeavors to keep the facility informed of the progress

of the investigation.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the WCI meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12</li> <li>• FDC, Office of Inspector General, Directive Number 2.005, Investigations – Other. Effective date March 11, 2020, p. 18, 19</li> <li>• Interview with the following: <ul style="list-style-type: none"> <li>o Investigative Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12, (12), (a-c) states</p> <p>(a) during investigation into any PREA allegations, Inspectors shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures.</p> <p>(b) Any criminal investigation involving PREA allegations by a staff member that has policy, procedure, or rule violations that were not covered in the criminal case or where probable cause exists but no prosecution of the case, shall require a parallel administrative investigation.</p> <p>(c) Any parallel administrative investigation shall be tolled during the criminal investigation.</p> <p>FDC, Office of Inspector General, Directive Number 2.005, Investigations – Other. Effective date March 11, 2020, p. 18, (3) and (7), reflect that:</p> <ul style="list-style-type: none"> <li>• Referring a PREA allegation to management (RM) should be the exception to the rule. If a PREA event is to be referred to management (RM), the Inspector Supervisor shall include sufficient detail, in the body of the MINS, to explain to management or any future reader of the MINS as to why this event is not going to be investigated by the OIG.</li> <li>• A complaint review report shall only be used when the PREA event is determined to be unfounded or not sustained or to be investigated by another law enforcement agency or in another OIG case. The other case number should be included in report.</li> </ul> <p>FDC, Office of Inspector General, Directive Number 2.005, Investigations – Other. Effective date March 11, 2020, p. 19, (9) states that for each PREA investigation that is placed in an "suspended" disposition status, the Inspector Supervisor shall submit to the warden a memo advising that investigative efforts have yielded insufficient evidence to clear the case and the case remains unsolved and has been placed in an open inactive status. The last paragraph of the Investigative Activity Report relating to the PREA investigation shall summarize the facts</p>

supporting the open-inactive closure.

The Auditor interviewed investigative staff who relayed that during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.). Further the FDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding evidentiary standard for administrative investigations. No recommendations or corrective action is required.

115.73	<b>Reporting to inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <ul data-bbox="300 353 1455 831" style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 15, 16</li> <li>• FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 10, 11</li> <li>• FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 26</li> <li>• Interview with the following: <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o Investigative Staff Provision (a)</li> </ul> </li> </ul> <p data-bbox="252 875 1481 1032">According to the PAQ, RMC had six (6) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. The six (6) cases involved six (6) inmate victims. Four (4) victims were notified in writing of the results of the investigation. Two (2) were not notified due to being deceased.</p> <p data-bbox="252 1077 1471 1279">FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 10, (i), states at the conclusion of any sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism investigation, the Inspector shall make appropriate notifications and follow-up notifications in accordance with section (11) of this procedure.</p> <p data-bbox="252 1323 1485 1480">FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 11, (11), (a) states victims of any sexual battery shall be permitted to review the final report and provide a statement as to the accuracy prior to it being finalized pursuant to section 794.052, F.S.</p> <p data-bbox="252 1525 1485 1771">FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 11, (11), (c), states the case Inspector shall notice any PREA victim inmate if an allegation against a staff member for sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism (administrative or criminal) is exonerated, sustained, partially sustained, not sustained, unfounded, closed by arrest, exceptionally cleared, or placed in open-inactive status.</p> <p data-bbox="252 1816 1430 1973">FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12, (d), (1,2), the case Inspector, Inspector Supervisor or designee shall notice any victim inmate the following pertaining to any PREA allegation:</p> <ol data-bbox="252 2018 1455 2159" style="list-style-type: none"> <li>1. when the Department learns the alleged abuser has been indicted on a charge related to sexual abuse; or</li> <li>2. when the Department learns that the alleged abuser was convicted on a charge related to</li> </ol>



sexual abuse.

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 15, (10, (a), states when an allegation is returned to management (RM) from the Office of the Inspector General, the institution will be responsible for conducting a PREA administrative security investigation utilizing a "PREA Investigative Report," DC6-2079. Upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation via an "Inmate Notification Administration Investigation Outcome," DC6-2080. Once completed, the DC6-2079 will be forwarded to the PREA Coordinator.

FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 26, states following an investigation an inmate will be informed of the outcome of the investigation. Allegations that are returned to management, to include OIG-RM, the facility will be responsible for notifying the inmate of the outcome of the administrative investigation. This will be done via DC6-2080.

FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 26, goes on to say facility administration is responsible for notifying the inmate whether a staff member is no longer posted in the inmate's unit or whether the staff member is no longer employed at the facility via DC6-208 I. These notifications are only made if the staff member is not in the unit or no longer employed due to the PREA allegation and if the allegation was sustained or not sustained/unsubstantiated.

Finally, FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 26, mandates the inmate will also be notified in writing when the facility becomes aware that the inmate's alleged abuser (Staff or Inmate) has been indicted on charges of sexual abuse stemming from the PREA allegation and when the staff member is convicted on the charges related to the PREA allegation.

In interviewing the investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation the OIG investigator, to the Warden's office, a close out memorandum of the investigation and details of how the decision was made regarding the outcome. The facility is then responsible for notifying the inmate of the outcome of the administrative investigation

Provision (b)

According to the PAQ, RMC does not utilize outside entities to conduct investigations, making this provision not applicable.

Provision (c)

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 16, (b), states unless the allegation is unfounded, following an inmate's allegation that a staff member has committed sexual abuse against her/him, the Warden or her/his designee shall inform the inmate via an "Inmate Notification PREA Staff Allegation," DC6-2081, whenever the staff member is no longer:

1. assigned to the facility; or

2. employed with the Department.

As previously stated in provision (a), upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation via DC6-2080.

According to the PAQ, there were zero (0) substantiated and/or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in RMC in the past 12 months.

Provision (d)

FDC, Procedure 108.015, Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations, effective February 22, 2018, p. 12, (d), (1,2), the case Inspector, Inspector Supervisor or designee shall notice any victim inmate the following pertaining to any PREA allegation:

1. when the Department learns the alleged abuser has been indicted on a charge related to sexual abuse; or
2. when the Department learns that the alleged abuser was convicted on a charge related to sexual abuse.

As previously stated in provision (a), upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation via DC6-2080.

Provision (e)

As previously stated in provision (a), upon completion of this investigation, the facility will be responsible for notifying the inmate(s) regarding the outcome of the investigation via DC6-2080. Additionally, as reflected in provision (a) RMC had six (6) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. The six (6) cases involved six (6) inmate victims. Four (4) victims were notified in writing of the results of the investigation. Two (2) were not notified due to being deceased.

Provision (f)

The Auditor Is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding reporting to inmates. No recommendations or corrective action is required.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.</li> <li>• FDC, Procedure 208.039 Employee Counseling and Discipline effective date September 12, 2019, p. 5</li> <li>• Florida Statute, Title XLVII Criminal Procedures and Corrections, Chapter 944, 944.35</li> <li>• Florida Administrative Code (FAC), 33-208.003, Range of Disciplinary Actions</li> <li>• Interviews with the following <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o PREA Compliance Manager</li> </ul> </li> </ul> <p>Provision (a)</p> <p>FDC Procedure 208.039 specifically lists the following:</p> <ol style="list-style-type: none"> <li>1. Employee discipline standards.</li> <li>2. Roles and responsibilities.</li> <li>3. Employee counseling.</li> <li>4. Types of disciplinary action.</li> <li>5. Procedures for issuing discipline to permanent status career service employees.</li> <li>6. Procedures for issuing disciplinary action to SES or promotion probationary status.</li> <li>7. Procedures for suspension or dismissal of an OPS, or probationary status employee. This Procedure supplements the above Florida Statutes, Florida Administrative Code, and the State Personnel Rules.</li> </ol> <p>Provision (b)</p> <p>FDC, Procedure 208.039 Employee Counseling and Discipline effective date September 12, 2019, p. 5, (6), (a, b) states malicious Use of Profane or Abusive Language Toward Inmates, Visitors, or Persons Under Supervision: The use of language that is threatening or abusive, whether directed towards a supervisor, another employee, an inmate or offender, or any other person. Includes any offensive language whether or not directed toward anyone in particular, regardless of intent.</p> <ol style="list-style-type: none"> <li>a. First occurrence: written reprimand, suspension, demotion, or dismissal.</li> <li>b. Second occurrence: dismissal</li> </ol> <p>During the interview with the AW, using the interview protocol for the facility head, she confirmed during the previous twelve (12) months there had not been any terminations,</p>

resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (c)

Florida Administrative Code (FAC), 33-208.003, Range of Disciplinary Actions, states violations of the foregoing Rules of Conduct as well as other departmental and institutional policies will result in disciplinary actions, which may be by written reprimand, suspension, demotion, or dismissal.

Florida Administrative Code (FAC), 33-208.003, Range of Disciplinary Actions, further states any employee who feels that unjust disciplinary action has been given has the right to submit a grievance as established by the grievance procedures of the Department of Corrections. For disciplinary actions involving, suspension, demotion, or dismissal, permanent Career Service employees have the right to appeal to the Public Employees Relations Commission. Violation of more than one rule shall be considered in the application of discipline and may result in greater discipline than specified for one offense alone. Any questions regarding these rules and personnel procedures should be referred to the employee's circuit administrator, warden, or personnel officer.

Florida Administrative Code (FAC), 33-208.003, Range of Disciplinary Actions, states the preceding section titled Rules of Conduct and the following list of offenses and work deficiencies with their ranges of disciplinary actions will be used by this Department in administering an effective disciplinary program.

According to Florida Administrative Code (FAC), 33-208.003, Range of Disciplinary Actions, the severity of penalties may vary depending upon the frequency and nature of a particular offense and the circumstances surrounding each case. While the following guidelines are not a substitute for impartial supervision and effective management, and do not set absolute minimum and maximum penalties, it is expected that all Disciplinary Authorities will consider them, the seriousness of the offense, and an employee's entire work history in reaching disciplinary decisions.

Suspensions shall not exceed eighty work hours.

During an interview with the PCM she confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (d)

Florida Statute, Title XLVII Criminal Procedures and Corrections, Chapter 944, 944.35, states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was not criminal, and to any relevant licensing bodies.

During an interview with the Associate Warden she confirmed during the previous twelve (12) months there had not been any terminations, resignations, or other sanctions against staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (EMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 205.002, Contract Management, effective February 18, 2020</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 4</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Facility head or designee - Associate Warden (AW)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ indicates there have been no reports of sexual abuse by contractors or volunteers at RMC, during the past 12 months.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 15, (9), (e), states contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless it was clearly not criminal, and to any relevant licensing bodies.</p> <p>Provision (b)</p> <p>Florida Department of Corrections (FDC), Procedure 205.002, Contract Management, effective February 18, 2020, states all new and renewed contracts will be identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contractor/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The contractor/vendor(s) will also comply with all Department policies and procedures that relate to PREA."</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 4, (4), (b) explains that staff, contractors, and volunteers are held to the same behavioral standard with regard to PREA.</p> <p>The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There have been no cases of violations involving the agency's sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months there have been no reports of sexual abuse by contractors or volunteers at RMC, and thus no instances of requiring remedial measures.</p> <p>During an interview with the AW, using the interview protocol for the facility head, she</p>

disclosed that when an issue is brought to her attention, she immediately refers the matter to the OIG for their follow-up. During this time, the contractor or volunteer are not allowed access to the facility pending investigation and review of the matter.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 15</li> <li>• Florida Administrative Code (FAC), 33-601.800, Close Management</li> <li>• FAC, 33-601.314, Rules of Prohibited Conduct and Penalties for Infractions</li> <li>• FAC, 33-601.301, Inmate Discipline – General Policy</li> <li>• FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o Medical Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ reflects in the past twelve (12) months there have been zero (0) administrative finding of inmate-on-inmate sexual abuse at the facility. The PAQ also reflects in the past twelve (12) months there has been zero (0) criminal finding of inmate-on-inmate sexual abuse at the facility</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 15, (9), (a, b, c) states:</p> <p>(a) Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with “Disciplinary Confinement,” Rule 33--602.222, F.A.C., unless otherwise ordered through judicial or administrative process.</p> <p>(b) All inmates who have been found guilty (with a finding of sustained, exceptionally cleared, or closed by arrest) of sexual abuse or sexual battery will be referred for Close Management (CM) review, in accordance with “Close Management,” 33-601.800, F.A.C. and/or issued a Disciplinary Report (DR), in accordance with applicable inmate disciplinary rules 33-601.301, F.A.C, through 33-601.314, F.A.C. All CM and DR reviews will take into consideration whether the mental disabilities or mental illness contributed to the abuser or perpetrator’s behavior.</p> <p>(c) When it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline.</p> <p>Provision (b)</p> <p>FAC, 33-601.314, Rules of Prohibited Conduct and Penalties for Infractions, states the following are established maximum penalties for the indicated offense. DC means maximum number of days of disciplinary confinement that may be imposed, and GT means the maximum number of days of gain time that may be taken. Any portion of either penalty, up to</p>



the maximum, may be applied.

- 1-5 Sexual battery or attempted sexual battery 60 DC + All GT
- 1-6 Lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner, or intentionally committing any other sexual act in the presence of a staff member, contracted staff member or visitor. 60 DC + 90 GT
- 9-1 Obscene or profane act, gesture, or statement - oral, written, or signified 30 DC + 90 GT
- 9-7 Sex acts or unauthorized physical contact involving inmates 30 EDC + 90 GT
- 9-35 Establishing or attempts to establish a personal or business relationship with any staff or volunteer 60 DC + 180 GT

During the interview with the AW, using the interview protocol for the facility head, disciplinary sanctions were discussed. The AW indicated that the inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate's penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

#### Provision (c)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 15, (9), (b), states all close management (CM) and Disciplinary Report (DR) reviews will take into consideration whether the mental disabilities or mental illness contributed to the abuser or perpetrator's behavior.

During the interview with the AW, using the interview protocol for the facility head, disciplinary sanctions were discussed. The AW indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

#### Provision (d)

The PAQ indicates RMC does offer therapeutic services and interventions to inmates.

Florida Administrative Code (FAC), 33-601.800, Close Management, 1, (d) defines close management as the confinement of an inmate apart from the general population, for reasons of security or the order and effective management of the institution, where the inmate, through his or her behavior, has demonstrated an inability to live in the general population without abusing the rights and privileges of others.

Florida Administrative Code (FAC), 33-601.800, Close Management, 1, (e) establishes there are 3 levels of close management. The three individual levels (CMI, CMII, and CMIII) associated with close management, with CMI being the most restrictive single cell housing level and CMIII being the least restrictive housing of the three CM levels. Close Management I is the most restrictive single cell housing level of all the close management status designations. An inmate assigned to CMI will be ineligible for a work assignment. An inmate may be placed in CMI without having previously been in CMII or III. An inmate could be placed in CMI for an incident that causes a death or participation in a sexual assault or battery among other things.

During interviews with Medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to

address underlying issues related to abuse. The inmate's issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

Provision (e)

The PAQ reflects RMC only disciplines inmates for sexual contact with staff when it is determined the staff member did not consent.

FAC, 33-601.301, Inmate Discipline – General Policy, (1) states inmate behavior that is not in compliance with the department shall be corrected through the disciplinary process, which includes informal disciplinary interventions.

Provision (f)

The PAQ reflects RMC prohibits disciplinary action for a report of sexual abuse made in good faith.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 15, (9), (c), distinguishes that when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline. Inmates who make a report in good faith will not be disciplined regardless of the outcome of the investigation.

During an interview with AW, using the interview protocol for the facility head, the Auditor was informed in the past 12 months there had not been any disciplinary action taken against any inmate(s) for a report of sexual abuse made in good faith.

Provision (g)

The PAQ indicates RMC prohibits all sexual activity between inmates. Further, it states RMC only considers sexual activity between inmates to be sexual abuse if it is coerced.

FDC, NI1-091, Inmate Orientation Handbook, Revised 11/9/18, p. 19 states there is no such thing as legal consensual sex in prison. FDC policy and law prohibit sexual behavior between inmates.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding disciplinary sanctions for inmates. No recommendations or corrective action is required.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 7</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Medical Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ reflects in the past 12 months, RMC referred 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health professional.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 7, (10), states classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery. If s/he is identified as a potential victim or abuser (perpetrator); housing, bed, and work assignments will be appropriately assigned based on known information and established protocol.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 13, (6) states if results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.</p> <p>The Auditor interviewed staff who conduct the intake screenings. These staff confirmed inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a past history of victimization.</p> <p>During the documentation review, the Auditor discovered all mental health referrals, as a result of disclosure during intake, were timely made. All referrals were evaluated within the appropriate time frame.</p> <p>Provision (b)</p> <p>The PAQ reflects in the past 12 months, RMC referred 100% of inmates with previous perpetrator behavior for follow screening.</p> <p>FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 7, (10), states classification will screen all inmates within 72 hours of intake.</p>

Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery. If s/he is identified as a potential victim or abuser (perpetrator); housing, bed, and work assignments will be appropriately assigned based on known information and established protocol.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 13, (6) states if results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.

Provision (c)

RMC is not jail.

Provision (d)

The PAQ indicates RMC strictly limits information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 13, (6), (a), states the provision of any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

The Auditor interviewed staff who conduct intake screenings and was informed that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need to know basis.

Provision (e)

The PAQ indicates RMC medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (b), states if during a screening or services, medical and mental health practitioners gain knowledge of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment that did not occur in an institutional setting they shall obtain informed consent from the inmate before reporting the information, unless the inmate is under the age of 18. This informed consent shall be documented as received on a DC6-210.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.



115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p</li> <li>• FDC, Procedure 401.010, Co-Payment Requirements for Inmate Medical Encounter, effective February 22, 2018, p. 3</li> <li>• FDC, DC4-701C, Emergency Room Records, effective 12/12</li> <li>• FDC, DC4-683M, Office of Health Services, Alleged Sexual Battery Protocol, Revised 3/7/17</li> <li>• Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Medical Staff</li> <li>o SART Staff</li> </ul> </li> </ul> <p>Provision (a)</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (c), alleged inmate victims of sexual abuse, sexual battery, or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment.</p> <p>Memorandum of Agreement #A3934 between FDC and Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017, for the purpose of facilitating services related to implementation of the Prison Rape Elimination Act (PREA). Alachua County Victim Services and Rape Crisis Center is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates in RMC.</p> <p>FDC, DC4-701C, Emergency Room Records, effective 12/12 and FDC, DC4-683M, Office of Health Services, Alleged Sexual Battery Protocol, Revised 3/7/17 are two secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided.</p> <p>Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.</p>

The Auditor review records of inmates who alleged sexual abuse and in each case the inmate was referred to medical and mental health well within the appropriate time frame.

Provision (b)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (d), specifies if no qualified medical or mental health practitioners are on duty at the time a recent abuse allegation is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will get a cursory examination by the physician to provide feedback for use of SART or if the inmate should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

Provision (c)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (e), states inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Additionally, the victim will be offered support services by means of a mailing address and/or telephone numbers to local community support group organizations, where available.

As previously cited in Provision (b) Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

FDC, Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (f), states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

FDC, Procedure 401.010, Co-Payment Requirements for Inmate Medical Encounter, effective February 22, 2018, p. 3, (d), (10) states a waiver of co-payment may be granted if the health care visit is a Prison Rape Elimination Act (PREA) incident involving sexual abuse or sexual battery.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.



**115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

- Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p
- FDC Memorandum of Agreement #A3934 with Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017.
- Interview with the following
  - o Medical and Mental Health Staff
  - o PREA Compliance Manager (PCM)

Provision (a)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (f), (1) proclaims as appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.

The Auditor reviewed a copy of FDC Memorandum of Agreement #A3934 with Alachua County Victim Services and Rape Crisis Center, dated June 5, 2017. This agreement is for the purpose of facilitating services related to implementation of Prison Rape Elimination Act (PREA). Alachua County Victim Services and Rape Crisis Center is a community service provider who is being contracted to provide confidential emotional support services related to sexual abuse to inmates within the RMC facility.

The Auditor reviewed records produced by the facility documenting the community standard of care, the evidence of Sexually Transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Medical and Mental Health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and Mental Health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (b)

As stated in provision (a) the evaluation and treatment of such victims shall include as

appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by Medical and Mental Health staff and their follow up appointments with inmates. Follow-up consisted of routine inmate visits with Medical and Mental Health staff.

Provision (c)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (f), (1) proclaims as appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care.

Interviews with Medical and Mental Health staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of Medical and Mental Health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

Provision (d)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p 14, (f), (2) states inmate victims of vaginal penetration during the inmate's incarceration shall be offered pregnancy tests and, if pregnancy results, such victim will receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services.

RMC does not house permanent female inmates. Female inmates are provided medical services as needed. While housed at RMC female inmates are offered recreation opportunities, board games and reading materials. All that is offered is separate from male inmates.

Provision (e)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p 14, (f), (2) states inmate victims of vaginal penetration during the inmate's incarceration shall be offered pregnancy tests and, if pregnancy results, such victim will receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services.

RMC does not house permanent female inmates. Female inmates are provided medical services as needed. While housed at RMC female inmates are offered recreation opportunities, board games and reading materials. All that is offered is separate from male inmates.

Provision (f)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (e), states inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered

timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Provision (g)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (f), states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

During the interview process, the PCM confirmed all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (h)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (f), (3), states a mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history and, as appropriate, the abuser will be offered treatment.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No recommendations or corrective action is required.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p</li> <li>• FDC, Prison Rape Elimination Act Guide, Revised October 2019</li> <li>• Interviews with the following <ul style="list-style-type: none"> <li>o Facility Head or designee - Associate Warden (AW)</li> <li>o PREA Compliance Manager (PCM)</li> <li>o Incident Review Team (IRT)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The PAQ reflects in the past 12-months there have been four (4) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The PAQ further reflects three (3) administrative investigations were completed as “Staff/Offender Relationship” but none were determined to be sexual in nature. One (1) criminal investigation was completed Sex Offense “inmate on inmate” that was Exceptionally Cleared.</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 16, (13), (a- e), states the institution shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation by completing the "Sexual Abuse Incident Review/Facility Investigation Summary," DC6-2076.</p> <p>Provision (b)</p> <p>The PAQ reflects in the past 12-months there have been four (4) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The PAQ further reflects three (3) administrative investigations were completed as “Staff/Offender Relationship” but none were determined to be sexual in nature. One (1) criminal investigation was completed Sex Offense “inmate on inmate” that was Exceptionally Cleared.</p> <p>FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 28, states after every sexual abuse investigation, except those that are determined to be UNFOUNDED, a review team consisting of upper-level management (with input from line supervisors, investigators and medical and mental health care staff) shall conduct a sexual abuse incident review (SA1R) via DC6-2076. The review should take place within 30 days of the conclusion of the investigation.</p> <p>Provision (c)</p> <p>FDC, Prison Rape Elimination Act Guide, Revised October 2019, p. 28, states after every</p>

sexual abuse investigation, except those that are determined to be UNFOUNDED, a review team consisting of upper-level management (with input from line supervisors, investigators and medical and mental health care staff) shall conduct a sexual abuse incident review (SA1R) via DC6-2076

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p16, (13) states The review team consists of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisors, investigators, and medical or mental

In the interview with the AW, using the interview protocol for the facility head, he confirmed his understanding of the composition of the review team and his willingness to consider and incorporated recommendations from team members.

#### Provision (d)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 16, (13) states the Sexual abuse incident review team shall meet to, at a minimum:

- (a) assess the adequacy of staffing levels in the area where the incident happened.
- (b) consider whether the incident/allegation was motivated by race, ethnicity, LGBTI identification, gang affiliation, or other group dynamics at the institution.
- (c) examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse.
- (d) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (e) on a monthly basis, prepare a report with recommendations for improvements, and submit to the PREA Coordinator.

Members of the Sexual Abuse Incident Review Team were interviewed. Each team member reported the team considers all criteria listed above, as required by PREA policy.

The report from the Sexual Abuse Incident Review team is submitted to the Warden and the PCM.

#### Provision (e)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 16, (e), states on a monthly basis, the Sexual Abuse Incident Review Team is to prepare a report with recommendations for improvements, and submit to the PREA Coordinator.

Approval for any improvements must receive approval from the FDC.

#### Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding sexual abuse incident reviews. No recommendations

or corrective action is required.

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018</li> <li>• Annual PREA Report</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o PREA Coordinator</li> </ul> </li> </ul> <p>Provision (a)</p> <p>According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a “Survey of Sexual Victimization-Incident Form,” SSV-IA and “Survey of Sexual Victimization-State Prison Systems Summary Form,” SSV-2. The data will also be utilized to Procedure 602.053 15 improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year’s data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution.</p> <p>A review of an annual PREA reports, confirms this provision has been met.</p> <p>Provision (b)</p> <p>According to the PAQ the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a “Survey of Sexual Victimization-Incident Form,” SSV-IA and “Survey of Sexual Victimization-State Prison Systems Summary Form,” SSV-2. The data will also be utilized to Procedure 602.053 15 improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and</p>

response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution

The FDC aggregates all of its data submitting all required items according to the US Department of Justice. A review of annual PREA reports, confirms this provision has been met.

#### Provision (c)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2. The data will also be utilized to Procedure 602.053 15 improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution

PREA policy dictates the incident-based data include at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. A review of annual PREA reports, confirms this provision has been met.

#### Provision (d)

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

#### Provision (e)

According to the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with the SSV reporting requirement.

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the agency also shall obtain incident- based and aggregated data from every private facility with which it contracts



for the confinement of inmates.

A review of an annual PREA report, confirms this provision has been met.

Provision (f)

According to the PAQ, upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30, from the previous calendar year.

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective date July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2. The data will also be utilized to Procedure 602.053 15 improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution

The FDC aggregates all of its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

A review of an annual PREA report, confirms this provision has been met.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding data collection. No recommendations or corrective action is required.

115.88	<b>Data review for corrective action</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <ul data-bbox="300 353 1481 824" style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 14</li> <li>• Annual PREA Reports 2013 - 2018</li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Agency Head or Designee (AH)</li> <li>o PREA Coordinator (PC)</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p data-bbox="248 862 416 898">Provision (a)</p> <p data-bbox="248 936 1481 1055">According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.</p> <p data-bbox="248 1093 1481 1599">Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a “Survey of Sexual Victimization-Incident Form,” SSV-IA and “Survey of Sexual Victimization-State Prison Systems Summary Form,” SSV-2. The data will also be utilized to improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year’s data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution.</p> <p data-bbox="248 1637 1481 1883">As part of the interview with the PC, the Auditor learned the agency reviews data collected pursuant to §115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The Auditor also learned the annual report is written in a way that it is unnecessary to redact information. However, the agency does have the ability to make such changes.</p> <p data-bbox="248 1921 1481 2040">The AH asserts if the incident-based sexual abuse data shows patterns, such as LGBTI inmates are being targeted or a significant number of assaults occurring in a particular area of an institution , then policies, procedures or training may be modified.</p> <p data-bbox="248 2078 416 2114">Provision (b)</p>

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 14, (7), states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2. The data will also be utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution.

The Auditor reviewed the annual report from 2018 and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse.

#### Provision (c)

This provision is addressed in provision (a) and (b).

According to the interview notes from the AH, he reviews all PREA Annual Reports. He reviews the annual report for the prior calendar year before placement on the agency website.

As required by standard, the FDC places all annual reports on its website, accessible for public view. <http://www.dc.state.fl.us/PREA> allows access to the FDC PREA webpage, which contains the most recent (2018) annual report.

#### Provision (d)

According to the PAQ, the annual report is written in a way that it is unnecessary to redact information. However, the agency does have the ability to make such changes.

The PC indicated the agency reviews data collected pursuant to §115.87. The annual report is written in a way that it is unnecessary to redact information. However, the agency does have the ability to make such changes.

The PC indicated she is responsible for ensuring the information is provided for purposes of agency reporting.

During an interview with the PCM, she indicated she ensures the data collected on sexual abuse for inmate-on-inmate cases is forwarded to her PREA Coordinator annually.

#### Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• Reception and Medical Center (RMC) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided</li> <li>• Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 14, 16</li> <li>• Annual PREA Reports 2013 - 2018</li> <li>• FDC publicly accessible website <ul style="list-style-type: none"> <li>o <a href="http://www.dc.state.fl.us/PREA">http://www.dc.state.fl.us/PREA</a></li> </ul> </li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o PREA Coordinator</li> </ul> </li> </ul> <p>Provision (a)</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 16, (11), states case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Compliance Managers are responsible for uploading all related documents to the facility's electronic retention file once a PREA case is completed.</p> <p>According to the interview notes of the PC, the Auditor learned there are several locations where the FDC retains data. At the local level, data is retained within a secure system and access to the system is limited to those staff with a need to know. Additional data is retained at the Department level as required for completion of the SSV-2, and also within the FDC website for public access.</p> <p>Provision (b)</p> <p>Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 14, (7) states the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2. The data will also be utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific</p>

PREA data and preparing an annual corrective action plan for her/his institution.

The FDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

<http://www.dc.state.fl.us/PREA>

Provision (c)

During an interview with the PC, the Auditor was made aware the department reviews data collected pursuant to §115.87, and that reports are written in such a way that no information has to be redacted. The department report reviewed by the Auditor met PREA compliance standards.

Provision (d)

Florida Department of Corrections (FDC), Procedure 602.053, Prison Rape: Prevention, Detection, and Response, effective July 31, 2018, p. 16, (11), states case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Compliance Managers are responsible for uploading all related documents to the facility's electronic retention file once a PREA case is completed.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>• FDC publicly accessible website <ul style="list-style-type: none"> <li>o <a href="http://www.dc.state.fl.us/PREA">http://www.dc.state.fl.us/PREA</a></li> </ul> </li> <li>• Interview with the following <ul style="list-style-type: none"> <li>o Agency Head or designee (AH)</li> <li>o PREA Compliance Manager (PCM)</li> </ul> </li> </ul> <p>Provision (a)</p> <p>The AH reported each facility within the FDC had been audited within the previous three (3) year audit cycle (2016 – 2019). The current audit cycle is 2019 – 2022. Copies of all audit reports are on the FDC website for public information and review. FDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <a href="http://www.dc.state.fl.us/PREA">http://www.dc.state.fl.us/PREA</a></p> <p>Provision (b)</p> <p>During an interview with the PCM, the Auditor learned the audit for RMC was in the second year of the new current (3) year audit cycle (2019 – 2022). FDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>Provision (c)</p> <p>N/A</p> <p>Provision (d)</p> <p>N/A</p> <p>Provision (e)</p> <p>N/A</p> <p>Provision (f)</p> <p>N/A</p> <p>Provision (g)</p> <p>N/A</p> <p>Provision (h)</p> <p>During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the PCM, PREA Auxiliary Officer and PREA Correctional Services Consultant were available to accompany the auditor and give her complete access to any part of the facility she requested to see.</p>

Provision (i)

At all times throughout the audit process, FDC and RMC provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

During fifty-seven (57) inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Provision (f)</p> <p>The FDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:</p> <p><a href="http://www.dc.state.fl.us/PREA">http://www.dc.state.fl.us/PREA</a></p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the RMC meets the standard regarding audit contents and findings. No recommendations or corrective action is required.</p>



<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes

<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes



<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes



<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes



<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes



<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes



<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes