

PREA Facility Audit Report: Final

Name of Facility: Union Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/09/2020

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"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 03/09/2020

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Address:	
Email:	paul.perry@carolinedf.org
Telephone number:	
Start Date of On-Site Audit:	02/19/2020
End Date of On-Site Audit:	02/21/2020

FACILITY INFORMATION	
Facility name:	Union Correctional Institution
Facility physical address:	25636 NE State Road 16, Raiford, Florida - 32083
Facility Phone	
Facility mailing address:	P.O. Box 1000, Raiford, Florida - 32083

Primary Contact	
Name:	AWP Tifani Knox
Email Address:	Tifani.Knox@fdc.myflorida.com
Telephone Number:	386-431-2000

Warden/Jail Administrator/Sheriff/Director	
Name:	Tony D. Anderson
Email Address:	Tony.Anderson@fdc.myflorida.com
Telephone Number:	386-431-4088

Facility PREA Compliance Manager	
Name:	Tifani Knox
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Telephone Number:	M: (386) 431-4090
Name:	Marcia Miller
Email Address:	marcia.miller@fdc.myflorida.com
Telephone Number:	M: (386) 431-4020

Facility Health Service Administrator On-site	
Name:	HSA Nancy Heiser
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Telephone Number:	386-431-4204

Facility Characteristics	
Designed facility capacity:	1214
Current population of facility:	1747
Average daily population for the past 12 months:	1677
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	19-91
Facility security levels/inmate custody levels:	Facility Level 7, Custodies Maximum through Community
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	518
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	228
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	248

AGENCY INFORMATION	
Name of agency:	Florida Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	501 S Calhoun Street, Tallahassee, Florida - 32399
Mailing Address:	
Telephone number:	850-717-3498

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

Agency-Wide PREA Coordinator Information			
Name:	Judy Cardinez	Email Address:	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 Florida Department of Corrections contracted with PREA Auditors of America, 14506 Lakeside View Way, Cypress, TX 77429 for Prison Rape Elimination Act audit services of the Union Correctional Institution. The Auditor selected by PREA Auditors of America to perform audit services at the Union Correctional Institution has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Union Correctional Institution's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the third Prison Rape Elimination Act audit of the Florida Department of Corrections' Union Correctional Institution. The facility's last PREA Audit was conducted in March 2017.

The Auditor sent two notices by email to the agency's PREA Coordinator on January 3, 2020. One notice was written in English and the other in Spanish. Both notices contained information and an address how offenders were able to confidentially contact the Auditor prior to arriving on site. The notices informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. The Auditor received an email from the facility verifying all notices were posted by January 10, 2020. While touring the facility the Auditor observed all notices were posted by January 10, 2020 in all offender living units. The Auditor received two correspondence from one offender prior to arriving at the facility. While at the facility two offenders specifically requested to speak to the Auditor. Both offenders were formally interviewed by the Auditor.

The Auditor received the Union Correctional Institution's completed Pre-Audit Questionnaire through the secure Online Audit System (OAS). Once received, the Auditor began reviewing the materials uploaded in the OAS by the facility. The information was submitted by the facility's PREA Compliance Manager and included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from offender medical and central records, contracts, and handbooks.

The Auditor began communications with the PREA Coordinator and Correctional Services Consultant through email. The Auditor asked questions through email and requested additional specific documentation be uploaded to the OAS prior to arriving on site. The Auditor requested additional information periodically from the Correctional Services Consultant. The Correctional Services Consultant maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. In addition, the Auditor requested a list of staffing, contractors and the offender population. The Auditor spoke to the Correctional Services Consultant prior to arriving on site.

The Auditor discovered the facility has a Memorandum of Understanding with the Alachua County Victim Services & Rape Crisis Center in the Pre-Audit Questionnaire. The facility's Memorandum of

Understanding requires the UCI contact the entity to provide for victim advocacy, when requested by the victim. The Auditor communicated with a victim advocate with the Alachua County Victim Services and Rape Crisis Center by telephone. Details of the telephone interview are provided later in this report.

The facility's Memorandum of Understanding to provide a SANE is with the Panhandle Forensic Nurse Specialists, LLC. The Auditor contacted a Sexual Assault Nurse Examiner (SANE) with the agency by telephone. The Auditor discussed the specifics of forensic services offered through the Memorandum of Understanding. The telephone interview provided an understanding of the level and scope of services provided to offender victims of sexual abuse. More details are provided later in this report.

The Auditor conducted a review of the Florida Department of Corrections website (www.dc.state.fl.us). The website includes a link to access the agency's published Prison Rape Elimination Act information. The website includes the agency's zero tolerance and investigative policies, Florida Statutes regarding investigations, PREA reports, instructions for filing an allegation, a Third-Party Reporting Form link, Data Collection, contact information, previously submitted Surveys of Sexual Victimization and PREA resource links.

The Auditor arrived at the Union Correctional Institution the morning of February 19, 2020. A meeting with key personnel was held by the Auditor prior to beginning the audit process. The following personnel were in attendance:

- Travis Lamb – Warden
- Tifani Knox – Assistant Warden
- Joseph Falk – Assistant Warden
- Jeffery Lindsey – Colonel
- Kellie Eberlein – Correctional Services Consultant
- Serena Marlow – Classification Supervisor
- Richard Andrews – Classification Supervisor
- Caitlin McLaughlin – Sergeant
- Marcia Miller – Classification Officer

The Auditor conducted a brief introduction with key staff. Key staff were informed the Auditor is flexible and will try not to interrupt facility operations while on site. The group was informed to let the Auditor know if facility operations conflict with the time the Auditor chooses to interview staff and inmates. The group was informed the Auditor will be thorough and address any concerns at the time they are discovered. The Auditor was offered a tour of the facility after the meeting. The Auditor was accompanied on the tour by the Assistant Warden of Programs, Correctional Services Consultant, Classification Supervisor, Sergeant and Classification Officer. Prior to touring the facility, the Auditor requested UCI staff to allow the Auditor to speak with inmates and staff in private when the Auditor approached them during the tour. The Auditor explained both staff and inmates should feel free to speak to the Auditor without fear of reprisals. They were informed the Auditor will maintain confidentiality of the inmates and staff. After completing the tour, the Auditor was escorted to a private office to begin formal interviews.

The Auditor was allowed access to all facility areas. The tour included visits to the administrative, booking, property, control rooms, visitation, classrooms, recreation yards, laundry, commissary, library, medical, kitchen, work areas, maintenance and all offender living units. During the tour the Auditor observed for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations

were made of PREA posters and other PREA related materials posted throughout the facility.

While touring the facility the Auditor observed staff conducting security rounds, interacting with the offender population, foodservice operations, and making opposite gender announcements. Medical and mental health personnel were observed conducting treatments, sick call, dental call and pill call with offenders. The Auditor observed offenders participating in programs, education, and work programs. While touring the Auditor observed two religious volunteers in the segregation housing unit counseling with offenders. All offender cells, restrooms and shower areas were observed to ensure offenders could utilize the restroom, change clothing and shower without staff of the opposite gender observing offenders in the process of such.

While touring the facility the Auditor conducted informal interviews with staff and offenders. UCI staff allowed the Auditor to informally interview staff and offenders in private. This allowed staff and offenders the opportunity to speak freely and confidentially to the Auditor without fear of reprisal. The Auditor informally interviewed 15 offenders while touring the facility. Offenders were informally asked the following, but not limit to, questions: if they felt safe in the facility, if they knew how to report an allegation of sexual abuse, if they felt comfortable making an allegation verbally to a staff member, if they have received education regarding the facility's sexual abuse policies, and if they received information regarding sexual abuse and sexual harassment when arriving at the facility. The Auditor informally interviewed 12 staff members throughout the duration of the audit. Staff was informally asked the following, but not limit to, questions: if they have received PREA training, if they have had an offender report an allegation to them, what action they would take if they were the first responder to an incident of sexual abuse, if opposite gender staff make announcements, and if supervisors conduct unannounced rounds.

Prior to arrival, while on site and after leaving the facility the Auditor conducted a review of supportive documentation provided by facility staff. Supportive documentation provided by the facility included, but was not limited to, policies and procedures, staffing plan, handbooks, training records, employee records, medical records, classification records, investigative files and logbooks. Supportive documentation was reviewed to determine the facility's level of compliance in prevention, detection, and response to sexual abuse and sexual harassment, training and education, risk screening, reporting, investigations, offender discipline, medical and mental health care, and data collection, review and reporting.

The Auditor requested additional supportive records from facility staff and the Correctional Services Consultant. In addition to the records provided prior to arriving on site, the Auditor requested supportive records of the randomly selected and targeted offenders chosen for interviews. The Auditor requested five additional investigative records, training records (including contractors and volunteers), documentation of three staff who were promoted within the previous 12 months and various other supportive documents. The Auditor visited with day and night shifts during the audit.

Formal interviews were conducted with randomly chosen and specifically targeted offenders. The Auditor utilized the facility's housing report to randomly chose offenders from each housing unit. Classification records and reports were utilized to choose offenders for targeted interviews. The facility provided a private room for the Auditor to interview offenders without staff and other offenders able to observe or overhear the information exchanged between the Auditor and offender being interviewed. The private room did not have a camera or audio monitoring device located inside. The auditor randomly chose 20 offenders and specifically chose 21 offenders for formal interviews. Offenders specifically chosen for interviews included 1 who identified as transgender, 2 who were limited English proficient, 4 who

identified as gay or bisexual, 5 who reported suffering previous victimization in the community, 4 who reported an allegation of sexual abuse/harassment while housed in the facility and 4 who were impaired. The Auditor interviewed one offender who wrote the Auditor prior to arriving on site.

The Auditor randomly chose 20 offenders from the UCI population housing list. A sampling of offenders was chosen from each of the facility's living units. During random interviews the Auditor discovered offenders who had allegedly been victimized in the community and did not inform facility personnel. The Auditor also discovered one offender who identified as bisexual and two who had allegedly been victimized in a confinement facility; none of the three offenders reported the information to the facility.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 9 staff members and specialized interviews with 23 staff members. Specialized interviews were conducted with staff who conduct PREA education, classification, medical and mental health, investigator, facility head, intermediate and high-level staff, PREA Compliance Manager, line staff, retaliation monitor, volunteers, contractors, Sexual Abuse Incident Review team member, Human Resources, staff who supervise offenders in segregation, training and first responders. Formal staff interviews were conducted in a private office and other private areas.

The Auditor concluded the onsite portion of the audit on February 21, 2020 in an exit meeting with the following personnel:

- Travis Lamb – Warden
- Tifani Knox – Assistant Warden
- Kellie Eberlein – Correctional Services Consultant
- Serena Marlow – Classification Supervisor
- Marcia Miller – Classification Officer
- Brandi Thompson – Correctional Officer

During the exit meeting the Auditor discussed initial findings discovered during the tour, review of documents and through interviews with staff and inmates. The group was informed there were no findings of non-compliance discovered prior to arrival and while on site. The group was informed the Auditor still had a lot of work to complete after leaving the facility reviewing supportive documentation and notes taken during interviews. The group was informed the Auditor was unable to make all determinations of compliance while on site. Staff were informed the Auditor still may request copies of additional documents and require other supporting documentation and explanations after leaving the facility. The group was informed the inmate population and staff were receptive and respectful to the Auditor while on site. Facility operations appeared to be well managed and the Auditor received no major complaints while on site.

The facility was last accredited through the American Correctional Association in November 2016. The facility received a final score of 98.1% on its last ACA audit.

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 Union Correctional Institution is located in Raiford, Florida. The facility is approximately an hour's drive to the west from Jacksonville, Florida. The Union Correctional Institution is the oldest prison in the state of Florida. The UCI houses adult male offenders of each custody level, including those on Death Row and Close Management. The facility's general population inmates must be 50 years of age or older to be housed in the facility. The Union Correctional Institution was established in 1913 and is accredited through the American Correctional Association. The facility's designed capacity is 1214 and has an average daily population of 1617 for the previous 12 months.

The UCI has 18 housing units. There are 13 multiple occupancy housing units and 5 single cell housing units. One of the facility's single cell housing units houses the FDOC's inmates on death row. The death row housing unit has 336 single cells. There is a north side and south side. Each side of the housing unit is linear in style with two tiers encompassing 14 cells on each tier. The first two cells on each tier are handicap accessible cells. There were 309 inmates housed in the death row housing unit at the time of the audit. Each cell has a toilet and sink inside. Cameras monitor the "catwalks" in the housing unit. There are four outdoor recreation yards for inmates in the housing unit. Outdoor recreation yards have a kiosk and are monitored by cameras. Showers are located at the end of each tier. Showers have a portion partitioned so staff cannot see the inmate naked while taking a shower. The Auditor observed PREA materials posted on the walls in the housing unit.

The facility's death row housing unit has its own processing area with a property room. Inmates are booked directly into the death row housing unit as they arrive. Inmates from the general population housing work in the death row housing unit. Death row inmates are provided work opportunities in the housing unit. There is a medical area in the death row housing unit. Contract medical personnel from the facility's main medical area perform medical services in the death row housing unit for the inmates assigned to the unit. There is a main control room staffed by correctional personnel. Staff in the control room operate and control all doors and monitor cameras and control entry and exit to/from the housing unit.

Other segregation housing unit are two tiers in height surrounded by a dayroom. Each cell has two bunked beds inside. Although each is capable of housing two offenders, the facility only houses one offender in each cell, excluding one living unit. One segregation area has two offenders in each cell as their status allows for a cellmate. All other segregation inmate statuses do not allow housing the offender with a cellmate. There is a toilet and a sink in each cell. The dayroom area has cameras that monitor dayroom activities. Security staff remains in each segregation housing unit at all times. Showers are located at the end of the tier and have a privacy curtain so offenders can shower without staff seeing them fully naked. There are multi-purpose rooms available for group and individual treatments and other purposes. Inmates in segregation housing units have access to recreation yards that are attached to the segregation housing units. Each recreation yard is monitored by cameras.

The general population living units are all similar in design. Each general population housing unit has 96 beds. There are double bunked beds in each cell. There is a dayroom with telephones, television and a kiosk. Dayrooms are monitored by cameras and are always staffed with correctional personnel. One general population housing unit is for veterans, one for those participating in faith-based programs and the other is for offenders who train dogs in the Rockhounds building. Showers in general population units have a privacy screen so offenders can shower without staff seeing the offender fully naked. General population housing units are situated in clusters of three. Each cluster of housing units has a barbershop available to offenders.

At the time of the Audit the facility had five housing units unoccupied for various reasons.

The facility's kitchen has a butcher shop, bakery, vegetable prep room, walk-in refrigerators and freezers, dry storage, offices, and restrooms. Cameras monitor the bakery, corridors and the main kitchen areas. The kitchen is operated by FDOC food service employees while FDOC Correctional Officers maintain security in the area. There is always two security staff members present in the kitchen while inmates are working. Food is prepared in the kitchen and either delivered to living units or served to the general population through a serving line. Inmates housed in general population eat in one of two large dining rooms.

The facility's medical area has an urgent care, eye clinic, records room, treatment rooms, supply room and an examination room. The facility's main dental lab is in the building that houses inmates on death row. The dental lab has four dental chairs. There are cameras in the medical corridors. The medical area has an infirmary with one large multiple occupancy room. In addition, there are five Self Harm Observation Cells (SHOC), two negative pressure cells and one single cell. Each cell has a toilet, sink and showers within. Each cell in the infirmary has a camera inside the cell. Cameras in the cells do not face the toilet or shower area. Inmates housed in the infirmary are those who are not able to otherwise function in the population, need more intensive medical care and supervision or have a communicable disease. Medical services are contracted with Corizon Correctional Healthcare.

There is a large building known as the Movement Center. The Movement Center has the facility's intake area, transportation and classification sections and classrooms. The intake area has 6 individual cells with toilets and sinks inside. These cells are utilized when new inmates arrive at the facility. There are cameras that monitor the intake area. None of the cells in the intake area have a camera inside. The Auditor observed posted PREA materials in the booking area. Classrooms in the Movement Center are utilized as peer support rooms and small group instruction. Staff always supervise inmates in the Movement Center. The Movement Center has a property room. No inmates work in the property room. A Correctional Officer works the property room and allows one inmate to clean the room. There are no cameras in the property room.

The facility has a large library that includes general and legal books and materials. In addition to hardback legal books, inmates have access to legal materials on a computer through Lexis Nexis. There is a barber shop and commissary for inmates and a separate one for staff. The laundry area employs approximately 63 inmates. The facility's laundry issues clean clothing and linens to all inmates in the facility. One area in the laundry room includes sewing equipment where workers make uniforms for Union Correctional Institution and Lawtey Correctional Institution inmates. Four staff members supervise inmate workers in the laundry area. There are cameras and mirrors in the laundry area to supplement staff supervision.

There are three separate buildings where inmates work in the facility's correctional industry programs. The facility has three main industrial programs. Inmates make license plates for the State of Florida, make dentures and fabricate metal works for institutional and community projects. The PRIDE metal industry employs 71 inmates and 5 PRIDE contractors. The PRIDE dental lab employs 70 inmates and 7 PRIDE contractors. The PRIDE license plate area employs 105 inmates and 6 PRIDE contractors. Correctional staff are assigned to each building. Retained earnings from the PRIDE contracts fund the Correctional Officer positions.

Facility maintenance is performed from the maintenance building. The maintenance building has the following shops: welding, electronics, culinary, tire, refrigeration, electrical and plumbing. Inmates work in each maintenance shop. Inmates working in the shops are supervised by staff. There are no cameras in maintenance shops. Inmates have access to a bathroom while working in the maintenance areas.

There is a large outdoor recreation yard where general population offenders participate in outdoor recreational activities. The outdoor recreation yard has a covered portion where inmates can be protected from inclement weather. The facility employs three full time Chaplains who coordinate religious services. Religious services are performed in the facility's Chapel by community volunteers. Services are supervised by personnel. The Chapel is operational with various religious services being performed each day. There are no cameras in the Chapel. Inmates have access to a restroom in the Chapel.

Offenders can participate in contact or non-contact visitation in the visiting park. The visiting park has a large indoor and outdoor area. While visitation is occurring, a staff member supervises the visits. There are cameras in the general visiting area. There are bathrooms available for inmates and visitors. There is a building known as the Rockhounds building. The Rockhounds building is where offenders train dogs and prepare them for adoption. There are no cameras in the Rockhounds building. Staff supervise offenders while training dogs.

On the first day of the Audit there were 1728 offenders incarcerated in the Union Correctional Institution. All offenders in the UCI were adult males. At the time of the audit the average number of years in custody was 18.4 years. The age of the youngest offender at the time of the audit was 19 while the oldest was 91. Offenders who are age 50 and older may be housed at the UCI in general population. There is no age requirement to be housed in the facility's Administrative Confinement housing units. Inmates are sent to the UCI's Administrative Confinement from other FDOC facilities.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

The Auditor determined the facility's staff were knowledgeable in the agency's policies and procedures regarding prevention, detection, and response to incidents of sexual abuse and sexual harassment. Staff formally and informally interviewed by the Auditor were able to appropriately articulate the agency's policies, had retained the information provided during training and understood their roles in prevention, detection and response to sexual abuse and sexual harassment allegations. Both security and non-security personnel understood how to implement their roles as first responders to incidents of sexual abuse as stipulated in the agency's Coordinated Response Plan. The Auditor found the facility's sexual abuse and sexual harassment training and zero-tolerance efforts of the command staff have established a successful zero-tolerance culture in the facility.

The Auditor determined the offender population had been appropriately educated. The population understood the avenues available for reporting allegations of sexual abuse and sexual harassment. The offender population was able to articulate information related to the facility's comprehensive education and information provided to offenders upon admission. The population appeared to be knowledgeable regarding the agencies sexual abuse and sexual harassment response policies. Most offenders interviewed felt safe within the facility and had confidence in staff's ability to protect them from and respond to sexual abuse and sexual harassment. Offenders who had filed allegations informed the Auditor staff responded quickly and appropriately.

Facility staff and offenders were receptive and respectful to the Auditor. Facility staff were very helpful in providing additional documentation for the Auditor when asked. There were no major complaints made to the Auditor by the offender population. All areas of the facility were made accessible to the Auditor during the tour and during other times when asked by the Auditor. The Auditor identified several blind spots during the facility tour. Staff were proactive, developed a plan and addressed an appropriate practice to ensure the blinds spot area were corrected.

After conducting the audit of the Union Correctional Institution, the Auditor found the facility's leadership is proactive towards the compliance with prevention, detection, and response to sexual abuse in the facility. Most offenders informed the Auditor staff respond appropriately to, and take seriously, incidents of sexual abuse and sexual harassment. The Auditor found the Warden and his staff support all efforts towards compliance with the Prison Rape Elimination Act standards a top priority at UCI.

The Auditor read the facility's previous PREA audit report prior to arriving at the facility. The previous

Auditor found the facility met 39 standards, exceeded 2, did not meet 1 and determined 2 were not applicable. The previous audit report did not include corrective actions as a result of the findings. The previous Auditor found the facility exceeded standards 115.11 and 115.33. This Auditor could not determine the justification for the previous findings of "exceeds the standard" in the previous report. The previous Auditor determined the facility did not meet standard 115.13. This Auditor was unable to determine an appropriate justification for that finding included in the UCIs previous PREA report. This Auditor determined the facility meets the requirements of standard 115.13 and documented the reasons within the report in the appropriate section of the report.

The Auditor found the Florida Department of Corrections has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. The Auditor determined facility staff are adhering to the agency's policies and procedures related to the Prison Rape Elimination Act. The agency's training materials have been developed at the agency level and include the agency's policies and procedures. The Auditor found the facility's staff were knowledgeable with the agency's policies and procedures regarding the prevention, detection and response to sexual abuse and sexual harassment. The Auditor determined the facility is ensuring the safety of transgender inmates and appropriately housing them in the facility. The facility maintains multiple housing units and have practices in place to ensure the safety of inmates and maintain likely victims from likely abusers.

The Auditor toured the facility, interviewed staff and inmates. During the tour the Auditor observed staff interacting with the offender population. Interactions observed appeared to be professional and respectful. The Auditor interviewed 40 inmates, 20 were randomly chosen while 20 were specifically target by the Auditor. Interviews with inmates reveal they are confident in staff's abilities to protect them from and respond to incidents of sexual abuse. The Auditor interviewed facility staff. Interviews with staff reveal they are knowledgeable in the agency's policies and procedures to prevent, detect and respond to incidents of sexual abuse. The Auditor determined the facility's efforts to create a zero-tolerance culture have been successful. Interviews with the facility's command staff reveal they are supportive in staff's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor discovered command staff make unannounced rounds throughout the facility to deter sexual abuse and sexual harassment. Command staff maintain an open-door policy and encourage ideas and recommendations from staff. The command staff appear to have a proactive approach toward the PREA standards to ensure the offender population, staff and the facility itself is protected from acts of sexual abuse and sexual harassment.

The facility is appropriately screening all inmates upon their arrival for risk of sexual victimization and sexual abusiveness. Efforts made during the screening allow the facility to identify those at risk of sexual victimization and identify sexual abusers to ensure they house, program and assign appropriate work assignments to ensure the safety of each offender. The facility is conducting reassessments of offenders within 30 days of arrival, following an allegation of sexual abuse, a referral, and upon receiving additional information that bears on the offender's assessment.

The Auditor found the facility is promptly and objectively investigating each allegation of sexual abuse and sexual harassment. All allegations of sexual abuse are referred to the Office of Inspector General for investigation. The OIG Inspector includes his determination in written reports. Each offender is notified of the investigative findings in writing following the conclusion of the investigation. The PREA Compliance Manager ensures each substantiated and unsubstantiated allegation of sexual abuse is reviewed by key

staff within 30 days of the conclusion of the investigation. The Incident Review Committee documents its findings in a written report. The Auditor felt the agency's process for finalizing investigation determinations should be reviewed at the agency level to develop a faster process for finalizing non-criminal investigations.

The Auditor found the facility met the requirements of each PREA standard. The Auditor determined there were some areas where the facility could strengthen its compliance efforts. The Auditor made several recommendations to the facility's command staff at the conclusion of the on-site portion of the audit. The recommendations were made to strengthen several practices towards compliance with the applicable standards. Details of the recommendations are listed throughout this report in the comments section of the applicable standard.

The Auditor did not determine the facility needed to take corrective actions to meet the provisions of the standards. The facility addressed the blinds spots discovered by the Auditor while on site. The facility has appropriate policies, procedures and practices for the prevention planning, response planning, training and education, screening for risk of victimization and abusiveness, reporting, response following a report, investigations, discipline, medical and mental care, and data collection and review of sexual abuse and sexual harassment.

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has established a policy that prohibits sexual abuse, sexual battery, staff sexual misconduct and sexual harassment. The FDOC's operating procedure 602.053 mandates zero tolerance for all forms of sexual abuse and sexual harassment while protecting the rights of offenders, regardless of gender or sexual preference by holding perpetrators accountable. Agency policy includes definitions of the following:</p> <ul style="list-style-type: none"> • Sexual Abuse; • Sexual Battery; • Sexual Harassment; • Staff Sexual Misconduct; and • Voyeurism <p>The agency's policy includes prevention, detection and response steps to assist in its efforts towards creating a zero-tolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:</p> <ul style="list-style-type: none"> • Offender Orientation; • Screening of Offenders; • Medical and Mental Health Evaluations; • Medical and Mental Health Treatments; • Individualized Classification Assignments; • Reassessments of Offenders; • Staff Training; • Volunteer and Contractor Training; • Special Arrangements for Disabled Offenders; • Mandatory Reporting; • Investigations; • Employee, Contractor and Volunteer Screening; • Written Institutional Response Plan; • First Responder Duties; • Reporting Results to Offenders; • Protections against Retaliation; and • Management of Sexual Aggressors. <p>The agency's policy stipulates sanctions for those who engage in prohibited behaviors and those who fail to report prohibited behaviors. The discipline sanctions include termination as the presumptive disciplinary measure for those engaging in sexual acts that violate the agency's policy.</p> <p>The FDOC has designated a state-wide PREA Coordinator. The agency's Prison Rape: Prevention, Detection, and Response policy outlines the responsibilities of the PREA Coordinator and PREA Compliance Managers at each facility. The agency has also</p>

designated two Correctional Services Consultants to assist with PREA efforts in FDOC facilities.

The Union Correctional Institution has designated the Assistant Warden of Programs as the person responsible for maintaining PREA compliance at the facility level. The Assistant Warden of Programs reports directly to the PREA Coordinator for PREA related issues and compliance. The Correctional Services Consultant reports to the PREA Coordinator who oversees PREA compliance for the Florida Department of Corrections. The Correctional Services Consultant provides statewide assistance to each facility.

Evidence Relied Upon:

Policy – Prison Rape: Prevention, Detection, and Response – 602.053 pg. 2,3, 6-11

FDOC PREA Organizational Chart

UCI Leadership Organizational Chart

Staff Interviews

Offender Interviews

Analysis/Reasoning:

The Auditor conducted a review of the Florida Department of Correction's Prison Rape: Prevention, Detection, and Response policy. The policy includes the agency's prevention, detection, and response approaches towards sexual abuse and sexual harassment toward offenders.

The Auditor reviewed both agency and facility Organizational Charts. The Organizational Charts outline the titles of those assigned to perform the duties of PREA Coordinator and PREA Compliance Manager. The Assistant Warden of Programs is employed at a level in the Union Correctional Institution to develop, implement, and oversee facility efforts to comply with the Prison Rape Elimination Act. The Assistant Warden of Programs reports directly to the statewide PREA Coordinator for PREA related issues, concerns, ideas, etc. if the need arises.

The agency's policy includes responsibilities of facility Compliance Managers and the statewide PREA Coordinator. The Auditor clearly established the chain of command allows the facility's PREA Compliance Manager the ability to take steps to improve or address PREA related compliance efforts and/or responses within the agency.

The Auditor observed evidence of such prior to and during the onsite visit. Agency staff responded to the Auditor's questions, concerns, and comments before and during the site visit. The Auditor made several requests for additional information prior to arriving at the facility. The Correctional Services Consultant responded quickly to the Auditor's requests.

The Auditor conducted both formal and informal interviews with random and targeted offenders. The Auditor was able to determine the agency has created a zero-tolerance culture towards sexual abuse and sexual harassment. The facility's command staff appear to make prevention, detection and response to sexual abuse a priority in the facility. The command staff support lower level staff in their PREA compliance efforts. The offender population understood and articulated the agency's policies towards prevention, detection and response towards sexual abuse and sexual harassment. The offender population had been provided information and had been appropriately educated regarding such. Offenders who arrived after

the enactment of the Prison Rape Elimination Act informed the Auditor they watched a PREA video upon arrival at the Union Correctional Institution. Offenders who were at the facility prior to the enactment of PREA had been provided information and watched a video. Most offenders stated they had been provided the information at each FDOC facility they were incarcerated.

Most offenders interviewed by the Auditor stated facility staff takes sexual abuse and sexual harassment seriously and had confidence in the facility's ability to respond appropriately to acts of sexual abuse and sexual harassment. The Auditor asked each offender if he believed staff would keep allegations confidential after reporting an allegation. Most offenders informed the Auditor they felt there are staff they could report to and were confident the allegation would be held in confidence after reporting. Most inmates informed the Auditor they are safe at the facility and stated there is not a problem of sexual abuse at the facility.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff was well trained and understood the agency's policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff was asked who they discuss allegations of sexual abuse and sexual harassment to. Staff informed the Auditor they report to supervisors and speak to investigators and do not discuss the details with anyone else. Staff were aware the facility has a written policy prohibiting them from discussing incidents of sexual abuse and sexual harassment with anyone other than those who make housing and treatment decisions and investigators. Staff informed the Auditor they receive training on the agency's PREA policy annually during their in-service training.

The facility's command staff maintains an "open door" policy in which a staff member can approach and discuss PREA related concerns, comments, recommendations, allegations, etc. The Auditor asked random staff if they felt comfortable reporting an allegation of sexual abuse to a command staff member if need be. Staff stated they did feel comfortable in doing such. During interviews the Auditor asked staff how they would privately report an allegation of sexual abuse or sexual harassment. Staff informed the Auditor they could report through the TIPS phone line.

The Auditor conducted interviews with several command staff members, including the Warden. Command staff maintain an open-door policy to all staff and prioritize PREA compliance. The Auditor felt the facility's zero-tolerance culture was achieved through support at the command staff level in the facility. The command staff clearly support employees in their efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Conclusion:

The Auditor conducted a thorough review of the agency's policies and procedures, Organizational Charts, and interviewed staff and offenders. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response techniques to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The UCI has successfully created a zero -tolerance culture towards all forms of sexual abuse and sexual harassment.

The agency has not only designated an agency wide PREA Coordinator and a facility PREA

Compliance Manager, but also designated two Correctional Services Consultants who works directly with the facility's PREA Compliance Manager at facilities across the state. The zero-tolerance culture is evident amongst facility leadership and subordinate staff. Offenders informed the Auditor sexual abuse allegations are responded to and taken seriously in the facility. The Auditor determined the facility meets the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The Florida Department of Corrections has contracts with Federal, State and private agencies for the confinement of offenders. The agency’s policy requires new and renewed contracts include provisions for the contracting agency to comply with the Prison Rape Elimination Act standards and the Florida Department of Corrections’ policies relating to PREA.</p> <p>Evidence Relied Upon: Policy – 205.002 – Contract Management pg. 12 FDOC Contract Observations</p> <p>Analysis/Reasoning: There are no direct contracts for the confinement of inmates specified from the Union Correctional Institution.</p> <p>The Auditor reviewed the standard contract language included in all FDOC contracts for the confinement of its inmates. The standard contract language is, “The Contractor will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 CFR. Part 115. The Contractor will also comply with all Department policies and procedures that relate to PREA.</p> <p>A review of contract language reveals the FDOC is required to monitor the contract and provide oral reports of monitoring visits and written reports within 30-days of the contract monitoring visit.</p> <p>Conclusion: The Auditor reviewed agency policies and contract language. Agency contract amendments for confinement of FDOC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Florida Department of Corrections meets the requirements of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which requires the Bureau of Security Operations to develop a post chart for each institution, annex or other facility based on the total number of authorized and funded positions. Policy requires the facility's Chief of Security responsible for documenting compliance with the facility's master security roster. The master security roster is an exact translation of the post chart developed by the Bureau of Security Operations. Policy requires a quarterly review of the facility's master security roster. The quarterly review is conducted by the Warden.</p> <p>The Bureau of Security Operations utilizes a relief factor of .66 for eight (8) hour employees and 1.35 for twelve (12) hour employees. The staffing plan provides for adequate levels of staffing and video monitoring to protect offenders from sexual abuse.</p> <p>Facility supervisors are required to document and justify any daily deviations from the staffing plan on a daily shift roster and an Incident Report. Supervisors document employee absences and the reasons for absences. The facility (in consultation with the PREA Coordinator) is required to assess, determine, and document whether adjustments are needed to the staffing plan at least once each year. Agency policy requires the PREA Coordinator to conduct annual staffing reviews for each institution.</p> <p>The Agency's, Shift Supervisor post order requires shift supervisors to conduct unannounced security rounds and security inspections of all offender living units and activity areas. Shift supervisors are required to document their rounds in a logbook. The requirement applies to both day and night shifts. The "General Duties" section of the agency's, General Post Order prohibits staff from alerting other staff that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – 602.030 – Security Staff Utilization pg. 4-6, 9 Union Correctional Institution Staffing Plan UCI Staffing Plan Review Post Order – 03 – Shift Supervisor Post Order – 01 – General Post Order Incident Report Post Chart Control Room Logs Staffing Plan Deviations Justification Documentation Level 1 Vacancy Reports Daily Security Rosters Interviews with Staff Interviews with Offenders Observations

Analysis/Reasoning:

The Auditor reviewed the Union Correctional Institutions staffing plan. The post chart (staffing plan) was developed by the Bureau of Security Operations and approved by the Deputy Secretary of Institutions. The current staffing plan includes the following considerations:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);
- The composition of the offender population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The staffing plan reviewed by the auditor included provisions for video monitoring technology. Video monitoring technology is installed in each living unit in the facility. Cameras are installed, monitor and record other areas in the Union Correctional Institution. The facility's staffing plan includes provisions for administrative, support, and security positions on all shifts in all facility areas.

The Auditor reviewed the facility's staffing plan review conducted in February 2019. The PREA Coordinator and Correctional Services Consultant participate in the annual staffing plan review. The staffing plan review included the following considerations:

- All previously listed bulleted items;
- Video monitoring technologies;
- Deviations from the staffing plan; and
- Available resources.

The staffing plan review determined the current staffing plan is adequate for the protection of the offender population. The facility's staffing was reduced in 2018 due to a dormitory closing and change in mission. The facility documented 2600 deviations of the staffing plan in calendar year 2018. These deviations equate to an average of 7.1 vacant posts daily. Deviations from the staffing plan are documented on an Incident Report and in daily security rosters by the facility's Officer in Charge (OIC). The OIC is required to complete the Level 1 Vacancy Report and send that report to the regional office weekly. The facility documented the most common reasons for deviations from the staffing plan was the high vacancy rate.

The current Union Correctional Institutions current staffing plan authorizes 582 total positions. There are 518 security and 64 non-security positions authorized. At the time of the audit the facility had 59 security and 6 non-security vacancies. The facility was 89% staffed at the time of the audit. Security staffing was 11% below total while non-security staffing was 9% below capacity. The facility's average daily population for the previous 12 months was 1677. The

staffing ratio as designed allows 1 staff member for every 3 offenders. The facility makes its best efforts to comply with the staffing plan by continual recruitment, filling vacant positions with staff on overtime and adjusting schedules and operations as needed.

The facility's staffing plan appears adequate to provide protection to offenders from sexual abuse. During a tour of the facility the Auditor observed staff making security rounds in living units and support areas of the facility. Security and contract staff were observed conversating professionally with the offender population. The Auditor observed camera placements throughout the facility. Cameras were strategically placed to assist in the prevention, detection, and response to incidents of sexual abuse. A review of Daily Security Rosters reveals Shift Commanders document absences from work daily.

While touring the facility the Auditor observed notations of unannounced supervisory rounds throughout all facility living units. The unannounced rounds were notated in Control Room Logs maintained in each living unit's control room. The unannounced security rounds were conducted by higher level staff. The Auditor observed additional Control Room Logs from a relevant sample from the previous 12 months.

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make unannounced rounds throughout the entire facility. The Auditor asked supervisors how they keep staff from alerting other staff when they are making unannounced rounds. Supervisors informed they do not inform staff when they make rounds. They stated rounds are conducted at irregular intervals and the route taken by the supervisor varies for each round conducted. Supervisors try not to develop any discernable pattern. The Auditor was also informed agency Post Orders prohibit staff from alerting other staff of their rounds.

The Auditor asked supervisors what actions they would take if they caught a staff member alerting other staff of their unannounced rounds. The Auditor was informed they would speak to the staff member on the first incident; if the staff member was caught a second time, they would have the employee complete an Incident Report and recommend formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff was aware they are prohibited from alerting other staff of supervisory rounds.

The Auditor conducted formal and informal interviews with offenders. Offenders were asked if supervisors always announce their presence when entering a housing unit. Offenders informed the Auditor supervisors do not always announce their presence when entering housing units. The Auditor asked additional questions of the population to gain a better understanding. It was determined by the Auditor that male staff do not announce their presence when entering a living unit. Male staff are not required to announce their presence as the population at the Union Correctional Institution are all male offenders.

The Auditor asked offenders if they feel safe in the facility. The Auditor received varying responses from the offenders interviewed. Most informed the Auditor they do feel safe in the facility. Some informed they did not feel safe in the facility. Offenders did inform the Auditor most staff are professional and respond to incidents and offenders appropriately. During a tour of the facility the Auditor observed staff in all living units, programming, work and other

support areas. Interactions observed by the Auditor appeared to be professional interactions between the offenders and staff. Cameras were strategically placed in all areas of the facility.

The facility was under no consent decrees, and had no judicial findings of inadequacies, or findings of inadequacies from a federal, internal, or external oversight body at the time of the audit.

Conclusion

The Auditor concluded the facility has an adequate staffing plan and makes its best effort to comply with the plan to ensure the protection of offenders from sexual abuse. The Auditor reviewed policy and procedures, UCI Staffing Plan, Control Room Logs, Daily Security Rosters, annual staffing plan review, made observations, and conducted interviews with staff and offenders. The facility conducts an annual staffing plan review as required by this standard. The Auditor determined the Union Correctional Institution meets the requirements of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy which requires youthful offenders be housed separate from adult offenders. Policy requires any offender 17 years of age and younger at the time of reception will be housed separated from anyone 18 years of age and older. Agency policy requires youthful male offenders be housed in Sumter Correctional Institution Annex or Suwannee Correctional Institution and female youthful offenders in the Lowell Correctional Institution.</p> <p>The Florida Department of Corrections provides specialized housing arrangements for youthful offenders to meet these requirements.</p> <p>Evidence Relied Upon:</p> <p>Policy – 601.211 – Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities pg. 3,5 FAC – 944.1905 – Initial Inmate Classification; Inmate Reclassification Population Reports Interviews with Staff Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed facility population reports from the past 12 months. Population reports reviewed by the Auditor revealed all offenders were 18 years of age or older. The Auditor found no evidence of a youthful offender or an offender under the age of 18 who was tried and certified as an adult offender during the previous 12 months.</p> <p>The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they have not incarcerated a youthful offender at the Union Correctional Institution. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified and tried as an adult. Staff were not aware of any offender housed as such. The Auditor asked offenders in formal interviews if they were aware of a youthful offender being housed in the facility. No offender was aware of a youthful offender housed in the facility.</p> <p>The Auditor interviewed staff members who supervise offenders in the segregation housing area. The Auditor asked if a youthful offender has ever been housed in the segregation housing unit. The Auditor was informed the facility does not house youthful offenders. Staff stated youthful offenders are identified during the offender’s intake process at the agency level and housed in a facility designated to house youthful offenders.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policies and procedures, UCI population reports, and interviewed staff and offenders to determine the facility meets the requirements of this standard. The Union Correctional Facility has not housed a youthful offender during this audit period.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1465 831">The FDOC has a policy which mandates unclothed searches of offenders to be conducted by staff of the same gender as the offender being searched. Unclothed searches of offenders must be conducted in an area where staff of the opposite gender of the offender cannot observe the search and must be performed in an area outside of camera view. The agency’s policy allows the Shift Commander to determine emergency situations that may violate this requirement. Policy requires body cavity searches be conducted by medical professionals. The agency’s policy prohibits cross-gender pat-down searches of female offenders by male security staff except in an emergency as determined by the Shift Commander. In such cases, staff are required to submit an Incident Report explaining the urgency justifying the search exceptions. The FDOC permits female security staff to conduct cross-gender pat-down searches of male inmates. Policy requires all cross-gender strip searches be documented.</p> <p data-bbox="252 887 1481 1133">The FDOC policy requires facilities to allow inmates the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy states offenders will not be supervised by officers of the opposite gender while offenders are showering or in the toilet areas unless appropriate privacy screening is provided to obscure the offender’s breast, genitalia and buttocks.</p> <p data-bbox="252 1189 1474 1514">Policy prohibits staff from conducting a cross-gender strip search of a gender dysphoria, transgender or intersex inmate for the sole purpose of determining the offender’s genital status. If staff cannot determine an offender’s genital status, they are to determine through conversation with the offender, reviewing medical documentation, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Florida Administrative Code requires strip-searches shall be conducted only by Correctional Officers who shall be of the same sex as the inmate, except in emergency circumstances.</p> <p data-bbox="252 1570 1417 1648">FDOC general post orders require staff of the opposite gender of the offenders announce their presence at the beginning of their shift.</p> <p data-bbox="252 1704 549 1738">Evidence Relied Upon:</p> <p data-bbox="252 1749 1126 1783">Policy – 602.018 – Contraband and Searches of Inmates pg. 2, 4-7</p> <p data-bbox="252 1794 1465 1827">Policy – 602.036 – Gender Specific Security Positions, Shifts, Posts, and Assignments pg. 3-4</p> <p data-bbox="252 1839 1238 1872">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 6</p> <p data-bbox="252 1883 798 1917">FAC – 33-602.204 – Searches of Inmates</p> <p data-bbox="252 1928 817 1962">Post Order – General Post Order 01 pg. 10</p> <p data-bbox="252 1973 478 2007">Housing Unit Log</p> <p data-bbox="252 2018 549 2051">PREA Instructor Guide</p> <p data-bbox="252 2063 692 2096">Inmate Relations Instructor Guide</p> <p data-bbox="252 2107 600 2141">PREA Guide (staff) pg. 6-7</p> <p data-bbox="252 2152 510 2186">Training Curriculum</p>

Training Records
Interviews with Offenders
Interviews with Staff
Observations

Analysis/Reasoning:

The Auditor reviewed rosters of each shift. Each shift maintains enough male staff to ensure offenders are searched by a staff member of the same sex. The Union Correctional Institution is designated as an all-male facility. The Auditor verified no females were housed in the facility while touring each living unit and interviewing staff and offenders. The Auditor reviewed population reports from the previous 12 months which show no female offender was housed. The Auditor conducted formal and informal interviews with male offenders from each of the facility's living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

Interviews with offenders reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. Offenders stated staff of the opposite gender announce their presence when entering living units. Some offenders stated female staff do not always announce their presence. After further questioning the Auditor determined female staff announce their presence at the beginning of shift. Some offenders felt the female staff should announce their presence before making each security round. The Auditor informed those offenders there is no requirement to do such. Offenders were asked if female staff conduct strip searches in the prison. No offender had seen or heard of female staff conducting strip searches. The Auditor asked if female staff were present when strip searches were being performed. No offender stated female staff are present during strip searches. Each offender interviewed by the Auditor was asked if he was every fully naked in the presence of a female staff member. No offender informed the Auditor he was or had ever been.

Interviews with female staff members reveal they do perform cross-gender pat-down searches but not strip searches. Medical staff perform visual body cavity searches if the need arises. The Auditor asked each staff member if offenders were able to shower, perform bodily functions, and change clothes without them seeing the offenders do so. Each staff member interviewed stated "yes." The Auditor asked each female staff member if they announce their presence when entering a living unit of the opposite gender. Each female staff member stated they do announce their presence when entering opposite gender living units.

The Auditor conducted interviews with one offender who identified as transgender. The transgender offender stated staff did not conduct a strip search to determine genital status. The Auditor asked the transgender offender to explain how staff conduct pat down and strip-searches. The offender informed female and male staff conduct the pat-down searches and male staff conduct the strip-searches. The offender had signed a preference form allowing male staff to conduct pat searches. The offender informed the auditor paperwork was submitted stating a designation as a transgender. The paperwork must be approved by medical/mental health professionals. Approval must be obtained before special considerations are made for the offender. This offender's transgender designation paperwork had been approved.

The Auditor asked the transgender offender to explain how the facility conducts showers in the facility. The offender informed the Auditor showers are conducted individually in the segregation unit and during count time while in general population housing. The transgender was asked if staff treat transgender offenders any differently after knowing their identification as a transgender offender. The offender informed the Auditor staff have not done such. The Auditor asked the transgender offender if staff utilize the housing unit as a designated housing unit for LGBTI offenders. The Auditor was informed the housing unit is not designated for such. The transgender offender was not placed involuntarily in segregated housing for protection from sexual abuse or sexual harassment.

The Auditor questioned randomly chosen staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender searches. Each female security staff member stated they had been trained to conduct cross-gender pat-down searches of offenders. The Auditor asked each staff member (male and female) if they had been trained to conduct a pat search of transgender offenders. Each staff stated they had been trained to do so. The Auditor conducted an interview with a staff member who is assigned to the training academy. The staff member explained the search techniques trained during the basic academy. The staff member stated all security staff receive search training.

Each randomly selected staff member was asked if they would perform a strip search of a transgender or intersex inmate for the sole purpose of determining genital status. The Auditor was informed staff would not conduct such a search. The Auditor asked how they would determine the offender's genital status. Most informed they would ask the offender, and all stated they would contact medical staff. All randomly selected staff was aware medical personnel would have to perform a search of this type.

The facility reported no cross-gender strip or cross-gender visual body cavity searches conducted during the previous 12 months. Female security staff can conduct cross-gender pat-down searches but not cross-gender strip searches, unless emergency circumstances exist as determined by the Shift Commander. Male staff are assigned to the transfer and receiving area to conduct booking procedures of new arrivals and releases or transfers. Staff are required to document any cross-gender strip searches on an Incident Report.

The Auditor conducted a detailed tour of the facility and was granted access to all offender living units, programs, work and other support areas. The Auditor observed all shower and restroom areas in the facility. All showers are protected with a privacy screen or a door that protects the midsection from view of the offender while showering. All offenders can shower without a staff member of the opposite sex seeing their buttocks or genitalia. Offender living units have toilets inside of each cell. Offenders can utilize the restroom and change clothes without staff of the opposite gender viewing their buttocks or genitalia.

The Auditor conducted a review of the facility's training curriculum, training rosters and conducted an interview with an agency trainer. The institutional search training includes provisions for the search to be conducted in the least intrusive and in a professional manner. The search training includes the following:

- Pat Down Searches;
- Custodial Search Techniques;

- Male to Female Searches;
- Strip/Unclothes Searches; and
- Body Cavity Searches

The Auditor observed specific language in the agency's search lesson plan that covers searches of transgender and intersex offenders. The Auditor asked the trainer to explain how search procedures of a transgender and intersex offender are conducted. The trainer explained those procedures are conducted during the portion of training that includes opposite gender searches. The trainer demonstrated how training staff instruct staff to perform the searches. During interviews with staff the Auditor determined staff had been trained how to conduct searches of transgender and intersex offenders. One of the staff members interviewed had conducted a pat search of a transgender offender. The staff member was a female and acknowledged she had received the training and explained how staff are trained to be professional when speaking to transgender offenders. She explained how training is conducted and how she performed the pat search.

The Auditor reviewed training records and verified all security personnel had attended an initial training to conduct searches, including cross-gender searches. Each security staff member attends a PREA refresher every year. The annual refresher training includes the agency's policies related to sexual abuse and sexual harassment prevention, detection, intervention and response techniques. Staff do not acknowledge in writing of their understanding of the training received however, they are required to pass a test to document their level of understanding of the training.

The Auditor reviewed the facility's Prison Rape Elimination Act (PREA) Guide. The guide is provided to each security staff member and includes instructions how to search transgender and intersex offenders. The guide informs staff to make opposite gender announcements and ensure offenders entitlement to shower, change clothes and use the restroom without security staff of the opposite gender seeing them naked.

The Auditor conducted a review of facility Housing Unit Logs. Housing Unit Logs are maintained on each living unit and include documentation of opposite gender announcements. A review of logs revealed staff are documenting opposite gender announcements when entering living units. During the tour the Auditor randomly reviewed current logs that were in use. Interviews with offenders confirmed female staff are announcing their presence when entering living units. Some offenders stated announcements were not consistently being made. Those offenders were under the belief that announcements had to be made each time a female conducts a security round.

Conclusion:

The Auditor concluded staff had been appropriately trained to conduct cross-gender searches and make opposite gender announcements when entering offender living units. Offenders can shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender offenders professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, housing logs, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency has a policy which requires offenders with disabilities, including Limited English Deficient offenders, be advised of the agency’s zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct and sexual harassment. Policy requires facilities make available closed captioning, large print material, and reading of material to offenders. The agency’s policy includes provisions for offenders who are deaf or hard of hearing, blind or have low vision, and those who have medical disabilities. The appropriate steps outlined in the agency’s policies include the following:</p> <ul style="list-style-type: none"> • Providing access to interpreters • Providing written materials in large print • FM transmitters • Hearing aids • Sign language interpreters • Telecommunication devices (TTY) • Audio tapes • Closed captioning • Braille materials • Impaired offender assistants • Talking books • Tape recorders for communications • Personal assistance <p>The facility’s policy states a request for accommodation may be denied if the request does not present a violation of Title II of the ADA or if equally effective access to a program, service, or activity may be afforded through an alternative method that is less costly or intrusive. Agency policy prohibits utilizing offender interpreters or offender readers except in exigent circumstances.</p> <p>Evidence Relied Upon:</p> <p>Policy – 604.101 – Americans with Disabilities Act Provisions for Inmates pg. 4, 7-8, 18 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 8-9 Language Line Services Contract Language Line Invoice Inmate PREA Education Facilitator’s Guide PREA Posters FDC Translator List Acknowledgement of Receipt of Orientation on PREA Sexual Abuse Awareness brochure Comprehensive Education Video Interviews with Staff Interviews with Offenders Observations</p>

Analysis/Reasoning:

The Auditor reviewed the facility's Sexual Abuse Awareness brochure which is provided by the Intake Officer during the admission process. The brochure is written in English and Spanish. The facility maintains PREA posters written in English and Spanish posted throughout the facility, including living units. In the event the facility receives an offender who is blind or has low vision the facility ensures a staff member reads the PREA information to the offender. The facility will assign a staff member to ensure an offender with intellectual or psychiatric disabilities understands the facility's PREA information through a one-on-one session with the offender. The facility has the option to transfer those offenders to another DOC facility if need be. There were no deaf or blind inmates housed at the facility during the time of the audit.

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through use of the Language Line Service or by direct interpretation from a staff member. The facility maintains a contract with a company who provides translation services through telephone services. The agency's Offender Handbook is maintained in English and Spanish. The agency employs bilingual staff who can interpret for non-English speaking offenders. The agency maintains a list of employees who speak multiple languages in the event an employee is needed for interpretive services. The facility contacts other FDOC facilities for translations services from those staff.

The facility's comprehensive educational video is maintained on a CD. The video is closed captioned for the deaf or hard of hearing. Comprehensive education is provided on a one-on-one basis to offenders who have a disability which would restrict the offender from otherwise benefiting from the educational video. All offenders in the facility are provided the written information during the booking process and sign the Acknowledgement of Receipt of Orientation on PREA form. The comprehensive education occurs in the facility's Movement Center upon arrival.

The Auditor was unable to observe the comprehensive education process while on site as there were no new arrivals during that period. The Auditor toured the Movement Center where the education classes occur. There is a television on a rolling cart. All inmates are seated in the classroom for the education. The educational video used by the facility is closed captioned in English and Spanish. A staff member plays the video and follows the agency's Instructor Guide. At the conclusion of the education session the staff member allows each inmate the opportunity to ask questions. Each inmate then is escorted to a private room where the Classification Officer conducts the initial risk assessment. The Classification Officer allows the inmate an opportunity to ask questions related to the education on a one-on-one basis. The Auditor received a booking packet while in the Movement Center. The facility provided the Auditor with an English and Spanish version of the booking documents.

The Auditor reviewed 40 offender files while on site. All 40 offenders had signed the Acknowledgement of Receipt of Orientation on PREA form denoting they had watched the comprehensive educational video and received written information during booking. During interviews with offenders the Auditor discovered several reported they had not seen the comprehensive educational video during the admission process at the UCI. Most of them were long term offenders. Some of those offenders admitted to the Auditor they chose not to watch the video when offered the opportunity. The Auditor was able to determine those offenders

were knowledgeable regarding the agency's sexual abuse and sexual harassment policies and information.

There were no offenders who were deaf or blind for the auditor to interview. The auditor interviewed 4 inmates who were identified as impaired. The Auditor interviewed one offender who was hard of hearing and one who was visually impaired. All 4 inmates had received information and education in a manner they were able to benefit from. Each were knowledgeable regarding the facility's policies and procedures related to sexual abuse and sexual harassment. Each offender knows the various ways of reporting allegations and how to get assistance if needed. Each also informed the Auditor they had seen the posters on the wall in various areas within the facility.

The Auditor interviewed 2 offenders who were identified as Limited English Proficient. Each offender was provided a comprehensive education and sexual abuse information in a language they understood. Each was well-aware of the agency's policies and procedures related to sexual abuse and sexual harassment. Each offender informed the Auditor he received the written information in English and Spanish.

The Auditor conducted formal interviews with facility staff members. Classification staff informed the auditor the comprehensive education video is played when offenders arrive in the Movement Center. When Spanish speaking inmates arrive at the facility the Spanish version is played after the English version. The sexual abuse informational brochure is provided during the one-on-one interview following the education session. Offenders confirmed this during formal and informal interviews. The Classification Officer informed the Auditor the agency's PREA policies and information is discussed with each offender during the admission process. Offenders are given an opportunity to ask questions related to the PREA material with the Classification Officer. While conducting interviews with staff the Auditor asked if offender interpreters are utilized by the facility. Each staff member informed the facility does not rely on offender interpreters. Staff stated they use bilingual staff or the language line.

The Auditor determined the offender population was knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Most offenders informed the Auditor facility staff are helpful and take allegations of sexual abuse and sexual harassment seriously. Most offenders stated staff do not tolerate incidents of sexual abuse and sexual harassment. Inmates interviewed stated there is no problem of sexual abuse within the facility because much of the population is "older inmates."

The Auditor toured all areas of the facility. Observations were made of readily available sexual abuse and sexual harassment materials and PREA posters throughout the facility, including each living unit. Materials in the living units were posted on the walls in the dayrooms. All posters and other posted PREA materials were observed written in English and Spanish.

Conclusion:

The Auditor was able to conclude the facility provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are limited English proficient. The Classification Officer makes special arrangements for any offender who may be

otherwise disabled and cannot attend the booking process. Facility personnel will accommodate any disabled offender's needs to ensure they received information and education related to sexual abuse and sexual harassment policies. The Auditor conducted a thorough review of the agency's policies and procedures, sexual abuse informational brochure, comprehensive educational video, acknowledgement forms, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1484 571">The Florida Administrative Codes makes it a first degree misdemeanor to “Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special trust.” FAC 408.809 includes language regarding background checks that is consistent with this standard.</p> <p data-bbox="252 616 1468 828">The Florida Department of Corrections utilizes a Moral Character and Background Guidelines to screen potential employees. The guideline also refers to the Florida Code for additional disqualifiers. The Moral Character and Background Guidelines includes the following, but not limited to, disqualifiers: Sexual Misconduct with an inmate or an offender supervised by the department; and the following arrests and/or convictions</p> <ul data-bbox="252 884 790 1086" style="list-style-type: none"> • Failure to report sexual battery; • Prostitution/lewdness; • Unnatural and lascivious acts; • Exposure of sexual organs; • Child abuse; and Pornography offenses <p data-bbox="252 1131 1468 1601">Florida employee screening statutes stipulate, “All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.” The statute requires the security background investigations “must ensure that no person subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction”</p> <ul data-bbox="252 1646 1484 2150" style="list-style-type: none"> • Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct; • Sexual misconduct with certain mental health patients and reporting of such sexual misconduct; • Adult, abuse, neglect, or exploitation of aged persons or disabled adults; • Sexual battery; • Relating to prohibited acts of persons in familial or custodial authority; • Unlawful sexual activity with certain minors; • Prostitution; • Lewd and lascivious behavior; • Lewdness and indecent exposure; • Voyeurism; and

- Video voyeurism.

The FDOC policy is to cease a pre-employment investigation and close the applicant's packet once it has been determined the applicant is disqualified through the Moral Character and Background Guidelines. Policy requires the initial background investigation conduct a review of Florida Department of Law Enforcement records for pending or prior officer discipline, prior employment with a criminal justice agency and employment separation reasons that create a conflict. Policy requires a review of previous failings of background investigations through the Corrections Data Center.

The agency's policy requires a criminal records background check through the Florida Criminal Information Center and National Crime Information Center prior to hiring.

Evidence Relied Upon:

Policy – 208.049 – Background Investigation and Appointment of Certified Officers pg. 4-6, 10

FAC – 435.03 Level 1 screening standards

FAC – 435.04 Employment Screening

FAC – 435.11 - Penalties

FAC – 408.809 – Background Screening; Prohibited Offenses

FDOC Moral Character and Background Guidelines

FAC – 60L-40.001 Sexual Harassment

FAC – 33-208.003 Range of Disciplinary Action

Employment Applications

Correctional Officer Supplemental Application and Willingness Questionnaire

Entrance Authorizations List

Contractor Background Records

Employee Records

Interviews with Staff

Interviews with Contractors

Analysis/Reasoning:

The Auditor reviewed agency employment applications. Employment applications include the following questions:

- “Have you ever committed a crime, whether arrested or not, that would constitute a felony or a misdemeanor, even if adjudication was withheld, charges were dismissed, that case was not prosecuted, records were sealed or expunged, charges occurred while a juvenile, or the case was disposed of through a pre-trial diversion or intervention program?
- Have you ever been convicted of a felony or a misdemeanor?
- Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a misdemeanor?
- Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor, including sealed or expunged records?
- Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment?
- Have you 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?

- Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2, above?"

Each potential candidate signs the application which states, "I am aware that should an investigation disclose any misrepresentations, omissions, or falsifications, my application will be rejected and will be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal." The agency's, Range of Disciplinary Actions allows termination for violations of falsification of documents.

The Auditor chose to view the records of the 19 staff and all contractors. Verification of criminal record background checks conducted prior to hiring and/or enlisting services of contractors was made by reviewing each record. When reviewing the records, the Auditor observed Background Investigation Checklists with the following, but not limited to information:

- Criminal background checks conducted;
- Corrections Data Center checks;
- Employment verifications; and
- Fingerprints completed/submitted;

The facility does not conduct background record checks every five years on employees. Once entered into the system an alert is automatically sent to the agency whenever an employee is arrested and/or charged with a crime. This also applies to promotions of employees.

Staff seeking promotion are required to complete a Correctional Officer Supplemental Application and Willingness Questionnaire prior to selection. In addition to other questions, the form asks staff the following:

- Have you ever knowingly been investigated, arrested, or charged by any local, state, or federal agency or entity for any administrative, civil, juvenile, or criminal wrongdoing;
- Have you ever committed any crime, whether arrested or not, that would constitute a felony or a misdemeanor, even if adjudication was withheld, charges were dismissed, the case was not prosecuted, records were sealed or expunged, charges occurred while a juvenile, or the case was disposed of through a pre-trial diversion or intervention program; and
- Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment?

Three of the 19 staff records reviewed were of staff who were promoted within the previous 12 months. The agency's human resource department provided the Auditor with documentation revealing each of the three staff members completed the Correctional Officer Supplemental Application and Willingness Questionnaire prior to the effective date of promotion.

The facility provided the Auditor with the list of Centurion contract personnel. The Auditor verified the facility performed a background check on all contract personnel prior to enlisting their services. The facility provided the Auditor with a contractor Entrance Authorization List. The list includes those who are authorized to enter the facility for deliveries. These contractors

do not provide services to inmates and have no contact with the population. Background checks are conducted on those cleared to make deliveries in the facility.

The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a document allowing the facility to conduct a criminal records background check. Contractors were aware the facility conducts these checks every five years. Contractors stated they were asked about previous acts of sexual abuse and sexual harassment prior to performing services in the facility.

The Auditor spoke to a Human Resources staff member. Agency staff provide information to other confinement facilities after receiving a request and a signed consent form of a prior UCI employee. Human Resources will coordinate with the corporate office to provide information related to a substantiated allegation of sexual abuse or sexual harassment to other confinement facilities upon request. The corporate officer will notify the other confinement facility of a resignation during a pending investigation of sexual abuse of a UCI former employee.

Conclusion:

The Auditor concluded the Union Correctional Institution is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies and procedures, Florida Administrative Code, employee and contractor records, criminal background records documentation, and interviewed staff and determined the facility meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: Facility staff reported the Florida Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Union Correctional Institution within the previous 12 months.</p> <p>Evidence Relied Upon: Observations Interviews with Staff</p> <p>Analysis/Reasoning: The Florida Department of Corrections has not designed or acquired any new facility during the previous 12 months. The Union Correctional Institution has not planned any substantial expansion or modification of its existing facility during this audit period. The facility has installed new cameras during this audit period. The facility added 43 new cameras in the infirmary, administration building, movement center and the staff gym.</p> <p>The Auditor conducted a thorough tour of the facility and observed camera placements throughout the facility. The Auditor viewed camera monitors while touring the facility. The facility's video monitoring system appears antiquated and would be difficult to identify an inmate while watching. The current system is analog, not digital. The Auditor was informed the agency is currently assessing all cameras in institutions.</p> <p>Interviews with command staff reveal they are aware of the requirement to consider protection of sexual abuse when designing any new construction or before making substantial modifications to the current facility. No staff was aware of any modifications or updates occurring within the previous 12 months. The facility added an addition adjoining its medical area beyond the previous 12-month period. The addition serves as an infirmary. The infirmary design allows clear sight of all inmates in the multi occupancy room. The facility added 43 cameras in the small infirmary to supplement staff supervision and blind spots.</p> <p>Conclusion: The Auditor concluded the agency considers the effects of design on its ability to protect inmates from sexual abuse. The facility added new cameras to strengthen its ability to protect inmates from sexual abuse. The facility's command staff is aware of the requirement to consider sexual abuse and sexual harassment protections when planning for modifications, expansions or video monitoring updates. The Auditor determined the agency meets the requirements of this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy that requires all victims of sexual abuse access to forensic medical examinations at the Union Correctional Institution, at no cost to the offender victim. Forensic medical examinations conducted at the Union Correctional Institution are performed by a Sexual Assault Nurse Examiner. Policy requires victim advocacy from a rape crisis center. The agency’s policy requires the Office of Inspector General to determine the likelihood of the existence of physical evidence if the allegation is reported beyond 72 hours of the incident occurrence.</p> <p>The agency’s policy places responsibility of conducting criminal and administrative investigations with the Office of Inspector General. Policy requires all investigations shall be conducted in accordance with constitutional, statutory, code, rule, procedures, and other authority, including union or bargaining requirements.</p> <p>The agency’s policy allows a victim advocate or qualified community-based organization staff member to accompany and support a victim through the forensic medical examination process and investigatory interviews if requested by the victim.</p> <p>Evidence Relied Upon:</p> <p>Policy – Prison Rape: Prevention, Detection, and Response – 602.053 pg. 2-14 Policy – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations – 108.015 pg. 4-11 Policy – Evidence, Property, and Contraband Collection, Preservation, and Disposition – 108.017 pg. 10 Florida Statute 944.31 Evidence Protocol for Sexual Battery Victim Advocates List MOU with SANE MOU with Rape Crisis Center Staff Advocacy Qualifications Interview with Investigator Interview with Health Authority Interview with SANE</p> <p>Analysis/Reasoning:</p> <p>Florida Statue 944.31 places the responsibility of prison inspection and investigations on the Office of the Inspector General. The FAC states, “The inspector general and inspectors shall be responsible for criminal and administrative investigation that occurs on property owned or leased by the department or involves matters over which the department has jurisdiction.”</p> <p>The Florida Department of Corrections conducts administrative and criminal investigations of allegations of sexual abuse and sexual harassment. Union Correctional Institution staff conduct a preliminary administrative investigation into allegations of offender-on-offender</p>

sexual harassment only. The facility OIC then inputs the information into the agency's Management Information Notification System (MINS) so an investigation by the Inspector General's office may take place. The agency's Office of Inspector General personnel conduct criminal investigations and allegations of staff-on-inmate sexual harassment at the facility. All sexual abuse allegations are investigated by the Office of Inspector General. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. An Inspector from the Office of Inspector General will process evidence from the crime scene.

The Auditor reviewed the agency's Evidence Protocol for Sexual Battery. The protocol is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Forensic examinations are performed by a Sexual Abuse Nurse Examiner. The SANE completes and signs the written protocol at the conclusion of the examination.

The Auditor reviewed the facility's Memorandum of Understanding for forensic services with a Sexual Abuse Nurse Examiner. The MOU was last signed in August 2019 and is with the Panhandle Forensic Nurse Specialists. The SANE is required to provide an on-site assessment, documentation and collection of evidence for sexual assault of offenders at all FDOC facilities. The MOU stipulates the SANE will arrive at the institution within 4 hours from the initial call for services. The MOU requires the SANE be available for services 24/7. The SANE is required to provide the Alleged Sexual Battery Protocol and any additional assessment forms to facility medical staff to be filed in the offender's medical record. The MOU requires the agency to pay for forensic services. The examiner is required to document and follow the agency's Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination form.

The agency maintains a list of rape crisis centers who have a Memorandum of Understanding to provide victim advocacy in each agency facility. The Alachua County Victim Services and Rape Crisis Center is included on the list as providing services for the Union Correctional Institution. The MOU with the Alachua County Victim Services and Rape Crisis Center stipulates the Florida Department of Corrections will:

- Call the Agency, if requested by the inmate victim, to request a victim advocate to accompany the inmate victim during the sexual abuse forensic exam when an incident or allegation of sexual abuse is discovered or reported which requires the activation of the Sexual Assault Response Team (SART) to conduct a forensic medical exam;
- Ensure that inmate victims of sexual abuse receive the appropriate contact information, including the hotline number and mailing address for the Agency, when an incident or allegation of sexual abuse is discovered or reported which does not require the activation of the SART;
- Provide orientation and training regarding facility operations to the Agency's staff and volunteers working in the institution with inmates, as needed and appropriate;
- Ensure that the crisis hotline phone number and mailing address of the Agency are available to inmates and placed in prominent areas;
- Provide for logistical needs inmates have when attempting to contact the Agency;
- Respect the nature of privileged communication between rape crisis center staff or volunteers and inmates and abide by all State and Federal laws governing confidentiality; and

- Communicate any questions or concerns to the Agency.

The MOU with the Alachua Victim Services and Rape Crisis Center stipulates the RCC is responsible for:

- Providing a 24/7 rape crisis hotline, staffed by certified victim advocates;
- Providing a mailing address for inmate victims to send correspondence;
- Providing a certified victim advocate to respond to requests for advocacy accompaniment during sexual abuse forensic exams and investigatory interviews between 7 a.m. and 7 p.m. daily. When a request is received after 7 p.m., a response will be provided the following day, after 7 a.m., if the need still exists. The advocate's response time could be up to three (3) hours, and they will provide an estimated time of arrival and maintain communication until arrival at the institution;
- Providing follow-up services and crisis intervention to inmate victims of sexual abuse, as resources allow. If the inmate victim requests ongoing face-to-face counseling services, sessions will be provided Monday through Friday, between 9 a.m. and 4 p.m.;
- Providing the Department with the name of the advocate responding to individual counseling, advocacy, and/or follow-up sessions;
- Maintaining privileged communication with inmate victims as required by State and Federal law and the Agency's policies;
- Terminating the hotline call or individual service session(s) if an inmate's need for services is not, or is no longer, primarily motivated by a desire to heal from sexual abuse;
- Providing inmates with referrals for treatment after release or upon transfer to another institution or facility;
- Providing inmates with information about how to report sexual abuse, including the correctional institution's responsibility to investigate each report and to protect inmates and staff from retaliation; and
- Communicating any questions or concerns to Department staff at the correctional institution.

The Auditor conducted an interview with an OIG Inspector. The OIG Inspector was asked if a victim advocate can accompany a victim during his investigatory interviews. The investigator informed the Auditor he does allow an advocate to accompany the offender during investigative interviews when requested by the offender. The Investigator explained he has not had an offender request a victim advocate during his interviews. The Inspector explained OIG Inspectors collect evidence in the crime scene while the SANE collects forensic evidence and turns the evidence over to the OIG Inspector. The OIG Inspector has statutory authority to place criminal charges on offenders, staff and any other persons within the facility. In the event criminal charges are placed on the aggressor, the Inspector informs the facility so the victim can be notified of such. The OIG Inspector remains informed throughout the prosecution process so the victim can be updated and informed. The Inspector informed the Auditor evidence collection is in accordance with nationally accepted protocols. The OIG Inspector explained he has received training to conduct sexual abuse investigations in confinement settings. The Auditor verified this by reviewing the Inspector's training certificate.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who provides examinations in accordance with the Memorandum of Understanding. The Auditor asked if the facility has contacted her officer for a forensic examination of an offender in the past 12 months. The SANE informed her staff have not conducted a forensic examination at

the UCI in the past 12 months. The SANE explained forensic examinations are conducted on site in the medical area. The SANE was asked if an advocate can accompany the victim during the examination. The Auditor was informed if the offender requests such the advocate can accompany the victim.

The Auditor conducted an interview with the facility's Health Services Administrator (HSA). The HSA informed the Auditor no Centurion Managed Care personnel in the medical section conduct forensic examinations. The HSA informed forensic examinations are conducted in the urgent care room in the medical section by a SANE from the community. The SANE is a member of the Sexual Abuse Response Team (SART) and is immediately dispatched to the facility following a sexual abuse allegation. The OIG Inspector contacts the SART to initiate a forensic examination. The HSA informed the Auditor her staff are readily available to assist the SANE if directed to do so by the SANE.

The facility reported there has been no allegation requiring a forensic medical examination during the previous 12 months.

The Auditor reviewed the training records of two agency personnel who have been trained to provide victim advocacy. The Training was provided by the Office of the Attorney General's, Florida Crime Prevention Training Institute and titled, "Victim Services Practitioner." Both staff work in the agency's corporate office and can be dispatched to a facility if need be.

Conclusion:

An appropriate uniform evidence protocol is utilized when collecting evidence of sexual abuse. The facility allows offenders access to victim advocates from a rape crisis center. The facility provides access to a Sexual Assault Nurse Examiner in the facility performed by a Certified SANE. The Auditor reviewed the agency's policies and procedures, Memorandum of Understanding, investigative reports, SANE protocol report and interviewed the investigator, SANE and determined the facility meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy mandates administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The policy requires an Inspector with the Office of Inspector General conduct investigations. Facility staff will conduct preliminary non-criminal investigations of offender-on-offender sexual harassment. The facility's OIC will then input the information into the facility's MINS so the OIG can initiate an investigation. OIG Inspectors conduct investigations of all types of allegations.</p> <p>The department's policy gives the primary responsibility of investigating civil, criminal and administrative matters relating to the department and within the jurisdiction of the department to the Office of Inspector General. The Florida Administrative Code places the responsibility of prison inspection and investigations on the Office of the Inspector General. The FAC states, "The inspector general and inspectors shall be responsible for criminal and administrative investigation that occurs on property owned or leased by the department or involves matters over which the department has jurisdiction." Florida Administrative Code stipulates the OIC Inspectors have the power of arrest.</p> <p>Evidence Relied Upon:</p> <p>Policy – 108.001 – Authority of the Inspector General pg. 3-4 Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 1-12 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 4, 12, 15 FAC – 944.31 – Inspector General; Inspectors; Power and Duties Agency Website Investigative Reports Interview with Investigators Interview with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Florida Department of Corrections website. The website includes a link to the agency's policies regarding the conduct of investigating allegations of sexual abuse and sexual harassment. Policy 108.015 stipulates the Office of Inspector General will conduct criminal investigations into allegations of sexual abuse, sexual battery, sexual misconduct, sexual harassment and voyeurism. Each inspector with the Office of Inspector General is a sworn law enforcement officer with arrest powers. OIG investigators have the legal authority to investigate felony and misdemeanor violations of law committed in and against the Department of Corrections, and serious allegations of staff misconduct and administrative violations. Each Inspector is required to be a sworn police officer in the State of Florida.</p> <p>When an allegation is made the facility's Officer in Charge will immediately notify the Emergency Action Center (EAC). After notifying the EAC the Officer in Charge will input the information into the Management Information Notification System (MINS). Information in the MINS is automatically received by the Office of Inspector General for investigative referral.</p>

When prosecution is warranted, the OIG Inspector coordinates with the State Attorney's office in the appropriate jurisdiction.

The Auditor reviewed the facility's mechanism used to track allegations of sexual abuse and sexual harassment. There were 23 allegations of sexual abuse and sexual harassment made in the previous 12 months. All 23 allegations were investigated and encompassed the following:

- 4 allegations of offender-on-offender non-consensual sex acts;
- 6 allegations of staff-on-offender sexual misconduct;
- 5 allegations of staff-on-offender sexual harassment;
- 1 allegations of offender-on-offender abusive sexual contact; and
- 7 allegations of offender-on-offender sexual harassment.

From the investigations conducted in the previous 12 months, there are 12 allegations that have not been finalized by the Office of Inspector General's Office. Those unfinalized investigations date back to July 2019. The unfinalized investigations are as follows:

- 2 allegations of offender-on-offender non-consensual sex acts;
- 4 allegations of staff-on-offender sexual misconduct;
- 5 allegations of staff-on-offender sexual harassment;
- 1 allegation of offender-on-offender abusive sexual contact.

There are no UCI staff trained to conduct sexual abuse allegations and as such, referred each allegation to the Office of Inspector General. The Auditor verified all 23 allegations were investigated. Of the 23 investigations conducted by the OIG, 4 were referred for criminal prosecution and remain open. The EAC is notified and all allegations are entered into the MINS for referral to an Inspector with the Office of Inspector General.

The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector informed the Auditor once he receives enough evidence to substantiate an allegation, he refers to the State's Attorney for direction. He explained all referrals from the facility are investigated. The Inspector stated the facility's, Officer in Charge (OIC) notifies the Emergency Action Center and inputs information into the MINS to initiate an investigation.

The Auditor conducted an interview with 4 offenders who reported an allegation of sexual misconduct or abuse that allegedly occurred at the facility. Each offender informed the Auditor an investigator met with them to discuss the allegations. A review of records revealed the OIG Inspector responded quickly and appropriately investigated each allegation. The OIG Inspector conducted his investigations promptly and thoroughly.

No Department of Justice component is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the Union Correctional Institution.

Conclusion:

The Auditor concluded the Union Correctional Institution is appropriately referring criminal allegations of sexual abuse and sexual harassment to the Office of Inspector General whose

Inspectors have the legal authority to conduct criminal investigations. The Auditor observed evidence the facility is referring allegations of sexual abuse and sexual harassment to the OIG. After reviewing agency policies and procedures, facility website, investigative reports and interviewing offenders and staff the Auditor determined the facility meets the requirements of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy stipulates employees receive the following training:</p> <ul style="list-style-type: none"> • The zero-tolerance policy for sexual abuse and sexual harassment; • How employees shall fulfill their responsibilities under agency PREA and related policies and procedures; • Offenders’ right to be free from sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment; • The rights of both staff and offenders to be free from retaliation for reporting sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment; • The dynamics of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings; • Common reactions to sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings; • How to detect and respond to signs of threatened and actual sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment; • How to avoid inappropriate relationships with offenders; • How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The agency’s PREA training has been developed by the Bureau of Staff Development and Training. Florida Department of Corrections policy requires PREA training be provided to staff at least every two years. The initial training is conducted during the employee’s orientation training and at the training academy. Facility staff provide refresher information every other year. Employees are required to take a test after each training and refresher.</p> <p>The Bureau of Staff Development and Training has developed the agency’s training to meet the needs of both male and female offenders. Training is not required when a staff member is reassigned from one facility that houses only male offenders to a facility that houses female offenders as the training is designed to address both male and female offenders.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 8, 10 FDC Prison Rape Elimination Act (PREA) Instructor Guide pg. 1-29 PREA Training Test Master Training Plan Prison Rape Elimination Act PowerPoint Presentation E-TRAIN Records (Employee Training Records) Interviews with Staff Interviews with Inmates</p>

Analysis/Reasoning:

The Auditor reviewed FDC Prison Rape Elimination Act Instructor Guide and lesson plans utilized to train staff. The training provided to employees includes all bulleted topics listed above.

Each new employee receives the training during their initial orientation prior to performing duties in the institution. The training is conducted at the training academy by training academy instructors. The instructor utilizes the Instructor Guide while conducting the PREA training. At the conclusion of the training, each participant is required to pass a test of the material taught.

The Auditor conducted an interview with a staff member of the training academy who conducts these trainings. The Auditor asked the staff member what topics she teaches during an employees' initial training. The staff member articulated the topics as previously listed above. The trainer informed the Auditor refresher information is provided to current staff through an online training session. The trainer explained each employee must pass a test at the conclusion of training classes. The Auditor was informed all contractors receive the same training and information that is provided to FDOC employees. The Auditor asked the training to pull up the computerized tracking mechanism. The training performed a search of staff who have not completed the annual training. The searched revealed there were no staff who had not completed the required training.

The Auditor reviewed the test provided to participants at the conclusion of each training session. The test includes questions from the various topics taught during instruction. At the conclusion of the training session participants receive a summary of the training and are provided the opportunity to ask questions during and after the training session. This allows the instructor an opportunity to reiterate key points, increasing the participants knowledge of the materials covered during the training. The agency electronically documents employee's attendance in the E-TRAIN system. If an employee does not pass the test, he/she is given a select number of changes to retake the test. If the employee then fails, he/she is required to reattend the training. Each employee signs a training attendance roster after completing the PREA training. The Auditor reviewed the agency's Master Training Plan. The plan includes specific training for those working in female institutions.

At the time of the Audit the facility employed 454 security and 58 non-security staff members. The Auditor verified staff received their initial PREA training and received refresher training. E-TRAIN records reveal staff are receiving PREA training on an annual basis. During interviews with security and non-security staff, the Auditor was informed they are provided PREA training every year. Staff informed they receive information related to the agency's sexual abuse and sexual harassment policies and procedures in each annual training session and in many cases two times a year.

The Auditor conducted informal and formal interviews with random and specialized facility staff. The Auditor questioned staff about the training topics previously listed. Staff interviewed by the Auditor informed they received training and were able to articulate the topics to the Auditor. Each staff member interviewed was knowledgeable in the agencies policies and procedures to detect, prevent and respond to sexual abuse and sexual harassment allegations. The Auditor did not encounter an employee who could not articulate an answer that aligned with the agency's sexual abuse and sexual harassment policies.

The Auditor conducted interviews with randomly selected and specifically targeted offenders for interviews. Interviews with offenders reveal staff respond appropriately when allegations are being made. Offenders informed the Auditor they had confidence in staff's abilities.

Conclusion:

The Auditor concluded the facility has appropriately trained its staff and electronically documented the training and employees understanding of the training as required by this standard. Facility staff appears knowledgeable in the training topics mandated in PREA Standard 115.31. The Auditor reviewed facility policies and procedures, training materials, training attendance records, and conducted interviews with staff. The Auditor determined staff have retained the knowledge received from training. The Auditor determined the facility meets the requirements of this standard.

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which requires institutions ensure all volunteers and contractors who have contact with offenders be trained in their responsibilities under the FDOC’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Policy mandates facilities utilize the agency’s, “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors” book to conduct the training. Policy also requires the “PREA Brochure for Interns, Volunteers, and Contractors” be provided annually to each volunteer and contractor. Each volunteer is required to read and sign the “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors.</p> <p>Long-term contract personnel are provided the same level of training that is provided to agency staff.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 8 Policy – 503.004 – Volunteers pg. 8-9 Prison Rape Elimination Act Training for Interns, Volunteers and Contractors (book) pg. 1-6 PREA Brochure for Interns, Volunteers and Contractors Contractor/Volunteer Training Affidavit Volunteer/Contractor Training Records Interviews with Contractors Interviews with Volunteers Interview with Trainer</p> <p>Analysis/Reasoning:</p> <p>The agency’s, “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors” book includes the agency’s zero tolerance information, procedures for reporting incidents and/or allegations and facility response for failing to report allegations or information related to sexual abuse and sexual harassment</p> <p>The Auditor reviewed the agency’s, “PREA Brochure for Interns, Volunteers, and Contractors.” The agency provides each volunteer and contractor a copy of the brochure prior to rendering services. The brochure includes the following sections:</p> <ul style="list-style-type: none"> • Mission Statement; • Did You Know; • Purpose; • What is PREA; • How to Report (including first responder duties); and • Definitions; <p>Each volunteer and contractor are provided the book and brochure during their initial training. The Auditor conducted formal and informal interviews with volunteer and contract staff. Each</p>

volunteer and contractor interviewed informed the Auditor they had received training in the agency's policies and procedures related to sexual abuse. The Auditor was informed the training was conducted in person prior to them beginning services. Each was asked if they signed a form notating their understanding of the training. Each stated they did sign a form denoting such. Interviews with volunteers and contractors revealed they are knowledgeable regarding the agencies policies and procedures and understood how to report allegations and information related to sexual abuse. Each volunteer and contractor stated they receive information from the facility every year.

At the time of the Audit the facility had 476 volunteers and contractors. The Auditor reviewed 80 volunteer and 24 contractor "Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Training Affidavit" forms verifying those volunteers and contractors had received the PREA training. The Training Affidavit stated, "I confirm that I have read and understand the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors." The Training Affidavit requires the volunteer and contractor to sign, print and include their work location on the affidavit. The facility's Chaplain maintains a list of active volunteers.

The Auditor conducted an interview with a facility staff member who conducts training for volunteers and contractors. The trainer explained the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors training book is utilized to conduct PREA training. The trainer explained each volunteer and contractor acknowledges their receipt and understanding on the signature page. The trainer informed each volunteer and contractor is provided the brochure on an annual basis. The Auditor was informed long term contractors who have daily contact with offenders receive the same training as FDOC employees. These employees take a test at the conclusion of their training.

Conclusion:

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of the training is maintained. The Auditor determined through a review of agency policies and procedures, training materials, Volunteer/Contractor affidavits and interviewing volunteers, contractors and staff the UCI meets the requirements of this standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Florida Department of Corrections to provide offenders with an initial orientation concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. Policy requires the orientation be conducted via approved video presentation that specifies protection issues to include information on preventing and reducing the risk of sexual violence. The orientation includes information on the Prison Rape Elimination Act, zero-tolerance, viewing of a DVD, how to avoid sexual violence, preventing and reducing the risk of sexual violence, appropriate methods of self-protection and interventions, how to report sexual assault, counseling and treatment and process for requesting counseling and treatment services.</p> <p>The agency’s policy requires facilities arrange for offenders with recognized disabilities and those who are Limited English Proficient (LEP) to be advised of the zero-tolerance policy in accordance with the resources outlined in the Americans with Disabilities Act Provisions for Inmates policy.</p> <p>The agency’s Americans with Disabilities Act Provisions for Inmates policy states, “The Department is required to authorize and/or provide reasonable accommodation(s) to inmates with documented disabilities to ensure accessibility for services, programs, and activities. When reviewing an inmate’s request for an accommodation, decisions are based on the specific inmate’s needs, capabilities as well as specific criteria for the program or activity. The Americans with Disabilities Act requires the Department to make decisions on a case-by-case basis with facts, not suppositions.”</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 5-6, 8-10 Policy – 601.210 – Inmate Orientation pg. 3-6 Policy – 604.101 – Americans with Disabilities Act Provisions for Inmates pg. 6 Acknowledgement of Receipt of Orientation Zero Tolerance Posters Offender Handbook Sexual Abuse Awareness Brochure Inmate PREA Education Facilitators Guide FDOC Translator List Language Line Services Contract Offender Records Interviews with Staff Interviews with Offenders Observations</p> <p>Analysis/Reasoning:</p> <p>Each offender at the UCI is provided written information and a full education at the time of booking. Staff ensures each offender watches the comprehensive education video titled,</p>

“PREA: What You Need to Know” and provides the initial training in person utilizing the “Inmate PREA Education Facilitators Guide” during the booking process. Offenders are seated in a classroom setting while they watch the educational video on a rolling television cart. The officer explains the process and plays the video. The officer pauses the video after each section of the video and reinforces key points as described in the facilitators guide. Each offender is required to sign the Acknowledgement of Receipt of Orientation form after receiving the information.

The Auditor interviewed a staff member who conducts the education session. She explained the comprehensive education is conducted both in person in conjunction with a video. Each offender is provided time to ask questions at the conclusion of the education session and again during a one-on-one interview with the Classification Officer. The agency maintains all intake and comprehensive information in English and Spanish. The agency’s comprehensive education materials include, the offender’s rights to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents and information regarding the agency’s policies and procedures for responding to such incidents. The facility’s educational video is closed captioned.

The Auditor reviewed the “PREA Education Facilitators Guide.” The facilitator is required to reiterate the following key points:

Section 1

- Sexual abuse is against the law, period. Everyone has the right to be free from sexual violence, and you do not lose this right when you are detained or incarcerated;
- Every time someone reports sexual abuse and sexual harassment, staff at this facility will take steps to protect the victim and any witnesses from retaliation and intimidation;
- Each incident or report of sexual abuse or sexual harassment will be investigated, and abusers will be held accountable;
- Inmates who are victims of sexual abuse or sexual harassment can get help, including medical and mental health services and support from a rape crisis center – at no cost to them;
- Inmates can get help even if they do not report the abuse or name the abuser(s); and
- Inmates have a right to be safe while they are here, and the staff is committed to safety.

Section 2

- The PREA standards require all detention facilities to have a written zero-tolerance policy – and that includes this facility;
- “Zero tolerance” means that no sexual abuse or sexual harassment is tolerated, including abuse by inmates and by staff;
- Staff members at this facility are trained to receive reports, to take appropriate action if they witness sexual abuse and sexual harassment, and to respond immediately if they learn of an imminent threat of sexual abuse;
- The PREA standards also state that a victim of sexual abuse and sexual harassment, by staff or by other inmates, must be able to get free medical and mental health services related to the sexual abuse; and
- Sexual abuse is not part of the penalty.

The facilitator guide requires the staff member to read the agency's zero tolerance policy and distribute the Sexual Abuse Awareness Brochure to each inmate after the conclusion of Section 2. The facilitator is also required to review the following avenues of reporting:

- You have a right to report privately;
- Report to any security staff member, non-security staff member, contractor, volunteer, etc.;
- Report via the TIPS line *8477;
- File a grievance;
- Write an inmate request; and
- Tell a family member or friend who can report via third party.

The facilitator guide instructs the staff member to inform offenders staff will check with them after reporting an allegation to protect against retaliation. Offenders are informed they will be checked for acts threats, abuse, or harassment after filing a report. Offenders are informed they have a right to make an allegation anonymously.

Lastly, the facilitator provides the following information:

- You do not have to report or name the abuser to get help;
- You can also get help from facility medical and mental health staff;
- You can get support from a rape crisis counselor (telephone number and address provided). You can contact the center whether you made a report or not, and the center is required to keep your information confidential;
- The facility has an agreement with the rape crisis center so that, if you do report and you need a medical exam, a counselor from the center can provide crisis counseling and information during the exam. A counselor can also help you through any investigative interviews or meetings; and
- If you report, it is your right to know the outcome of the investigation.

Each offender receives a Sexual Abuse Awareness Brochure upon arrival at the facility. The Auditor reviewed the Sexual Abuse Awareness Brochure. The brochure includes the following sections:

- Did You Know;
- Facts for The Inmate That Sexually Assaults Other Inmates;
- How to Report;
- PREA Victim Advocate Information;
- Sexual Battery;
- Sexual Abuse Avoidance;
- What to Do If You Are Sexually Assaulted; and
- Later on.

The Auditor reviewed the records of 40 offenders. The records reviewed were of the offenders the Auditor selected to interview. A review of offender records revealed each offender signed the Acknowledgement of Receipt of Orientation on the Prison Rape Elimination Act (PREA) of 2003. The Auditor verified offenders received comprehensive education at the time of booking. The Auditor discovered numerous offenders who were not provided an orientation during their initial 30 days at the facility. Those offenders had been incarcerated in the UCI

prior to the enactment of the Prison Rape Elimination Act. Facility personnel provided the comprehensive education to those offenders after the enactment of PREA and had them sign the acknowledgement of receipt.

The Auditor reviewed the agency's Acknowledgement form and observed each offender signs in receipt of the following:

- Explanation of PREA;
- DOC's zero-tolerance policy on sexual abuse/assault;
- Avoiding/Preventing sexual abuse/assault;
- Explanation of appropriate methods of intervention;
- Explanation of appropriate methods of self-protection;
- Information on reporting sexual abuse/assault; and
- Instructions on the process to request treatment and counseling.

The Auditor conducted formal and informal interviews with randomly chosen offenders. Offenders informed the Auditor they watched a video just after arriving and was provided a brochure which included the facility's rules relating to sexual abuse and sexual harassment upon arrival at the facility. Each offender arrives from another FDOC facility. They informed the Auditor they watched the video and was provided the same information at other FDOC facilities.

Offenders interviewed by the Auditor were able to articulate the FDOC's policies and procedures related to sexual abuse and sexual harassment prevention, detection and response. Offenders understood they had a right to be free from sexual abuse/harassment and retaliation. Each offender understood the avenues available to report sexual abuse and sexual harassment. Most offenders knew the rape crisis center provides victim advocacy and all had seen the posters including such information posted on the walls. This poster includes information how to contact the Alachua County rape crisis center.

The Auditor reviewed the agency's Offender Handbook. The handbook includes zero-tolerance information, how to report, including the hotline information, and prohibits sexual activity between inmates.

The Florida Department of Corrections policies related to sexual abuse and sexual harassment apply to all FDOC facilities. The UCI is not required to educate offenders prior to transporting to another DOC facility as the policies are the same.

The Auditor interviewed two offenders identified as Limited English Proficient. The Auditor determined the offenders were knowledgeable regarding the FDOC sexual abuse and sexual harassment policies. The Auditor asked each offender how they could report an allegation of sexual abuse or sexual harassment. The offenders stated they could use the hotline, notify staff directly, file a grievance or have someone else file the allegation for them. Each informed the Auditor they received two copies of the PREA brochure, one written in English and one written in Spanish. The Auditor asked each if he was provided a comprehensive education through a video. Both informed the Auditor they watched the video in English then in Spanish.

The agency has staff who are bilingual. The agency maintains a list of all staff who speak

other languages in the event a translator is needed. There is a contract with a company for language line services. Facility personnel use a staff interpreter prior to utilizing the language line. Facility staff refer to the agency's interpreter list to call an interpreter at another FDOC facility to provide interpretive services. The agency's interpreter list includes 609 staff members who speak languages other than English. There are numerous staff on the list who speak more than two languages. The Auditor observed the following languages on the list: Haitian Creole, Hebrew, Native American, Guyanese, Patois, Kurdish, Chinese, Laos, Armenian, Portuguese, Via-Ghana, Farsi, Punjabi, Urdu, Yoruba, Old Polish, Patwa, Italian, Pashto, Ukrainian, Finnish, Spanish, Korean, French, Thai, Filipino, Creole, German, Latin, American Sign Language, Russian, Swedish, Arabic, Persian, Gujarti, Hindi, Tagalog and Romanian.

The Auditor conducted an interview with booking and classification staff. Staff informed the Auditor the information is provided as soon as the offender arrives in the receiving area. Classification staff meets with each offender in a private office after watching the educational video. Classification discusses the agency's policies related to sexual abuse and sexual harassment and gives each offender the opportunity to ask questions related to such. The Auditor was informed the information will be read to an offender who has low vision or blind, or who cannot read. The educational video can be heard by those who have low vision or are blind. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing and the educational video can be read through closed captioning. Interpretive services are provided through use of a language line or a bilingual staff member. Classification staff discusses options with a supervisor to ensure offenders who cannot otherwise benefit from the education are educated appropriately. The Auditor verified the video is closed captioned and bilingual.

The Auditor conducted a detailed tour of the Union Correctional Institution. During the tour the Auditor observed key information readily available in the form of PREA posters throughout the facility. The facility provides readily available information to offenders in its Offender Handbook and Sexual Abuse Awareness Brochure. The facility maintains PREA material written in English and Spanish.

The facility experienced a lawsuit related to the American's with Disability Act. The result of the lawsuit required the facility to transfer all offenders who were considered inpatient mental health inmates to another FDOC facility more suited to care for those offenders. The lawsuit also required the UCI to install FM transmitters for televisions to enable hearing impaired inmates to utilize appropriate devices to hear the television in the living units. The agency is currently working on a plan to address the finding of the lawsuit.

Conclusion:

The Auditor concluded the offender population at the Union Correctional Institution has been appropriately educated in the agency's zero tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's classification record. The Auditor reviewed the agency's policies and procedures, booking and classification records, Sexual Abuse Orientation information, brochure, made observations and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.34	Specialized training: Investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="252 246 526 280">Auditor Discussion</p> <hr/> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1468 481">The agency’s policy requires investigators receive specialized training before conducting PREA investigations. The policy requires OIG investigators receive the general PREA training provided to all agency employees. Policy stipulates the training include the following:</p> <ul data-bbox="252 537 1085 705" style="list-style-type: none"> • Techniques for interviewing sexual abuse victims; • Appropriate application of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • The criteria and evidence required to substantiate a case for prosecution referral. <p data-bbox="252 750 1444 873">Policy requires documentation be maintained that each OIG Investigator has completed the required specialized training. The bureau of Professional Development and Training is required to maintain the training documentation.</p> <p data-bbox="252 918 550 952">Evidence Relied Upon:</p> <p data-bbox="252 963 1476 1041">Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 3-4</p> <p data-bbox="252 1052 646 1086">Investigator’s Training Record</p> <p data-bbox="252 1097 510 1131">Training Curriculum</p> <p data-bbox="252 1142 590 1176">Interview with Investigator</p> <p data-bbox="252 1220 518 1254">Analysis/Reasoning:</p> <p data-bbox="252 1265 1484 1556">At the time of the audit the facility had no staff who had received specialized training to conduct Sexual Abuse Investigations. Sexual abuse investigations are conducted by the Office of Inspector General. The agency has 94 trained investigators who conduct sexual abuse investigations across the state. Investigators are divided by region by the FDOC. The Auditor reviewed the training records of two OIG Inspectors who conduct investigations at the UCI. Both OIG Investigators had received specialized training to conduct sexual abuse investigations in a confinement setting.</p> <p data-bbox="252 1612 1452 1859">The Auditor conducted a review of the specialized training for investigators in confinement settings curriculum. The training was developed by The Moss Group, Inc. Each requirement as listed above was included in the training curriculum. Both investigators attended the specialized training in August 2013. The Auditor verified through training records both investigators were provided the regular PREA training offered to all FDOC personnel. The investigators receive this training on an annual basis.</p> <p data-bbox="252 1915 1460 2150">The Auditor conducted a formal interview with one investigator. The Auditor asked the investigator to explain the training he received to conduct sexual abuse investigations in a confinement setting. The investigator was able to articulate the topics as bulleted above. The Investigator was knowledgeable regarding the requirements of conducting sexual abuse investigations. The Auditor asked the Investigator to explain the process he uses when conducting investigations. He explained he interviews the victim, aggressor and witnesses,</p>

reviews offender records, collects evidence, notifies the SART, reviews video surveillance and coordinates with the State Prosecutor when needed. The investigator confides in the States Attorney during cases that appear criminal.

The investigator explained how he determines the credibility of a victim, witness and aggressor. He explained that is done by judging the actions of the person being interviewed, the consistency of statements provided, reviewing records, incident reports, previously provided information, criminal history and grievances. The Auditor asked how the investigator determines credibility of a staff member. He explained he uses the same judgments and reviews any documents available, including the personnel record.

The Department of Justice is not required to conduct sexual abuse or sexual harassment investigations in the Union Correctional Institution.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies and procedures, training curriculum, training records, and conducted an interview with a Sexual Abuse Investigator and determined the agency meets the requirements of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections’ Health Services Bulletin, Post Sexual Battery Medical Action requires all medical and mental health staff who work regularly in FOC facilities, including contracted staff are trained in the following:</p> <ul style="list-style-type: none"> • How to detect and access signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The agency’s Prison Rape: Prevention, Detection, and Response policy requires, “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.” The Florida Department of Corrections contracts its medical services with Centurion Managed Care.</p> <p>Medical practitioners at the facility do not conduct forensic examinations and therefor are not required to be trained to do so.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 8 FDOC Health Services Bulletin No. 15.03.36 pg. 4 Prison Rape Elimination Act (PREA) Instructor Guide pg. 2-28 Centurion PREA Training PowerPoint MOU with SANE Interviews with Medical and Mental Health Personnel Medical Personnel Training Records</p> <p>Analysis/Reasoning:</p> <p>Medical services at the Union Correctional Institution are contracted with Centurion Managed Care. Medical personnel at the Union Correctional Institution are considered contract employees. All medical and mental health practitioners are required to complete specialized medical training. The Auditor reviewed the training records of 59 medical and mental health practitioners. A review of the records indicated all 59 medical and mental health practitioners received the specialized medical training.</p> <p>The specialized medical training conducted was developed by Centurion personnel and is conducted either online or in-person. Each medical and mental health practitioner completed the specialized medical training and received a certificate of completion. The Auditor observed the following topics within the Centurion PowerPoint presentation:</p>

- Signs of Sexual Abuse: Physical Reactions;
- Signs of Sexual Abuse: Emotional Reactions;
- Gender and Sexual Orientation Considerations;
- Voice and Speech;
- Body Positioning;
- Distance;
- Eye Contact;
- Reporting Requirements; and
- Preservation of Physical Evidence of Sexual Abuse.
- How to preserve physical evidence of sexual abuse;

The training files of each medical and mental health professional revealed each had attended the training offered by the agency. Each medical and mental health professional had received the training and signed the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors. The signature on the training affidavit acknowledges the personnel read and understood the training that was provided.

The Auditor interviewed medical and mental health staff employed at the Union Correctional Institution. Each employee interviewed stated they had received specialized medical training and received the training provided by the FDOC. The UCI training is provided annually to medical and mental health personnel. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. The Auditor asked medical staff to explain how they preserve physical evidence while attempting to treat medical emergencies which result from an incident of sexual abuse. The explanation supported the training provided through specialized medical training. The Auditor was informed every effort is made to preserve any physical evidence and a protocol is followed. Each medical staff member stated the priority in each medical situation was the life of the inmate.

Centurion Managed Care personnel do not perform forensic examinations at the Union Correctional Institution. Those examinations are performed on site by a certified Sexual Abuse Nurse Examiner with the Sexual Abuse Response Team. The Auditor reviewed the scope of services section of the contract for forensic examinations. The Panhandle Forensic Nurse Specialist is required to provide an on-site assessments, documentation and collection of evidence for sexual assault of offenders at all Florida Department of Corrections facilities. The Auditor asked each Centurion medical personnel interviewed if they perform forensic examination; none stated they did such.

Conclusion:

The Auditor concluded medical personnel at the Union Correctional Institution have been appropriately trained. The facility maintains documentation that medical and mental health personnel have received specialized medical training and the training offered by the agency. The Auditor conducted a review of FDOC policies and procedures, training curriculum, training records, and interviewed medical and mental health professionals and determined the agency meets the requirements of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy requires classification staff to screen all offenders within 72 hours of intake. Classification are to conduct the assessment for characteristics such as age, criminal record, and prior identified history of sexual victimization or predation to determine if the offender is at risk of future victimization or sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery.</p> <p>The agency’s reception process policy requires a screening within 24 hours of arriving at a FDOC facility. The screening is conducted for potential mental and physical vulnerabilities which could jeopardize safety and/or sexually aggressive behavior. This policy also requires a screening within 72 hours after arriving at a facility for the risk of sexual victimization or risk of abusiveness.</p> <p>The agency’s risk screening questions include the following:</p> <ul style="list-style-type: none"> • Which of the following best describes your sexual orientation and/or gender identity; • Does the inmate appear to be flamboyant or does s/he display effeminate (male inmates) or masculine (female inmates) features or mannerisms (this question is directed for the assessor to answer based on his/her observations); • Have you ever been a victim of sexual abuse while incarcerated in the Florida Department of Corrections; • Have you ever committed sexual abuse against another person while incarcerated in the Florida Department of Corrections other than what has been previously reported, to include convictions and arrests; • Have you ever been the victim of sexual abuse while incarcerated in a juvenile detention facility, county jail, federal prison or other state prison or detention center; • Have you ever committed sexual abuse against another person while incarcerated in a juvenile detention facility, county jail, federal prison or other state prison or detention center other than what has been previously reported, to include convictions and arrests; • Have you ever been a victim of sexual abuse at any time in your life other than while incarcerated; • Other than while incarcerated, have you ever committed sexual abuse against another person at any time in your life other than what has been previously reported, to include convictions and arrests; • Has the inmate ever been the victim of sexual abuse other than as admitted to during the previous questions (this question is for the assessor based on his/her knowledge or file review); • Has the inmate ever committed sexual abuse against another person other than as admitted to during the previous question (this question is for the assessor based on his/her knowledge or file review); • Do you feel you are adequately familiar with the prison environment; and • Are you currently being approached or pressured by other inmates for sexual favors; • Are there any historical arrest circumstances that suggest sexual violence which are not

evident by the offense title (this question is for the assessor)?

The Inmate Behavioral Assessment Scale Sexual Risk Indicator is an objective scoring tool used to determine the potential risk of predatory behaviors or their risk for suffering sexual victimization. The risk indicator factors in the scoring tool include:

- Sex Offender Status
- Jimmy Ryce Status
- Current Age
- Body Mass Index
- Number of Florida Incarcerations
- Out-of-State Incarcerations
- Violent Offenses
- Medical Grade/Impairments
- Race/Ethnicity
- Disciplinary Record
- Close Management Referral Codes
- Tentative Release Date
- Past PREA Perpetrator of Victim Designations
- Protective Management
- Sexual Orientation
- Physical Features
- Past Perpetrator/Victim of Sexual Abuse
- Familiarity with Prison Environment
- Verbalized Fear for Personal Safety
- Historical Evidence of Violence During Commission of a Crime
- SRI Calculation (score)

The behavioral assessment scoring is point based and is calculated on a line graph scale. Points are added for specific behaviors. An offender is identified at high risk of victimization for negative eleven (-11) points and below and as high risk of aggressiveness for eleven (11) points and above. The scale has moderate and neutral designations as well.

The agency's policy stipulates offenders will be reassessed within 30 days from the initial intake screening for their risk of sexual victimization or abusiveness. The policy requires a reassessment when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The agency prohibits disciplining an offender for refusing to answer, or for not disclosing complete information related to the victimization/abusiveness risk screening.

Evidence Relied Upon:

Policy – 601.209 – Reception Process – Initial Classification pg. 5-7

Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7

Inmate Behavioral Assessment Scale Sexual Risk Indicator

Sexual Risk Indicator Assessment Questions

Classification Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the agency's screening tool. The Classification Officer conducts the assessment utilizing the tool upon admission. The screening tool is objective in nature and includes the following considerations for risk of victimization as required by this standard:

- Mental, physical, and developmental disabilities;
- Ages of the offender;
- Physical build of the offender;
- Previous incarcerations;
- Whether the offender's criminal history is exclusively non-violent;
- Prior convictions for sex offenses against adults or children;
- Whether the offender is or is perceived to be gay, lesbian, bi-sexual, transgender, intersex or gender non-conforming;
- Previously experiences of sexual victimization; and
- Offender's own perception of vulnerability.

In addition, the agency's screening tool considers the following for risk of sexual abusiveness as required by this standard:

- Prior acts of sexual abuse;
- Prior convictions of violent offenses; and
- History of prior institutional violence or sexual abuse.

The Classification Officer meets with and conducts a screening of each offender who enters the facility. The Classification interviews are conducted in a private office. The Classification Officer asks the offender the sexual risk indicator questions and calculates the score to determine the offenders risk level. Classifications typically occur the same day offenders arrive to the facility. Transports to and from the facility generally occur on Fridays. Any offender who arrives on a Friday will be classified on that Friday. If offenders arrive late on a Friday, they are classified on Monday morning. The Auditor asked the Classification Officer if offender classification is ever conducted beyond 72 hours of arrival. The Classification Officer informed the Auditor offenders are never classified beyond 72 hours of arrival.

The Auditor reviewed the risk screenings of 40 offenders who were chosen by the Auditor to participate in a formal interview. The Auditor observed all 40 offenders had been appropriately screened upon receiving. Utilizing the same 40 offender records, the Auditor discovered staff had conducted re-assessments of offender's level of risk for victimization and abusiveness within 30 days.

The Auditor conducted a formal interview with a Classification Officer. The Classification Officer explained the screening process to the Auditor. The Auditor asked the Classification Officer if she utilizes her professional judgement when considering vulnerability of an offender. The Auditor was informed her best judgement is used when determining vulnerability. The Auditor asked the Classification Officer if she has received a referral, request or additional information that bears on an offender's risk level. The Auditor was informed she had received referrals to reassess an offender. The Classification Officer stated she conducts the reassessment after the same day as received and after an alleged incident of sexual abuse.

The Classification Officer was asked if she places disciplinary charges on an offender who refuses to answer questions related to the risk screening. The Auditor was informed offenders are not disciplined for refusing to answer those questions.

The Auditor asked the Classification Officer who has access to information gained during the risk screening process. The Auditor was informed the information obtained during the risk screening is accessible to select supervisors, investigators and medical and mental health professionals. Information from the risk screening is electronically entered into the agency's offender management system. Each agency staff member has a uniquely issued username and password to gain access. Staff is provided different levels of access (based on job duties) to information in the system.

The Auditor conducted formal and informal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the admission process. Most offenders stated they remember being asked those questions during the admission process. Some offenders had been in the UCI long-term and stated they were not asked questions upon arrival at the facility. The auditor conducted an interview with one offender who identified as transgender. The Auditor asked the transgender offender if staff treated the offender any differently after informing of the status as a transgender. The Auditor was informed staff have not treated the offender any differently. The offender informed the Auditor staff asked if the offender identified as gay, lesbian, bisexual, transgender or intersex upon arriving at the institution. The facility's risk screening tool does allow for input of the offender's own perception of vulnerability. The offender was asked if staff considered the transgender's own views to safety. The Auditor was informed staff had done so. The offender arrived at the UCI four months prior to the Audit.

The Auditor attended a risk assessment conducted by the Classification Officer. The Auditor observed the Classification Officer asked the offender each question on the risk screening. This screening was a reassessment of an offender who arrived at the facility a few weeks prior to the audit. The reassessment was conducted within 30 days of arrival. The Classification Officer asked the offender if he had any questions at the conclusion of the reassessment. The offender asked the Classification Officer several questions related to the agency's sexual abuse and sexual harassment policies and procedures.

The facility does not conduct a re-assessment of vulnerability and aggressiveness upon transfer to another facility because all FDOC facilities are required to conduct an assessment upon arrival, regardless of where the offender arrives from. All agency facilities are required to conduct a 30-day reassessment of vulnerability and aggressiveness.

While reviewing offender records the Auditor observed evidence the facility conducted reassessments of offender risk levels following allegations of sexual abuse.

The UCI does not detain solely for civil immigration purposes.

Conclusion:

The facility's Classification staff is attempting to discover offenders' level of risk of sexual victimization or sexual aggressiveness during the admission process and within 30 days of an offender's arrival based upon additional information, an incident or referrals. The Auditor

reviewed the agency's policies and procedures, risk screening forms, classification records and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which stipulates housing for gender dysphoria, transgender and intersex offenders will be determined on a case by case basis. The facility is required to consider each offender’s safety and to consider the safety of the institution when making housing determinations. The facility is required by agency policy to conduct a biannually assessment of transgender, intersex and gender dysphoria offenders’ housing, program and work assignments. The Classification Officer is required to make this assessment.</p> <p>Agency policy is to house and assign work and programs to vulnerable offenders consistent with custody levels and medical status. The goal of the agency’s policy is to ensure separation of likely victims from likely aggressors. Offenders who are identified at high risk of victimization may not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation form likely abusers.</p> <p>The agency is required by policy to consider on a case-by-case basis in deciding whether to assign a transgender or intersex offender to a male or female facility and when making housing and program assignments. Security and management problems are considered when determining placement. Transgender and intersex offenders’ own views of safety are considered when determining placement.</p> <p>Policy requires a reassessment of each offender’s risk of victimization or abusiveness within 30 days of the initial intake if additional information is received by the institution. The policy also states an offender’s risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 6-7 Policy – 403.012 – Identification and Management of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria pg. 3 Housing Placement Reports Risk Assessment Scoring Report Classification Assessments Interviews with Offenders Interviews with Staff Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed 40 offender classification records. Of the records reviewed, one identified as transgender. The transgender offender was not placed in a dedicated housing unit. The classification records reveal facility staff made appropriate individualized</p>

considerations when determining housing, bed, work and other assignments to ensure the transgender offender was maintained away from sexual predators. Classification staff considered the transgender's own views when determining assignments.

The Auditor conducted a formal interview with the offender who identified as transgender. The offender informed the Auditor classification staff asked questions during the admission process related to identification status. The offender stated staff asked if there were any concerns with being housed in a general population living unit. The Auditor asked if the offender was treated any differently by staff after informing of their identification status. The offender stated staff do not treat the offender any differently. The Auditor asked the offender to explain how the facility allows the offender to shower. The offender stated while in general population transgenders can shower while the facility is locked down for count procedures. The offender stated showers are conducted individually while in confinement. The transgender was housed in confinement during the audit as a result of disciplinary sanctions. The offender informed the Auditor the facility offers a preference form to consider if the offender desires to be pat searched by a male or female staff member.

The Auditor conducted formal interviews with four offenders who identified as being gay or bisexual. The Auditor observed classification staff is utilizing information gained from the risk screening to assign facility housing, bed, and work assignments for those identifying as gay or bisexual. Classification staff does not assign education or programming assignments to offenders upon booking. Offenders submit a request to attend programs and educational classes. Classification assigns each offender in compatible living units. Programs, work and education classes occur in either dayrooms, education or work buildings. Prior to assigning an offender a work position outside of the living unit the offender's file is reviewed to ensure each offender's safety is maintained.

The Classification Assessment tool utilized by classification staff requires individualized determinations be made for each offender. The tool also has questions directed to the assessor to include their own perceptions of the offender's risk level. The Auditor conducted formal interviews with the four offenders who reported being gay or bisexual and one who identified as transgender. The Auditor asked each if they were housed in a living unit that was dedicated for LGBTI offenders. The Auditor was informed they were not placed in a dedicated living unit. The Classification Officer informed the Auditor a transgender inmate's own views concerning safety are considered when making assignments. The Auditor observed the assessment tool includes a question regarding the offender's own perceptions of his/her safety.

The Auditor reviewed the files of offenders who reported suffering sexual victimization while in the community and in an institutional setting. The Auditor conducted formal interviews with offenders who reported suffering sexual victimization. Each was asked if they have been housed in the same living unit with known sexual abusers. They reported to the Auditor they were housed separately from abusers. The Auditor asked during interviews if any of the offenders attended programs, education, or work. The victimized inmates who answered "yes," reported they were maintained separately from abusers during programs, education, and work.

The Auditor reviewed the file of one transgender offender. The transgender offender was

provided PREA information upon admission and provided a comprehensive education upon admission. The Auditor did not observe evidence of a biannual review concerning the offender's placement status as the offender had been in the UCI for four months. Classification staff informed the Auditor they were aware of the requirement to conduct a biannual review of the offender's status. The UCI had reported housing only one transgender in the facility at the time of the Audit.

The Auditor observed all facility living units during a detailed facility tour. Transgender and intersex inmates are given the opportunity to shower separately from the population. The facility allows each transgender to shower alone during one of the facility's count times. Each cell in the facility has a toilet inside the cell. Both staff and offenders interviewed stated offenders can shower, use the toilet and change clothes without staff of the opposite gender seeing them do so. The transgender offender stated staff ensure the offender utilizes the shower when no other offenders are out of their cell and is conducted during the facility's count.

The Auditor asked classification staff how often a transgender inmate's placements are reviewed. Classification reported they review assignments biannually or more often if needed. The Auditor asked if all LGBTI inmates were placed in dedicated living units in the UCI and was informed they are not housed as such. The Auditor asked classification staff if a mental health professional has any input on transgender reviews. Classification reported mental health professionals do include input during biannual reviews. The Auditor confirmed this with an interview with a mental health professional.

At the time of the audit neither the Florida Department of Corrections nor the Union Correctional Institution was under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders.

At the time of the Audit there was no offender identified at high risk of sexual victimization placed involuntarily in segregation for his protection against sexual abuse.

Conclusion:

The Auditor concluded classification staff is making individualized determinations when assigning transgender and intersex offender's housing, bed, work, programming and education assignments. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization from those identified at high risk of sexual abusiveness. The Auditor conducted a thorough review of policies and procedures, classification records, risk screenings, made observations, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy allows victims of sexual abuse to immediately indicate their housing preference. When a victim is housed in administrative confinement upon their consent. When a sexual abuse victim indicates he wishes to remain in general population the facility is required to consider available alternatives. If no alternatives exist, the offender can be placed in Administrative Confinement involuntarily. In such cases, the Institutional Classification Team (ICT) is required by policy to conduct a 72-hour review. The review team must review the victim and allegation, verify the offender’s housing preference, and reassess the availability of any alternative housing. If after the 72-hour review the offender remains in Administrative Confinement the ICT is required to document the basis for concern for the offender’s safety and why no alternative means of separation can be arranged.</p> <p>Florida Administrative Code requires an ICT member to conduct a weekly review of all offenders on Administrative Confinement. The code requires the ICT conduct a formal assessment of any offender in Administrative Confinement for more than 30 days and shall prepare a formal assessment and evaluation report after each 30-day period. The report shall include the details for the basis of confinement, what has transpired since the last report, the decision concerning continued confinement and the basis for that decision.</p> <p>Evidence Relied Upon:</p> <p>FAC – 33-602.220 – Administrative Confinement FAC – 33-602.221 – Protective Management Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7,10-11 Supervisory Training Material Training Records 30-Day Review Documentation Housing Preference Form Interviews with Staff Interview with Offenders Classification Records Housing Roster Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency’s records and observed 2 offenders were placed in involuntary Administrative Confinement to protect them from the risk of sexual abuse. The Auditor reviewed the classification records of both offenders. Each offender was offered the Housing Preference form and asked to be housed in general population. The preference form was provided to each offender within 24 hours of placement in involuntary segregation. The form acknowledges the Officer in Charge discussed housing options with the offender. The form notifies the offender the ICT will conduct a review of his placement within 72 hours.</p> <p>In one case the offender was placed in involuntary Administrative Confinement over a</p>

weekend. The offender was placed in involuntary Administrative Confinement in error as there were other housing options available. The offender was released from involuntary Administrative Confinement and facility supervisors were retrained in the process of confining offender in involuntary Administrative Confinement for the protection from sexual abuse. The Auditor reviewed the training materials utilized to retrain facility supervisors. The training materials include the agency's policies and procedures related to placing an offender in involuntary Administrative Confinement status for the protection of sexual abuse. The Auditor reviewed training records that reveal 29 facility supervisors attended the training. The training occurred in December 2019.

The second case in which an offender was placed in involuntary Administrative Confinement is an allegation of sexual abuse against a facility Sergeant. Documentation reveals the offender requested to be placed in general population housing. The Shift Commander documented the immediate assessment of no other housing was available. The offender was informed there was no alternative means of housing as the allegation was against a facility Sergeant. The Sergeant's duties require a tour of all facility areas. The facility documented the only means of protection was to house the offender in Administrative Confinement. The offender was placed in involuntary Administrative Confinement in September 2019. The facility documented a 30-day assessment in October and November. The facility documented the investigation was ongoing by the Office of Inspector General and as such maintain the offender in involuntary Administrative Confinement for the offender's protection. The offender was transferred to another FDOC facility in December 2019.

The Auditor conducted formal interviews with classification staff. The Auditor asked classification to explain the process when placing a high-risk offender involuntarily in segregation. Classification informed the Auditor if an offender is placed involuntarily in segregation an assessment is conducted to view available alternatives. The Auditor was informed victimized offenders can be separated easily from aggressive offenders as the facility has multiple living units. The number of living units allows staff the option of housing vulnerable offenders in a general population housing unit and not in segregated housing. Classification and security staff were aware that offenders in Administrative Confinement have access to programs, privileges, education, and work opportunities, to the extent allowable.

At the time of the audit there was no offender involuntarily housed in segregated housing to maintain separation from likely abusers. The Auditor asked the Warden how difficult it is for him to ensure a transfer of an offender. The Warden informed it is not difficult if there is a justifiable need to make a transfer. The Auditor was informed by classification staff they can recommend a transfer to another FDOC facility in the event an offender identified at high risk of sexual victimization or abusiveness is identified and cannot otherwise be housed in the facility. This is a last resort as the facility has multiple housing options available to ensure the offenders safety. The Auditor interviewed medical and mental health personnel. Medical and mental health staff are informed when offenders are identified at high risk of sexual victimization.

The Auditor interviewed several security personnel who supervise offenders in the segregation housing unit. Staff was asked if offenders in segregated housing receive access to programs, privileges, education, and work opportunities. Staff informed offenders have access to programs, education and work opportunities upon request, dependent upon legitimate facility

security concerns. Privileges are provided to all offenders in the segregation housing unit. The Auditor asked if staff have ever supervised an offender in segregation housing who was identified at high risk of sexual victimization to keep him separate from likely aggressors. No staff member interviewed could recall doing so.

The Auditor conducted a detailed tour of the facility. Observations were made of each offender living unit. The Auditor observed multiple areas which can house offenders to ensure those identified at risk of sexual abuse are protected from sexual abusers. Facility staff monitor and control the movement of offenders within the facility.

The Auditor conducted an interview with four offenders who alleged an incident of sexual abuse/harassment within the previous 12 months. The Auditor asked each offender if his living unit assignment had changed since making the allegation. One of the offenders informed the Auditor he was placed involuntarily in segregated housing as a result of the allegation. The Auditor asked how long he was held in the segregation housing unit. The Offender stated he was moved out of the segregated housing unit the following morning. The Auditor asked each offender if they have had contact with the alleged abusers since the incidents took place. Each offender stated they have not had contact with the alleged abuser since making the allegation. One offender stated he made an allegation against a staff member and has had no contact with the staff member since making the allegation.

Conclusion:

During the previous 12 months the Union Correctional Institution has placed two offenders identified at risk of sexual victimization involuntarily in segregation. Both offenders were on Administrative Confinement status for more than 24 hours and one over thirty days. The facility documented justifications in one case and not in the other. The one case not documented was identified and remedial training was conducted for supervisory staff. The offender was not in Administrative Confinement over 30 days.

After making observations and conducting a review of policies, procedures, classification records, housing records, Florida Administrative Codes and interviewing staff and offenders the Auditor determined the facility meets the requirements of this standard. The Auditor determined the facility took a proactive approach after identifying a placement in Administrative Confinement in error.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders at the Union Correctional Institution may report allegations of sexual abuse and sexual harassment in the following ways:</p> <ul style="list-style-type: none"> • A verbal report to any staff member, volunteer or contractor; • Calling the TIPS line; • Calling an outside entity (Gulf Coast Children’s Advocacy Center; • Filing a Request Form; • Filing an informal and/or formal grievance; • Have a family member, friend or other member of the public fill out the online Citizen’s Complaint form; • Have a family member, friend, or other member of the public submit a third-party grievance; • Write or e-mail the Office of Inspector General; and • Write or email the PREA Coordinator. <p>The agency provides offenders the option of reporting sexual abuse and sexual harassment through the offender telephone system with a quick dial option. Agency policy requires employees to receive and immediately forward offender reports of sexual abuse or sexual harassment, retaliation, staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Supervisors are required to notify the Emergency Action Center (EAC) and electronically enter the information in the Management Information Notification System (MINS).</p> <p>Agency policy requires staff to immediately notify the Shift Supervisor, Chief of Security, Warden, or the Office of Inspector General after observing, having knowledge of, or receiving information, written or verbal (either first-hand or from a third party). Facility staff are required to promptly document any verbal reports on an Incident Report.</p> <p>The agency had no offenders who were detained solely for civil immigration purposes at the time of the audit. The Florida Department of Corrections does not house persons detained solely for civil immigration purposes at the Union Correctional Institution.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9-10 Policy – 601.210 – Inmate Orientation pg. 6 PREA Posters Inmate Orientation Handbook pg. 17,19 Sexual Abuse Awareness brochure Gulf Coast Children’s Advocacy Center, Inc. contract</p>

Incident Reports
Website Reporting Avenues
Employee Handbook
Training Curriculum
Staff Training Records
Investigative Records
Interviews with Staff
Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the Sexual Abuse Awareness brochure provided to each offender during the admission process. The brochure informs offenders they can report allegations through the TIPS number and provides the number, request form or formal grievance process, tell any staff member, or tell a friend or family member. The Brochure provides offenders the address and contact number for the Alachua County Rape Crisis Center.

The Auditor reviewed the agency's Inmate Orientation Handbook. The handbook informs offenders they may report sexual assault/battery and sexual harassment by notifying a staff member. The handbook informs there are posters with toll-free, secure numbers posted in common areas. Offenders are informed these calls are confidential. Each offender receives an Inmate Orientation Handbook upon admission to the facility.

The Auditor reviewed facility training records and curriculum. FDOC employees are provided training that includes sexual abuse and sexual harassment reporting procedures. Staff is mandated by agency policy to accept all allegations of sexual abuse and sexual harassment, including; verbal, written, anonymous, and those from third parties. In addition, each employee receives an Employee Handbook during their orientation process. The Employee Handbook informs employees they are to immediately report an incidents or allegations of sexual abuse, sexual battery or sexual harassment. Contractors and volunteers are trained to accept verbal and written allegations, immediately report to a security staff member, and document all allegations of sexual abuse and sexual harassment.

The Auditor conducted formal interviews with randomly chosen staff. Each staff member was asked if he/she is required to accept any and all reports of sexual abuse and sexual harassment. Staff were aware of the agency's requirement to accept any and all reports and allegations of sexual abuse and sexual harassment. Staff members were asked how quickly they are required to report the allegation. Each staff member stated they verbally report the allegation immediately. The Auditor asked each if they were required to document the allegation. The Auditor was informed staff is required to submit an Incident Report promptly to document the allegation. Staff was asked how they could privately report allegations of sexual abuse or sexual harassment of offenders. Staff informed the Auditor they could report the allegation through the TIPS phone line. The Auditor asked staff if command staff have an open-door policy and if they felt comfortable reporting allegations as such. Most staff stated "yes," and they felt comfortable reporting allegations in that manner.

The Auditor conducted formal interviews with contract and volunteer personnel. Each was asked what actions they would take if they received an allegation of sexual abuse from an offender. The Auditor was informed they would immediately inform a security staff member.

The Auditor asked each if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they are required to document the allegation on an Incident Report. Each informed the Auditor they are required to report any and all information, knowledge, or suspicion regarding sexual abuse or sexual harassment.

The Auditor conducted formal interviews with offenders. The Auditor asked each offender to explain the various ways the facility has for them to make a report of sexual abuse or sexual harassment. The offenders interviewed by the Auditor explained they can inform any staff member, call a hotline number, submit a grievance or request form, and/or have someone else make a report for them. The Auditor asked each if there was a staff member, they felt confident they could report an allegation of sexual abuse or sexual harassment to. Most stated there is staff they could make an allegation to and they were confident the incident would be dealt with appropriately and the staff member would keep the information confidential. The Auditor asked each offender if they were able to make an allegation without having to give their name. The offenders interviewed understood they could make an allegation anonymously.

The Auditor reviewed investigative records. Investigative records included Incident Reports submitted by staff. A review of records revealed staff are verbally reporting allegations to supervisors and submitting an Incident Report of the allegation. The Auditor conducted an interview with an OIG Inspector. The inspector informed the Auditor he has conducted investigations into allegations that were anonymously reported and some that were received by a third party. Anonymous allegations have been made to the community organization that monitors the hotline and forwarded to the inspector and in writing to a staff member on a request form. The Auditor reviewed evidence staff are accepting verbal reports and submitting Internal Incident Reports of the verbal allegation. Investigative records reveal staff are immediately informing their supervisors and investigations are completed promptly.

The agency's website includes avenues for third party reports of sexual abuse and sexual harassment.

At the time of the audit there were no offenders detained solely for civil immigration purposes.

Conclusion:

The facility provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a private entity. The facility requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies and procedures, PREA Brochure, contract, handbooks, Investigative records, training records, and interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.52	Exhaustion of administrative remedies
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1476 784">The Florida Department of Corrections is not exempt from this standard as the Florida Administrative Code stipulates procedures to address offender grievances alleging sexual abuse. Florida Administrative Code does not impose a time limit when offenders may file a grievance alleging sexual abuse. The FAC does stipulate an offender must follow time limits after receiving a response to a formal grievance and elects to proceed to the next level of review. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or submit the grievance to the individual who is the subject of complaint. The Auditor nothing in Florida Administrative Code 33-103.006 that restricts the agency's ability to defend against a lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p data-bbox="252 840 1476 1086">Florida Administrative Code does not require any offender wishing to submit a grievance alleging sexual abuse against a staff member to submit the grievance to a staff member who is the subject of the complaint. The FAC prohibits such grievances from being referred to a staff member who is the subject of the complaint. The Florida Administrative Code for informal grievances stipulates offenders can skip the informal grievance process when submitted an allegation of sexual abuse.</p> <p data-bbox="252 1142 1476 1388">Florida Administrative Code requires informal grievances are responded to within 15 calendar days from the date of receipt. Formal grievances must be responded to within 20 calendar days from the date of receipt. All grievance appeals and direct grievances to the Office of the Secretary must be responded to within 30 calendar days from receipt. Emergency grievances alleging a substantial risk of imminent sexual abuse shall be responded to within 5 calendar days of receipt and corrective action taken within 48 hours of receipt.</p> <p data-bbox="252 1444 1476 1814">Extensions may be granted for reasonable periods agreeable to both parties if the extension is agreed to in writing by the offender. Unless the offender has agreed in writing to an extension, expiration of a time limit at any step in the process shall entitle the complainant to proceed to the next step of the process. The offender is required to clearly indicate such when filing to the next step. If an offender has not agreed to an extension of time at the central office level of review, he will be entitled to proceed with judicial remedies as he would have exhausted his administrative remedies. The bureau of Policy Management and Inmate Appeals will ensure the grievance is investigated and responded to even though an extension has not been agreed to by the offender.</p> <p data-bbox="252 1870 1476 2150">The FDOC allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing requests for grievances relating to allegations of sexual abuse and to file such requests on behalf of the offender. The agency requires a condition of processing the request that the alleged victim agree to have the request filed on his/her behalf. The alleged victim must personally pursue subsequent steps in accordance with the grievance procedure. When an offender declines to have the request processed on his/her behalf, the institution documents the offender's declination.</p>

FAC 33-103.017 makes knowingly filing false, threatening, obscene, or profane statements in a grievance or any of its attachments subject to disciplinary action.

Evidence Relied Upon:

Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 15

FAC – 33-103.005 – Informal Grievance

FAC – 33-103.006 – Formal Grievance

FAC – 33-103.017 – Inmate Grievances - Reprisal

FAC – 33-103.011 Time Frames for Inmate Grievances

Inmate Orientation Handbook pg. 17-18

Sexual Abuse Awareness brochure

Interviews with Staff

Interviews with Offenders

Inmate Grievance Form

Analysis/Reasoning:

The Union Correctional Institution reported eight grievance alleging sexual abuse in the past 12 months. The Auditor reviewed investigation records in which the allegation was reported through the grievance mechanism. The Grievance Officer immediately forwards a copy of the grievance to the PREA Compliance Manager so an investigation by an investigator can take place. Grievances reviewed by the Auditor were responded to within the required time limits. The facility reported one emergency grievance alleging a substantial risk of sexual abuse was submitted within the last 12 months. The OIC was immediately notified. The OIC notified the EAC and input the information in the MINS so an investigation by an OIG Investigator would take place. The grievance was responded to within 24 hours and returned to the offender.

The Auditor reviewed the agency's Inmate Orientation Handbook. 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. Each offender receives a Sexual Abuse Awareness brochure during the admission process. The brochure informs offenders they can submit a grievance to report allegations of sexual abuse.

The Auditor conducted formal interviews with offenders. The Auditor asked each offender if they could file a grievance to report an allegation of sexual abuse. The offender population was aware they could file such a grievance. The Auditor asked each offender interviewed if he could file a grievance alleging an imminent risk of sexual abuse. The offenders were aware of the grievance process and no offender interviewed had done so. Most offenders stated they would immediately notify a staff member as that is the quickest way of reporting. Some offenders stated they would use the hotline number. Each offender was asked if he was required to give his name when alleging sexual abuse. Offenders were aware they could submit an allegation anonymously.

The Auditor conducted formal interviews with random and specialized staff. Staff was asked if the facility allows offenders the opportunity to submit grievances alleging a risk of imminent sexual abuse or to report an allegation of sexual abuse. The Auditor was informed offenders can submit such grievances. Facility staff understood the procedures for submitting

emergency grievances alleging a risk of imminent sexual abuse. Supervisors interviewed by the Auditor were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

Conclusion:

The Auditor determined the facility has appropriate procedures in place for processing grievances alleging sexual abuse. Facility staff understands those procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or a risk of imminent sexual abuse. The Auditor reviewed the agency's policies and procedures, grievance, handbook, brochure and conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The FDOC has a policy to provide sexual abuse or sexual battery victims with a form advising them of their rights to access crisis intervention services. Offenders are provided mailing addresses and telephone numbers, including toll-free hotline numbers of community victim advocates for emotional support services. The agency allows offenders in facilities to communicate reasonably between with a community organization in as confidential manner as possible.</p> <p>The Florida Department of Corrections requires facilities to inform offenders of the extent to which communications to those organizations and agencies will be monitored and forwarded in accordance with mandatory reporting laws prior to giving the offenders access.</p> <p>The agency maintains a Memoranda of Agreement with a community service provider who can provide offenders with confidential emotional support services related to sexual abuse. Copies of those agreements are maintained by the PREA Coordinator.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 11, 14 Sexual Abuse Awareness brochure Inmate Orientation Handbook pg. 17 Posted Information Memorandum of Agreement with Alachua County Board of County Administrators Interview with Staff Interview with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Memorandum of Agreement between the Florida Department of Corrections and the Alachua County Victim Services and Rape Crisis Center. The agreement includes, but is not limited to, the following stipulations by the Alachua County Rape Crisis Center:</p> <ul style="list-style-type: none"> • Provide a 24/7 rape crisis hotline, staffed by certified victim advocates; • Provide a mailing address for inmate victims to send correspondence; • Provide a certified victim advocate to respond to requests for advocacy accompaniment during sexual assault forensic exams and investigatory interviews between 7 a.m. and 7 p.m. daily. When a request is received after 7 p.m., a response will be provided the following day, after 7 a.m., if the need still exists. The advocate’s response time could be up to three (3) hours, and they will provide an estimated time of arrival and maintain communication until arrival at the facility; • Provide follow-up services and crisis intervention to inmate victims of sexual assault, as resources allow. If the victim requests ongoing face-to-face counseling services, sessions will be provided Monday through Friday, between 9 a.m. and 4 p.m.; • Provide the Department with the name of the advocate responding to a forensic exam,

investigatory interview, or individual counseling/advocacy/follow-up session;

- Maintain privileged communication with clients as required by state and federal law, and the Participating Entity's policies;
- Terminate the hotline call or individual service session(s) if an inmate's need for services is not, or is no longer, primarily motivated by a desire to heal from sexual violence;
- Provide inmates with referrals for treatment after release or upon transfer to another facility;
- Provide inmates with information about how to report sexual abuse, including the correctional institution's responsibility to investigate each report and to protect inmates and staff who report from retaliation; and
- Communicate any questions or concerns to the correctional institution staff.

The Auditor conducted a telephone interview with an advocate from the Alachua County Rape Crisis Center. The agreement is to provide confidential crisis intervention and emotional support services related to sexual abuse to FDOC offender victims. The Alachua hotline is monitored by trained staff. The hotline is monitored 24 hours each day, seven days each week. The Alachua Rape Crisis Center also links offender victims to accompaniment services by trained victim advocates upon request of the victim, when appropriate to do so. The UCI has posted the agency's limitations on recording and monitoring of phone calls above the telephones in offender living units.

The Auditor reviewed the agency's Sexual Abuse Awareness brochure. The brochure provides the name, address and contact number of the Alachua Rape Crisis Center. The Auditor observed the Alachua Rape Crisis Center's information posted in each living unit. The postings were near telephones in each unit. The posting includes the quick dial access telephone number and the address to the Alachua Rape Crisis Center. While touring the facility the telephone hotline number was called. Each call was successful and did not require the use of an identifying pin number. The Correctional Services Consultant provided the Auditor with a report of the tested phone calls.

The Auditor conducted a review of the agency's Inmate Orientation Handbook. The handbook informs offenders of the posters in living units. Offenders are informed the telephone numbers are secure and all calls to the TIPS line and all calls made to the advocacy hotline will remain confidential.

The Auditor conducted a formal interview with an OIG investigator. The Investigator stated victim advocates are escorted into the facility to accompany an offender victim of sexual abuse during the forensics examination and criminal interviews. The Investigator stated he had not conducted an interview in which a victim advocate had been requested. An interview with the SANE revealed an advocate from the Alachua Rape Crisis Center can accompany the victim during a forensic examination when requested by the offender victim. Facility personnel contact the Alachua Rape Crisis Center when requested by the offender.

The Auditor conducted formal interviews with offenders. Each offender was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. The Auditor discovered some offenders interviewed were unaware of the community support services. The Auditor asked those who were unaware if they were provided the PREA information during their receiving process or at any other time during their incarceration. They stated they had been provided the information.

Most offenders chose not to read the information. Most of those offenders still understood there was an address to a community organization because they had seen the information on a poster.

At the time of the audit there were no offenders detained solely for immigration purposes.

Conclusion:

The facility maintains documentation it provides emotional support services for sexual abuse victims through an agreement with the Alachua Rape Crisis Center. Contact information with the organization is provided to each offender upon booking in the Sexual Abuse Awareness brochure. The Auditor reviewed the agency's policies and procedures, contractual agreement, offender brochure, orientation handbook, posters and interviewed staff and offenders to determine the facility meets the requirements of this standard.

115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: It is the policy of the Florida Department of Corrections to accept third-party reports of sexual abuse and sexual harassment. The agency’s policy allows reports of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment by calling an outside entity or by having a family member, friend, or other member of the public submit a third-party grievance. Any offender may also file a request, write or e-mail the Office of Inspector General, or write or e-mail the PREA Coordinator to file a third-party allegation of sexual abuse.</p> <p>Evidence Relied Upon: Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9-10 Agency Website Third Party Reporting Form Offender Grievance Sexual Abuse Awareness brochure Interviews with Staff Interviews with Offenders</p> <p>Analysis/Reasoning: The Auditor reviewed the Florida Department of Corrections’ website. The website includes a link titled, “Instructions for Filing a Third-Party Grievance.” After opening the link there are instructions and links to the following:</p> <ul style="list-style-type: none"> • Request for Administrative Remedy or Appeal Form • List and contact information for facility Wardens • Facility directory • Bureau of Policy Management and Inmate Appeals phone number • Third Party Grievance Form <p>The Third-Party Reporting Form must be filled out and submitted to the Warden of the facility in which the alleged incident occurred. The Third-Party Reporting Form is published in English. The form includes directions for the public to submit the form and provides contact information for submission of the form.</p> <p>FDOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with random and targeted staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, verbally inform a supervisor, and document the allegation on an Incident Report. The Auditor asked each when they are required to submit the Incident Report. Each informed they submit the report promptly.</p> <p>The Auditor conducted formal interviews with offenders. The Auditor asked offenders in what</p>

ways the facility makes available for them to file an allegation of sexual abuse or sexual harassment. Offenders informed the Auditor they could use the telephone, tell a staff member, write a grievance or request form, or inform someone from the public or another inmate to make an allegation for them. Offenders were aware they could make a report anonymously. All offenders interviewed were aware of the toll free PREA Hotline available for reporting. All offenders interviewed understood how to have a third-party make an allegation of sexual abuse or sexual harassment on their behalf and most stated they would make such an allegation by telling a staff member. The Auditor observed the hotline number posted by each telephone with information regarding rules on recording and monitoring of calls.

A review of the Sexual Abuse Awareness brochure reveals offenders are informed they can tell a friend or family member to file an allegation on their behalf. The Auditor reviewed investigative records in which an allegation was made by a third party. The Auditor interviewed a facility investigator. The investigator informed the Auditor he has conducted investigation of allegations made through a third party. He informed most third-party allegations come through the hotline.

Conclusion:

The Auditor found the facility accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make third-party reports on behalf of offenders. The Auditor reviewed the agency's policies and procedures, website, grievance, brochure and conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>Agency policy stipulates staff, volunteers and contractors will promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse, sexual battery, staff sexual misconduct or sexual harassment. Staff, volunteers and contractors are required to promptly report any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. All agency staff, volunteers and contractors are required to immediately report any knowledge, suspicion, or information related to the following:</p> <ul style="list-style-type: none"> • An inmate acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that an inmate poses a risk of being sexually victimized; and • All incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. <p>Staff, volunteers and contractors who observe, 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 is required to immediately notify the Shift Supervisor, Chief of Security, Warden or the Office of Inspector General.</p> <p>Staff is prohibited by policy from revealing any information related to an allegation of sexual abuse or sexual harassment to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Policy requires all incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment are reported on an Incident Report. Shift Supervisors are required to immediately notify the Emergency Action Center and report the information in the Management Information Notification System. This process automatically initiates a response for an investigation.</p> <p>The agency’s policy mandates information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and other staff as necessary.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7, 9-11, 16</p> <p>Investigative Reports</p> <p>Population Reports</p> <p>Interviews with Medical Professionals</p> <p>Interview with Mental Health Professional</p> <p>Interviews with Staff</p> <p>Interviews with Offenders</p>

Analysis/Reasoning:

The Auditor reviewed investigation records. The investigative records reviewed revealed staff are immediately reporting allegations to their supervisors. The Auditor observed written Incident Reports documenting the information verbally reported by the staff members. The Auditor conducted an interview with four offenders who alleged an allegation of sexual abuse/sexual harassment. Each was asked if they felt staff maintain confidentiality of their allegations. The Auditor was informed they felt confidentiality was maintained.

The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the UCI. Each was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff was required to verbally report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed were aware of the agency's requirement to immediately report such activity. Each staff member explained the process of submitting Incident Reports within the facility. The process explained by each staff verifies the requirement is promptly after conclusion of the incident and/or learning of the information. Staff informed they must submit their Incident Reports before leaving shift for the day.

During interviews with staff the Auditor questioned staff to gain an understanding of staff's ability to maintain confidentiality with any reported or learned information related to sexual abuse or sexual harassment. The Auditor asked staff to explain who they report or discuss details of a sexual abuse or sexual harassment allegation with. Staff informed the Auditor they only discuss details with supervisors, medical and investigators. Medical personnel informed the Auditor they share information with supervisors. Supervisors informed the Auditor they do share information with classification staff for housing, programming and work assignment needs. Staff understood the facility's policy requiring them to discuss information with those with a "need to know." The Auditor asked staff if they discuss the information with personnel on their shift or other shifts. Staff stated they are not authorized to do so.

The Auditor conducted formal interviews with medical and mental health professionals. Each was asked if they were required to report any and all information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. Each informed the Auditor they were mandatory reporters of such information. The Auditor asked how they are required to report the information. Each informed they immediately and verbally report the information to a security supervisor. Medical and mental health staff are also required to document and submit the information on an Incident Report. The Auditor asked each who they report information related to a sexual victimization that occurred in a community setting to. Each informed they do not report without first obtaining written consent from the offender. When asked to show documentation of information shared regarding a victimization that occurred in a community setting, no medical or mental health professional interviewed by the Auditor could recall every having to share such information. The medical and mental health personnel have not had an instance in which they reported information regarding a sexual abuse that occurred in the community during this audit period. Each is aware of the requirement to obtain written informed consent and to provide the limitation of confidentiality at the initiation of services. Medical and mental health personnel informed the auditor they immediately report

victimization suffered in an institutional setting to security supervisors.

Security, contract and volunteer personnel interviewed by the Auditor are aware of the requirement to report any and all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The Auditor conducted an interview with one of the OIG's sexual abuse investigators. The investigator was asked questions regarding third-party and anonymous reports. He informed all allegations are investigated regardless of how they are reported. The investigator stated he continues investigations reported anonymously until an investigative determination can be made. The investigator has conducted investigations in the facility reported anonymously.

At the time of the audit there were no youthful offenders housed in the facility. The Auditor reviewed the previous 12 months of population reports and discovered no evidence a youthful offender was housed during this audit period. The Union Correctional Institution does not house youthful offenders who have been certified as adults through any Florida court system. If the offender is below the age of 18, he/she will be housed in a Florida facility designated to house juveniles.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. Interviews with medical and mental health practitioners reveal they understand the requirements for reporting sexual abuse and sexual assault which occurred in the community and in a confinement setting. The Auditor reviewed agency policies and procedures, investigative reports, and interviewed staff, contractors, volunteers and medical and mental health professionals and determined the facility meets the requirements of this standard.

115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The Florida Department of Corrections policy requires facility staff to take immediate actions to protect an offender when learning an offender is at risk of imminent sexual abuse. Each offender is screened for potential vulnerabilities or tendencies for acting out with sexually aggressive behavior within 72 hours of admission to the agency, and in most cases within 24 hours. Offenders who are discovered at risk of sexual victimization are referred to a qualified mental health professional.</p> <p>Evidence Relied Upon: Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7, 9-10 Interviews with Staff Interviews with Offenders Classification Records Observations</p> <p>Analysis/Reasoning: The Auditor participated in a detailed tour of all facility areas. The Auditor observed all living units available to ensure an offender who is at risk of imminent sexual abuse can be housed separately from abusers. The facility can transfer abusers or victims to another FDOC facility if need be. The Auditor observed thirteen (13) general population housing units the facility maintains in which offenders at risk of victimization can be separated from offenders identified as aggressors. The facility also has single cell housing units to ensure sexual abusers are maintained from sexual victims.</p> <p>Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how offenders are protected when learning an offender is at substantial risk of sexual abuse. The Auditor was informed the alleged victim will be moved to a living unit for his immediate safety until an investigation can determine results. Supervisors stated they use segregated housing for a victim as a last result. The investigator and Classification Officer are informed of the alleged incident.</p> <p>The Auditor conducted formal interviews with classification staff. Classification staff was asked how they ensure the protection of an offender who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked classification staff to explain what considerations are given when making their determination. Classification informed they review program, work, and educational assignments to ensure an offender at risk of sexual victimization will not encounter an offender who is a likely abuser. Classification stated they would meet with the offender who alleged an imminent risk of sexual abuse to ensure he is maintained safely in the facility. If need be, the Classification Officer would recommend a transfer to another FDOC facility to ensure a victim is housed away from the alleged abuser.</p> <p>The Auditor conducted formal and informal interviews with both security and non-security staff</p>

members. Each was asked what they would do if they were the first person to learn an offender was at risk of imminent sexual abuse. Staff informed the Auditor they would immediately remove the offender from the situation and verbally notify their supervisor. The Auditor asked staff to explain how they keep the offenders separated until a supervisor responded to the area. Each staff member was able to articulate reasonable explanations to ensure separation of both offenders. Non-security personnel stated they would immediately notify a security staff member and stay with the alleged victim to ensure he was safe. Supervisors informed the Auditor they would make sure the victim was separated from the aggressor and initiate information in the EAC so an investigation could be conducted.

Interviews were conducted with randomly selected and specifically targeted offenders. The Auditor asked each if they felt safe in the facility. Most offenders stated they do feel safe in the facility. The Auditor asked each if they felt confident in staff's ability to ensure their protection. A majority informed the Auditor they feel confident in UCI staff abilities to protect them from sexual abuse, harassment and retaliation and in responding to incidents. The Auditor asked those who did not feel confident why they felt that way.

The facility reported no incidents in which facility staff learned an offender was at substantial risk of imminent sexual abuse within the previous 12 months. The Auditor reviewed classification records and found no evidence in which an offender was determined at risk of imminent sexual abuse. There was no offender housed in segregation who was at risk of imminent sexual abuse at the time of the audit.

Conclusion:

The Auditor concluded staff, volunteers, and contractors have been trained how to take appropriate actions to ensure the protection of offenders who are at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policy and procedures, made observations and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>Agency policy requires the Warden notify the Warden of the facility where an alleged sexual abuse occurred upon receiving an allegation that an offender was sexually abused while confined at another facility. Policy dictates the notification must be documented and take place within 72 hours after receiving the allegation. Policy stipulates the receiving institution will be responsible for contacting the Emergency Action Center and entering the appropriate information in the Management Information Notification System. The EAC notifies an OIG Inspector for investigation.</p> <p>The Union Correctional Institution reported there were 4 sexual abuse allegations received from offenders who alleged being sexually abused at another facility during this audit period. The Union Correctional Institution reported receiving one sexual abuse allegation from another facility in the previous 12 months.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 11-12 Notifications to other Facilities Investigative Tracking Sheet Interviews with Staff Interviews with Volunteers Interviews with Contractors</p> <p>Analysis/Reasoning:</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 and entered in the Management Information Notification System. 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 revealed the longest time elapsed before the other facility was notified was 24 hours.</p> <p>The Auditor conducted an interview with the Union Correctional Institution's Warden. The Warden is aware of his requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notification to other facilities is made by email and telephone. The Warden has not had to make a notification as he has recently been assigned to the Union Correctional Institution. The Warden has not received a notification from another facility that a former UCI offender alleged suffering sexual abuse while housed at the UCI. The Warden ensures all allegations received by other facilities are fully investigated. The Agency has a process in which direct notification is done electronically. Information regarding any allegation is electronically entered in the EAC by the facility's OIC. The OIC also electronically enters the information into the MINS. This information goes directly to OIG investigators and an investigation is conducted. The EAC automatically informs OIG investigators.</p>

The Auditor conducted formal interviews with facility staff, volunteers and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report the information and was informed "immediately." They report the information to their supervisor.

Conclusion:

The Warden fully understands the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Although the Warden has recently been assigned to the UCI, he has been a Warden at other FDOC facilities and is aware of his reporting requirements. Staff, volunteers and contractors at the Union Correctional Institution understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies and procedures, emails and interviewed staff, volunteers and contractors and determined the facility meets the requirements of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser; • Preserve 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; and • If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser 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. <p>Agency policy requires a non-security first responder to request the alleged victim not take actions that could destroy physical evidence and notify a security staff member.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 10-14 Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 5-7 OIC PREA Checklist Interviews with Supervisors Interviews with Medical and Mental Health Personnel Interviews with Security First Responders Interviews with Non-Security First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. Each security staff member was able to articulate an appropriate response which included the above listed actions following an alleged sexual abuse incident. The Auditor asked each how they would ensure the alleged victim and alleged abuser were separated. Staff informed they immediately secure the living unit and remove the victim and abuser from the unit. Staff stated they would immediately call for assistance and inform their supervisor.</p> <p>Each staff member was asked how they ensure the protection of evidence of the crime scene. The Auditor was informed the area would be secured and taped off. The population would remain on lockdown or kept away from the area until the investigator was able to process the crime scene. Staff include information in the logbook to ensure each person who entered the</p>

crime scene and any removal of items would be included in the logbook. Facility policy also requires an Incident Report from each person who enters the crime scene.

The Auditor asked supervisory and subordinate staff to explain who would be allowed in a crime scene following an alleged sexual abuse. Staff stated the OIG Inspector would be the only person allowed in a crime scene to process physical evidence. Supervisors were asked to explain their response following an alleged sexual abuse. The Auditor was informed they would ensure the alleged victim and alleged abuser were immediately removed from the area and maintained separately in the facility. They would ensure the crime scene was secured and a staff member posted to ensure no one enters the crime scene. Supervisors stated they would send the victim to medical for immediate medical treatment. Supervisors stated they would then immediately make the notifications to the EAC and MINS so an investigation will begin. Supervisors were asked if they would ensure the abuser received medical attention and informed the Auditor "yes."

The Auditor conducted formal interviews with non-security personnel. Each non-security personnel interviewed by the Auditor were asked what actions they take when learning an offender has alleged sexual abuse. The personnel were able to articulate they would ensure the alleged victim remains with them and immediately inform a security staff member. The Auditor asked each how they ensured the evidence would be preserved. Non-security personnel informed they would request the victim not take actions to destroy any evidence. These staff were aware of the first responder requests such as not washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This information is included in their training.

Medical and mental health personnel at the facility have received specialized training to preserve physical evidence while treating victims of sexual abuse. Medical personnel informed they would treat any immediate medical needs. They would request the victim not use the restroom, shower, or take any other actions which could destroy evidence. The Auditor asked medical staff how they preserve evidence while treating the offender. Staff explained how they attempt to preserve evidence while treating a sexual abuse victim. Medical and mental health staff informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. The Auditor was informed forensic examinations occur at the facility by a SANE from the SART. The Auditor observed the area where the examinations occur. Forensic examinations occur in the facility's urgent care in the medical area.

The facility reported there were 9 allegations of sexual abuse made by offenders in the past 12 months. Of the 9 incidents, three were responded to by non-security personnel. Two of the 9 allegations required the staff member to inform the offender not take actions that would destroy physical evidence. In each case, responded to the alleged victim was separated from the alleged perpetrator. None of those allegations required a forensic examination by a SANE. In all three cases reported to a non-security person, a security staff member was immediately notified.

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; and
- 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 5 investigative records. Each investigative record included a completed OIC PREA Checklist. The checklists were completed following each incident.

Conclusion:

The Auditor observed the agency's policy 108.015 pg. 6 includes "ensure that the victim inmate is instructed not to wash, bathe, eat...until authorized by an inspector." The Auditor recommends the agency consider changing "ensure" to "request". This standard requires the first responder to "request" the victim not take actions to destroy evidence.

The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The Auditor reviewed agency policies and procedures, OIC PREA Checklist and conducted interviews with staff and determined the facility meets the requirements of this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s Prison Rape: Prevention, Detection, and Response policy includes information that was utilized to create a coordinated response plan for the Union Correctional Institution.</p> <p>The facility utilizes the agency’s OIC PREA Checklist to supplement the coordinated response plan. The OIC PREA Checklist requires the Office in Charge to ensure actions in the coordinated response plan are followed.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response UCI Coordinated Response Plan OIC PREA Checklist Staff Interviews</p> <p>Analysis/Reasoning:</p> <p>The Union Correctional Institution has a written Coordinated Response Plan. The plan includes response actions for staff first responders, supervisors, medical and mental health practitioners, investigators and facility leadership.</p> <p>The Auditor reviewed five 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. The OIC PREA Checklists were completed by a facility Captain.</p> <p>During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, 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>Conclusion:</p> <p>The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency’s policies, procedures, coordinated response plan, OIC PREA Checklist and interviews with staff, the Auditor determined the facility meets the requirements of this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The Florida Department of Corrections has a collective bargaining agreement with the Florida Police Benevolent Association. The agreement was effective December 12, 2017 and expires June 30, 2020.</p> <p>Evidence Relied Upon: Florida Police Benevolent Association Agreement pg. 16 Staff Interviews Offender Interviews</p> <p>Analysis/Reasoning: The Auditor reviewed the agreement between the Florida Police Benevolent Association and the Florida Department of Corrections. The agreement does not limit the FDOC'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 staff reveal participation with the Florida Police Benevolent Association is optional. Interviews with command staff reveal alleged staff sexual abusers can be removed from contact with offenders pending the outcome of an investigation.</p> <p>The Auditor conducted a formal interview with one offender who filed an allegation against a staff member. The offender informed the Auditor the staff member was removed from the housing unit after filing the allegation. The offender informed the Auditor he has not had any contact with the staff member since making the allegation.</p> <p>Conclusion: The Auditor determined the agency has not entered into an agreement that limits its ability to remove alleged staff sexual abusers from contact with offenders. The Auditor reviewed the agency's agreement with the Florida Police Benevolent Association and interviewed staff and offenders and determined the facility meets the requirements of this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The FDOC has a policy to ensure the protection of offenders and staff from retaliation who report allegations of sexual abuse, sexual harassment, or those who cooperate with sexual abuse/harassment investigations. Agency policy requires retaliation monitoring for a period of at least 90 days, to include at least three contact status checks with the 90-day period at the 30, 60 and 90-day marks from the date of allegation. The Retaliation Monitor is required to review conduct, including disciplinary reports, treatment by other staff and offenders, and changes in housing, program assignments, work assignments, and demeanor, in addition to the periodic status checks.</p> <p>Agency policy requires a receiving institution to continue monitoring for acts of retaliation if an offender is transferred during the 90-day monitoring period. If an OIG Inspector determines an allegation to be unfounded the facility may cease monitoring for acts of retaliation against the offender.</p> <p>The agency’s PREA Guide includes the following direction to those who monitor for acts of retaliation, “If an inmate alleges retaliation during the 90-day monitoring period, the incident will be reported and a new 90-day monitoring period will initiate. After reporting the incident, close out the old monitoring appointment by using the 20-code and entering comments about why you are canceling it. Then you will create a new monitoring appointment on the JM03 screen. The obligation to monitor for retaliation will terminate (within the 90 days) if the allegation is deemed unfounded.”</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9, 11-12 Prison Rape Elimination Act Guide pg. 21 Retaliation Monitoring Log Interview with Retaliation Monitor Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>The agency’s policy includes elements of PREA standard 115.66 to ensure offenders and staff are protected from retaliation by staff or other offenders. The Union Correctional Institution has designated the Assistant Warden of Programs responsible for monitoring retaliation as required by PREA standard 115.67.</p> <p>The Retaliation Monitor maintains a log of monitoring activities. The Auditor reviewed the retaliation monitoring log. The log included the names of offenders who are being monitored for acts of retaliation. The Auditor observed the 30, 60 and 90-day contact review date and comments from the meeting. The facility reported receiving 12 allegations of retaliation in the previous 12 months. One offender was responsible for 7 of the 12 allegations and of the 12, only 4 offenders filed an allegation of retaliation. The Retaliation Monitor met with each offender as required by the agency’s policy and this standard. Retaliation is monitored for</p>

each offender who files an allegation of sexual abuse/harassment.

The Auditor conducted interviews with four offenders who filed an allegation of sexual abuse/harassment. The Auditor asked if the PREA Compliance Manager meets with them periodically. Each stated the PCM does periodically meet with them. The Auditor determined the PCM was monitoring each for retaliation as required by the standard.

The Auditor conducted a formal interview with a staff member responsible for monitoring retaliation. The facility has designated the Assistant Warden of Programs responsible for monitoring retaliation. The Auditor asked the staff member to explain what she reviews when performing retaliation monitoring. The monitor informed she speaks to the offender, reviews disciplinary charges, grievances, Incident Reports, classification actions, staff evaluations, speaks to staff and offenders and reviews staff duty assignments. The Retaliation Monitor reviews documents maintained in an offender's electronic record. The Auditor asked the staff member to discuss the process if retaliation is against a staff member. The monitor does make recommendations for staff shift and/or post assignment changes if need be.

The Auditor asked the Retaliation Monitor if there is a maximum amount of time she will monitor for acts of retaliation. She stated the FDOC does not designate a maximum amount of time to monitor for acts of retaliation. The monitoring continues until the threat of retaliation no longer exists or the offender or staff member is no longer at the facility. The Auditor asked the minimum amount of time for monitoring retaliation. The retaliation monitor stated she monitors retaliation for a period no less than 90 days. The Auditor asked the monitor to explain what actions she takes to ensure offenders are protected if she discovers the offender is being retaliated against. The monitor explained she will make housing assignment changes, program assignment changes, reassignment of work positions and education adjustments, and place disciplinary charges against the person who is retaliating against the offender. If retaliation is occurring by a staff member the monitor discusses the issue with the staff member's supervisor.

The retaliation monitor stated she will coordinate with medical and mental health personnel if referrals for support services are needed for the victim of retaliation. If the Retaliation Monitor determines the offender cannot be protected at the facility, she can make a recommendation to transfer the offender to another FDOC facility. The Auditor asked if there was an offender currently being monitored for retaliation. The monitor explained there are offenders currently being monitored for retaliation.

Conclusion:

The UCI has appointed a staff member responsible for monitoring acts of retaliation against offenders and staff. The staff member is well educated in her responsibilities for monitoring retaliation. The Auditor reviewed the agency's policies and procedures, Retaliation Monitoring Log and conducted formal interviews with staff and offenders and determined the facility meets the requirements of this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which requires the protection of an offender who is alleged to have suffered sexual abuse. The FDOC policy includes elements of standard 115.43 when placing offenders in segregated housing.</p> <p>Florida Administrative Code 33-602.220 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." Among several other requirements, the code requires the following elements be considered in determining whether protective management is necessary: a record of having been assaulted, verified threats, verbal abuse, or harassment and reliable, confirmed evidence of sexual harassment.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 10-11 FAC – 33-602.220 – Administrative Confinement Interview with Segregated Housing Unit Staff Interview with Offenders Segregation Housing Records Classification Records Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders who have suffered sexual abuse. The agency's policy states offenders who have alleged sexual victimization will be immediately offered the Housing Preference form. If the offender indicates he wishes to remain in Administrative Confinement the offender will no longer be considered involuntarily housed. If the offender requests to remain in general population the facility is required to assess available alternatives for his separation. If no alternatives are available, the offender may remain in segregation.</p> <p>The Auditor conducted formal and informal interviews with staff who supervise offenders in segregation housing. The Auditor asked if they have supervised an offender who has been placed in segregation housing after allegedly suffering sexual abuse. Each informed the Auditor they were unaware of an offender being housed in segregation for that reason. The staff was asked if offenders in segregation housing have access to programs, education, work and other privileges. The Auditor was informed offenders do have access to such, to the extent possible.</p>

The Auditor discussed the use of segregated housing with the classification staff. The Auditor asked classification staff if they conduct a review of those placed in segregation after suffering sexual abuse. Classification staff informed the Auditor the ICT conducts a review. The Auditor asked if the victimized offender is removed from programming, education or work status as a result of being placed in segregation housing. The Auditor was informed the offender can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.

Classification staff informed the Auditor there are multiple housing options available and therefore do not automatically place a sexual abuse victim in segregation for his protection. Classification explained other alternatives are 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 FDOC facility if need be.

A review of segregation records revealed there were no offenders housed in segregation for protection from sexual abuse at the time of the audit. The Auditor participated in a detailed tour of the facility, including segregation housing. The Auditor observed multiple housing areas the facility can utilize to protect sexual abuse victims without having to place the victim in segregation housing.

The Auditor identified 2 offenders were placed in involuntary segregation for protection from sexual abuse. One offender was placed in involuntary Administrative Confinement in error. The facility discovered the offender was placed as such during a weekend and removed the offender from the segregation housing unit the next day as there was another housing option available. Facility supervisors attended a remedial training to address the incorrect housing error from happening again. Another offender was housed in involuntary Administrative Confinement for protection from sexual abuse. The use of his placement status is consistent with the requirements of PREA standard 115.43 as documented in the "Analysis/Reasoning" section of that standard.

The Auditor conducted interviews with offenders. One offender informed the Auditor he was placed involuntarily in segregated housing after making an allegation of sexual abuse. The offender informed the Auditor he was removed from segregation and returned to general population housing the following morning.

Conclusion:

The agency's policy includes some of the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's policies and procedures, segregation records, classification records, making observations, and interviewing staff and offenders the Auditor determined the facility meets the requirements of this standard.

The Auditor recommends the agency consider expanding the policy language in 602.053 Prison Rape: Prevention, Detection, and Response to give its personnel a better

understanding of the requirements of this standard.

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Florida Administrative Code states, “The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections.”</p> <p>The Florida Department of Corrections’ OIG Inspectors conduct administrative and criminal investigations. The FDOC requires OIG Inspectors receive special training to conduct sexual abuse investigations in confinement settings. FDOC policy requires the specialized training include:</p> <ul style="list-style-type: none"> • Techniques for interviewing sexual abuse victims; • Appropriate application of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • The critical and evidence required to substantiate a case for prosecution referral. <p>Agency policy prohibits facility staff from conducting interviews with a criminal suspect unless necessary for immediate security concerns to be dispelled. OIG Inspectors consult with the State’s Attorney during prosecutorial efforts. Policy prohibits requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Policy requires administrative investigations include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse.</p> <p>Agency OIG Inspectors are required to refer substantiated allegations which appear to be criminal in nature to the State’s Attorney for prosecution. Policy requires investigative records be retained for ten years after the date of initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Policy prohibits the termination of an investigation if an offender is released or a staff member is terminated or terminates employment.</p> <p>The Office of Inspector General Sexual Abuse Investigators are required to cooperate with the prosecutors and to endeavor to remain informed about the progress of a sexual abuse investigation. The Office of Inspector General is required to inform the facility during investigative processes.</p> <p>At the time of the audit there were no regular facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities. There were two OIG Inspectors stationed at the Union Correctional Institution who had received specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>Evidence Relied Upon:</p> <p>Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 5-11</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response</p>

FAC – 944.31 – Inspector General; Inspectors; Powers and Duties
Investigative Tracking Mechanism
Investigator Training Records
Interview with OIG Inspector
Investigative Records
Observations

Analysis/Reasoning:

The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector discussed the procedure he utilizes when investigating allegations of sexual abuse and sexual harassment. He explained he reviews electronic information maintained in offender records, conducts interviews with the victim, perpetrator and any witnesses, including staff witnesses, collects physical evidence and reviews video footage. The Auditor asked what the Inspector looks for when he reviews information maintained in offender records. The Inspector explained he reviews criminal history, disciplinary records, submitted grievances, and applicable Incident Reports submitted by staff regarding the victim, abuser, and witnesses.

Video monitoring is reviewed by the Inspector when available. The Auditor asked the Inspector if he attempts to discover whether staff actions or failures to act contributed to an incident of sexual abuse or sexual harassment. The Inspector attempts to discover if staff actions or failures to act contributed to an incident of sexual abuse or sexual harassment during his investigatory efforts. The Auditor asked the Inspector to explain the types of evidence he attempts to gather during his investigation process. The Inspector explained he gathers video footage, Incident Reports, Request Forms, grievances, telephone recordings, facility logs, testimonies and any other relevant documents and items which could be considered evidence to support his determination. The Inspector explained he begins his investigation efforts as soon as he receives an allegation. During off hours the inspector is required to immediately report to the facility to begin a sexual abuse investigation.

The Auditor asked the investigator to explain how he assesses the credibility of an alleged victim, perpetrator and witnesses. The investigator explained he bases credibility during interviews by actions and statements made during interviews. He uses written facility documents and the history of the individual to assist in determining credibility.

The Auditor observed the office area where information obtained for investigative files is maintained. Information derived from and for investigative records is maintained in a locked office. Electronic information is maintained on a computer and requires an individual username and password to access. All electronically stored investigative files require a password for access. The computers are in a locked office. All “hard” copies of investigative files are maintained in a locking file cabinet in the locked office. The Inspector explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the FDOC. The Auditor asked the OIG’s, Sexual Abuse Investigator if he requires offenders to submit to a polygraph examination at any time during his investigation. He explained Inspectors do not polygraph offenders who make allegations of sexual abuse.

The Auditor asked the Inspector how he conducts investigations of allegations that are

reported anonymously. The Inspector informed the Auditor he has conducted such investigations in the past. The Inspector continues his investigatory efforts as he would any other investigation until a determination can be made. The Inspector stated he continues his investigative efforts even if an offender is released or a staff member terminates employment during or before the investigation begins.

The Auditor reviewed 5 investigative files in which offenders alleged sexual abuse/harassment. Each investigation was conducted by Inspectors from the Office of Inspector General. A review of investigative reports shows Inspectors conducted the investigations promptly, thoroughly and objectively. The Auditor observed the investigative reports included a description of physical evidence, testimonial evidence, and investigative facts and findings. The Auditor observed some reasons behind credibility assessments included in reports. OIG procedures require Investigators submit all reports to the OIG office for review and approval prior to finalizing the investigative report. This process is sometimes lengthy. While awaiting finalization the inmate is not informed of the investigative results.

The Auditor compared the investigative reports to the facility's investigative tracking mechanism. Each investigative report reviewed by the Auditor was observed on the facility's investigative tracking mechanism. The Auditor observed one investigative outcome had not yet been relayed to the facility because the case was still open. Investigative results of the 5 reports reviewed were as follows: 1 open case, 1 sustained, 1 unfounded, 1 unsubstantiated and 1 not sustained. In the previous 12 months the State's Attorney has not prosecuted a UCI offender as a perpetrator of sexual abuse.

Each investigative report reviewed by the Auditor included the investigators findings of direct and circumstantial evidence and the inspector's review of video monitoring technology. The Auditor clearly observed the inspector's interviewed the victim, perpetrator and witnesses. Each investigative report included documentation submitted by staff and offender witness statements. Some reports included other written evidence as collected by the investigator.

The facility reported there were 23 allegations investigated within the past 12 months. The allegations investigated are as follows: 4 were non-consensual sex acts, 6 were staff sexual misconduct, 1 was abusive sexual contact, 7 were inmate sexual harassment and 5 were staff sexual harassment. OIG inspectors referred 9 allegations to facility management as they determined the incidents not criminal in nature and needed no further involvement from the OIG office. Facility staff conducted investigations of offender on offender sexual harassment and are not required to receive specialized training for investigations of sexual abuse in confinement settings to do so.

The Auditor conducted a review of both OIG Inspector's training records. Both inspectors had received specialized training to conduct sexual abuse investigations in confinement settings. The training seminar attended by each investigator was received as required by PREA standard 115.34 as notated earlier in this report.

No outside agency is responsible for conducting sexual abuse/harassment investigations in the Union Correctional Institution.

Conclusion:

The Auditor determined OIG inspectors are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. Each Investigator has received the appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. The Auditor determined the facility meets the requirements of this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections, Office of Inspector General has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence Relied Upon:</p> <p>Office of Inspector General Directive – 2.005 - Investigations Investigative Reports Interview with Investigators</p> <p>Analysis/Reasoning:</p> <p>The agency’s policy includes the following definition for preponderance of evidence: “where used herein, refers to the greater weight of evidence, not necessarily established by the greater number of witnesses testifying to a fact, but by evidence that has the most convincing force; superior evidentiary weight that although not sufficient to free the mind wholly from all reasonable doubt, remains sufficient to incline a fair and impartial mind to one side of the issue rather than the other; evidence which indicates the behavior, action, or incident more likely occurred than did not.”</p> <p>The Auditor conducted a formal interview with an OIG Sexual Abuse Investigator. The Investigator was asked what standard of evidence he uses to substantiate an allegation of sexual abuse and sexual harassment. The Investigator explained a preponderance of evidence is needed to substantiate an allegation. When asked what a preponderance is the investigator explained 51 percent will determine the outcome.</p> <p>The Auditor reviewed 5 investigative reports. A review of the reports revealed the OIG Inspectors are utilizing a preponderance of evidence when making an investigative determination.</p> <p>Conclusion:</p> <p>The Auditor was able to determine OIG Inspectors utilize a preponderance as the basis for their determinations. The Auditor reviewed the agency’s policies and procedures, investigative reports, and interviewed an agency investigator and determined the facility meets the requirements of this standard.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The Florida Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the OIG’s case Inspector make the notification to the offender. Agency policy requires an offender be notified of the results following an allegation of sexual abuse, sexual battery, sexual misconduct, sexual harassment or voyeurism against a staff member. The investigative results include the following:</p> <ul style="list-style-type: none"> • Exonerated; • Sustained; • Partially sustained; • Not sustained; • Unfounded; • Closed by arrest; • Exceptionally cleared; or • Placed in open-inactive status. <p>Policy requires the Warden or his/her designee inform an offender whenever a staff member is no longer assigned to the facility or employed with the department.</p> <p>After an offender’s allegation that he/she has been sexually abused by another offender, the agency requires the offender be informed when:</p> <ul style="list-style-type: none"> • The FDOC learns that the alleged abuser has been indicted on a charge related to sexual abuse; or • When the FDOC learns that the alleged abuser was convicted on a charge related to sexual abuse. <p>The facility’s Prison Rape Elimination Act Guide informs, “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.”</p> <p>Evidence Relied Upon: Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 10-11 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 15-16 Prison Rape Elimination Act Guide pg. 26 Sexual Battery Victim Review Interview with Investigator</p> <p>Analysis/Reasoning: The agency’s policy allows offender victims of sexual battery the opportunity to review</p>

investigative reports and provide a statement as to its accuracy prior to the report being finalized. The report must first be approved by an investigative supervisor before the offender is given the opportunity to review the report. The OIG must redact any confidential material in the report prior to the offender reading the report. The OIG documents the victim's review and any statements provided by the victim on the "Sexual Battery Victim Review" form. The Auditor did not review any evidence a Sexual Battery Victim Review was conducted as there have been no substantiated allegations of sexual abuse within the previous 12 months.

The Auditor conducted a formal interview with an agency OIG Inspector. The Inspector informs offenders of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the offender victim when charges are placed on the abuser or the abuser has been convicted. The Inspector informed the Auditor the OIG inspector makes those notifications to the offender as the Sexual Battery Victim Review must be performed by the inspector. The inspector stated he sends notification to the facility in some cases and the facility informs the offender victim of the outcome of the investigation.

The Auditor randomly reviewed 5 investigative files. In each closed case that alleged sexual abuse the offender victim was notified of the investigative findings. The Auditor observed each offender was notified of the investigative determination at the conclusion of the investigation. None of those cases were substantiated allegations. Florida Administrative Code permits a victim of sexual abuse the opportunity to review and provide a statement as to the accuracy of the final report prior to the submission of the final report of a substantiated allegation. Each offender signs the review form. The investigative reports include the Inspectors determination. Offenders are provided the opportunity to include comments as to the findings or other information contained in the Inspector's report.

The Auditor interviewed 4 offenders who alleged sexual abuse/harassment at the facility. Each offender was asked if a staff member met with them about his allegation. Each offender stated an investigator did meet with them after filing the allegation. The Auditor asked each offender if he was informed of the investigative finding following the investigation. Two offenders stated they were not notified and the other two stated they were notified. Two offenders have not been notified as those cases remain open.

The Auditor reviewed evidence the facility had 13 investigations that have not been closed. The open cases consist of the following: 1 case of staff sexual misconduct alleged in January 2019, 1 case of staff sexual harassment in July 2019, 2 cases of non-consensual sex acts in August 2019, 1 case of staff sexual misconduct in August 2019, 1 case of staff sexual harassment in August 2019, 1 case of staff sexual harassment in September 2019, 1 case of staff sexual misconduct in September 2019, 2 cases of staff sexual harassment in October 2019, 1 case of staff sexual misconduct in November 2019 and 1 case of staff sexual misconduct in December 2019 and 1 case of abusive sexual contact in December 2019.

Conclusion:

The Auditor concluded the OIG Inspectors inform offenders of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies and procedures, notifications and conducted an interview with an OIG Inspector to determine the facility meets the requirements of this standard.

The Auditor recommends the facility review its process of finalizing investigative reports to determine if a more expedient process can be determined. The Auditor received complaints from offenders who had not been notified of investigative results. One of those offenders had been waiting 4 months after filing an allegation of staff sexual harassment. The Auditor did not observe evidence those offenders had been notified of the investigative results as the cases were still open.

115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The Florida Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. The Agency’s policy allows the following disciplinary measures against an employee:</p> <ul style="list-style-type: none"> • Written Reprimand • Suspension • Demotion • Dismissal <p>The disciplining authority is given flexibility in selecting appropriate discipline in order to take into consideration mitigating or aggravating circumstances. The agency uses the following factors when determining discipline for those who have not engaged in sexual abuse but have violated agency sexual misconduct policies:</p> <ul style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • Similar treatment in like circumstances <p>The Florida Department of Corrections must comply with the Florida Administrative Code (FAC). The FAC outlines discipline sanctions for staff who violate Florida law and FDOC policies. The FAC includes termination as a sanction for the first violation of sexual harassment and sexual abuse.</p> <p>The FDOC notifies the Criminal Justice Services Training Center through the Florida Department of Law Enforcement when criminal violations of sexual abuse or sexual harassment are committed by staff. Policy requires the notification be made within 45 days after the conclusion of a “qualified violation.”</p> <p>Evidence Relied Upon: Policy – 208.039 – Employee Counseling and Discipline pg. 5, 8-11 FAC – 33-208.003 – Range of Disciplinary Actions FAC – 60L – 36.005 – Disciplinary Standards FAC – 944.35 – Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required; penalties Interviews with Staff</p> <p>Analysis/Reasoning: The Auditor conducted formal interviews with staff at the Union Correctional Institution. Staff have been made aware termination is the presumptive disciplinary measure for engaging in acts of sexual abuse. The facility’s leadership utilizes a zero-tolerance approach and</p>

disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will terminate a staff member who engages in sexual abuse with an offender.

Agency investigators in the Office of Inspector General have the legal authority to place criminal charges against a staff member who engages in acts of sexual abuse or a criminal act of sexual harassment. The investigator informed the Auditor he coordinates with the State Attorney's office following such an incident if the act was clearly criminal. Agency staff report criminal acts of sexual abuse to the Criminal Justice Services Training Center following an incident of such or following a resignation which would have resulted in a termination. The Criminal Justice Services Training Center maintains correctional officer certifications.

If a medical or mental health professional is found to have engaged in sexual abuse the Florida Board of Nursing will be notified. The agency does not notify relevant licensing bodies if an act of sexual abuse or sexual harassment was clearly not criminal. The agency does notify relevant licensing bodies when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The agency reported no substantiated incidents of staff-on-offender sexual abuse or sexual harassment at the Union Correctional Institution resulting in disciplinary measures during this audit period.

Conclusion:

The Florida Department of Corrections has an appropriate policy to ensure UCI personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified. The Auditor conducted a review of the agency's policies and procedures and interviewed staff and determined the facility meets the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy is to notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies. The agency's contract management policy allows for contract termination for any contractor who fails to comply with the department's PREA policies and procedures and/or Federal Rule 28 C.F.R. Part 115.</p> <p>Evidence Relied Upon:</p> <p>Policy – 205.002 – Contract Management pg. 18-19 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 10 Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors pg. 6 Interview with Staff Interviews with Contractor Interviews with Volunteers</p> <p>Analysis/Reasoning:</p> <p>The Union Correctional Institution has had no reported incidents in which a volunteer or contractor has engaged or been alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with volunteer and contract personnel. Each volunteer and contract personnel interviewed was aware of the agency's discipline sanctions for violating sexual abuse or sexual harassment policies.</p> <p>Volunteers and contractors are made aware of the agency's sexual abuse and sexual harassment policies during their orientation training. Each volunteer and contractor received a Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors. Each volunteer and contractor signed receipt of the training material. The Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors book informs Volunteers and Contractors failing to report or take immediate action, intentionally inflicts humiliation toward the victim or informant, or trivializes a report of sexual battery will be subject to appropriate discipline, up to and including termination.</p> <p>The facility's leadership is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer's participation in sexual abuse. Command staff informed the Auditor a contractor or volunteer would be prohibited from offender contact if determined to have participated in an act of sexual abuse. The agency will not notify relevant licensing bodies if the act committed by a volunteer or contractor was clearly not criminal.</p> <p>Conclusion:</p> <p>The Florida Department of Corrections maintains appropriate policies to ensure contractors</p>

and volunteers at the UCI are removed from offender contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed the agency's policy and procedures, volunteer and contractor training and conducted formal interviews with staff, volunteer and contract personnel and determined the facility meets the requirements of this standard.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Any offender found guilty of sexual abuse are referred for Close Management review and/or issued a Discipline Report. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt or the offender has been found guilty in a criminal proceeding. The discipline process is required to consider whether the offender’s mental disabilities or mental illness contributed to the abuser’s behavior when determining what type of sanction, if any, should be imposed.</p> <p>Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation.</p> <p>Sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Florida Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p>Evidence Relied Upon:</p> <p>FAC – 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions FAC – 33-601.800 Close Management Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 15 Interview with Sexual Abuse Investigator Interviews with Medical Professionals Interview with Mental Health Professionals Interviews with Offenders</p> <p>Analysis/Reasoning:</p> <p>Florida Administrative Code allows placing an offender in Close Management following a finding the offender participated in an act of sexual assault or battery. FAC 33-601.800 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.”</p> <p>The facility has had no substantiated cases in which an offender was found to have participated in an act of sexual abuse in the previous 12 months. The facility reported no incidents in which an offender had been disciplined for filing a report of sexual abuse. The Auditor conducted formal interviews with staff. The Auditor asked each if they were aware of an offender receiving disciplinary charges for filing an allegation of sexual abuse. No staff member was aware of an offender receiving charges for such.</p>

The Auditor conducted a formal interview with an OIG Investigator. The Investigator was asked if he has ever disciplined an offender for filing an allegation of sexual abuse. The Investigator informed the Auditor he has not placed disciplinary charges on an offender who filed a report of sexual abuse or sexual harassment. The Auditor discovered no evidence which reveals an offender received a disciplinary charge for making an allegation of sexual abuse or sexual harassment or an offender for perpetrating sexual abuse.

The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed Centurion Managed Care staff offer counseling, therapy and other interventions to address and correct underlying reasons or motivations for committing acts of sexual abuse. The Auditor was informed an offender's participation or non-participation in such interventions do not hinder the offender's ability to attend programming or other benefits. Mental health personnel stated they do try to address underlying reasons for perpetrators of sexual abuse. Efforts are made if the offender is willing to participate.

The Auditor interviewed four offenders who submitted allegations to facility staff. The Auditor asked each offender if he had been disciplined for making the allegation. None of the four offenders reported they had been disciplined for making the allegation.

Conclusion:

The Auditor discovered the agency maintains policies which align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies and procedures, interviewed staff, medical and mental health personnel and offenders and determined the facility meets the requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1460 571">The Florida Department of Corrections policy requires if the results of an SRI assessment or medical assessment indicate an offender experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health professional and must occur within 14 days of arriving at the facility.</p> <p data-bbox="252 627 1484 918">Policy stipulates information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, 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. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p data-bbox="252 974 550 1008">Evidence Relied Upon:</p> <p data-bbox="252 1019 1356 1052">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 13, 14, 16</p> <p data-bbox="252 1064 718 1097">Mental Health Screening Evaluation</p> <p data-bbox="252 1108 742 1142">Interviews with Medical Professionals</p> <p data-bbox="252 1153 790 1187">Interview with Mental Health Professional</p> <p data-bbox="252 1198 582 1232">Interviews with Offenders</p> <p data-bbox="252 1276 518 1310">Analysis/Reasoning:</p> <p data-bbox="252 1321 1468 1646">The Auditor selected 40 offenders for interviews, 20 were specifically targeted by the Auditor and 20 were randomly selected. The Auditor asked to see the records of all 40 offenders. Of the records reviewed 5 reported previously suffering sexual abuse. The Auditor reviewed the records of the 5 who previously suffered sexual victimization. A review of the 5 records revealed all 5 offenders were offered a follow-up meeting with a mental health professional. Each offender was offered a follow-up meeting with a mental health professional. The Auditor verified mental health professionals met with the offenders within 14 days of learning of the offender’s victimization.</p> <p data-bbox="252 1702 1468 1859">The Auditor reviewed files of offenders who reported an allegation of sexual abuse at the facility. Records reveal each was offered a follow-up with a mental health professional. Those who accepted the meeting were seen within 14 days. The Auditor also observed evidence mental health follow-up meetings are conducted due to a referral from staff.</p> <p data-bbox="252 1915 1476 2161">The Auditor conducted a formal interview with a mental health professional. The mental health professional stated mental health staff meets with offenders who request a meeting, are referred, or who accepts a 14-day follow-up after informing of previous victimization. The mental health professional stated they are on site during the week and always meet with offenders within 14 days. The Auditor asked who the mental health professional shares information with relating to sexual victimization or abusiveness that occurred in an institutional</p>

setting. The mental health professional informed only those who need to know. The mental health professional stated informed consent would be obtained prior to sharing information related to sexual victimization suffered in the community. The Auditor was informed there has been no need to report victimization suffered in a community setting with anyone other than a medical or mental health professional.

The Auditor asked the mental health professional if a 14-day follow-up is offered to those who perpetrate sexual abuse. The Auditor was informed when an inmate answers yes to the victimization and perpetrating questions on the risk screening an electronic alert is sent to the mental health professionals. The Auditor was informed abusers are offered follow-ups within 14 days of learning of their abusiveness. The Auditor asked if counseling, treatment or other intervention services are offered to sexual abusers to determine why they perpetrate such acts. The Auditor was informed such services are offered. Mental health professionals stated they begin these services within 60 days of learning of their abusiveness.

The Auditor conducted formal interviews with Centurion Managed Care medical professionals. The Auditor asked who they share information relating to sexual victimization or abusiveness that occurred in an institutional setting with. Medical professionals stated they inform security supervisory staff. Medical and mental health professionals are the only persons with access to medical records. The Auditor asked medical professionals if they share information related to sexual victimization that occurred in a community setting. The Auditor was informed they do not share that information with anyone. The Auditor asked what medical staff would do if they needed to share the information. Medical staff stated they would obtain written informed consent from the offender prior to sharing the information.

The Auditor conducted formal interviews with offenders who reported an allegation of sexual abuse while at the facility. The Auditor asked each offender if they were offered a follow-up meeting with a medical or mental health practitioner. Each offender informed the Auditor they were offered a follow up with a mental health practitioner. The Auditor asked each how long it took before the meeting occurred. Those who accepted the follow up meeting informed the Auditor the meeting occurred within a few days.

The Auditor conducted a formal interview with an offender who was the perpetrator of sexual abuse. The offender was asked if he have ever met with a mental health professional at the facility. The offender informed the Auditor he routinely meets with a mental health professional.

During interviews with offenders the Auditor spoke to five offenders who alleged suffering sexual abuse while in the community. All five offenders alleged suffering sexual abuse as a child. Each of the five stated they were offered a follow-up meeting with the mental health professional. Those who accepted the follow-up were asked how quickly the mental health professional met with them, they informed it was within a couple days.

Follow-up meetings with mental health are automatically scheduled through the facility's offender management system. When staff check the "yes" box on any of the SRI questions during the offender's admission process, the offender is electronically scheduled to meet with the mental health professional. Mental health staff are responsible for entering the electronic system to review the offenders who need a follow up meeting.

Conclusion:

The Auditor concluded offenders are offered a follow-up with a medical or mental health professional after reporting they have suffered sexual victimization or perpetrated sexual abuse. Medical and mental health practitioners inform only those with a “need to know” of information related to sexual victimization or abusiveness. The Auditor reviewed the agency’s policies and procedures, offender records, and conducted interviews with medical and mental health practitioners and offenders. After a thorough review the Auditor concluded the facility meets the requirements of this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Florida Department of Corrections to ensure offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse 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.</p> <p>Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.</p> <p>Policy waives offender payment for services involving a sexual abuse of sexual battery.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 14 Policy – 401.010 – Co-Payment Requirements for Inmate Medical Encounter pg. 3 FDOC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action FDOC Medical Protocol Forms Adult/Adolescent Forensic Sexual Assault Examination Report Offender Medical Records Interviews with Medical professionals Interview with Sexual Assault Nurse Examiner Interviews with First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the Union Correctional Institution are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed there was never a time because the facility provides 24-hour coverage at the UCI.</p> <p>The Auditor was informed offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical personnel if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to offender victims. The Auditor was informed information and access to sexually transmitted infection prophylaxis is offered during the forensic examination and by medical personnel. Medical staff will offer access to sexually transmitted infection prophylaxis if a victim</p>

refuses to undergo a forensic examination. The facility does not house female inmates and therefore do not offer pregnancy tests.

The Auditor reviewed the records of four offenders who were sent to the medical department following an allegation of sexual abuse at the facility. Medical staff had documented treatments on protocol forms. Nurses document any immediate medical attention provided to the offender victim. The nurse documents any need for additional meetings with a mental health professional. Although no testing was offered during any of these meetings, medical staff document any tests offered to a victim in the offender's medical record. Each offender was immediately sent to the medical area for treatment following the allegation. None of the offenders were charged a fee for medical services related to their allegation. None of these offenders suffered serious injuries and none required a forensic examination.

The Auditor interviewed staff who perform the duties of first responders to incidents of sexual abuse. Each staff member stated they immediately separate the victim from the abuser while contacting a supervisor. Supervisors interviewed by the Auditor stated they immediately escort the victim to the medical area for treatment. The Auditor asked first responders what they would do if a supervisor did not report to the area. They stated they would ensure the victim was immediately sent to medical area for treatment. Each officer is certified in CPR and first aid to render immediate life-saving assistance.

The Auditor reviewed the training records of security staff. All security staff has received training in CPR and first aid in the event first responder treatment is needed. Formal interviews were conducted with randomly chosen security staff. The Auditor was informed officers take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Officers informed the Auditor they immediately notify a supervisor and medical staff following an incident of sexual abuse.

The Auditor asked medical personnel and officers if offender victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to sexual abuse treatment are free to offender victims of sexual abuse. The Auditor found no evidence an offender was charged a fee for services related to a sexual abuse allegation. Interviews with offenders reveal they are aware services related to sexual abuse victimization are offered at no cost to the offender victim.

The Auditor reviewed the Adult/Adolescent Forensic Sexual Assault Examination report that is completed by the SANE. The report includes prophylactic STI treatments and administration of emergency contraception. The Auditor conducted an interview with the Sexual Assault Nurse Examiner. The SANE informed the Auditor offender victims are offered timely access to sexually transmitted infections prophylaxis. The Auditor asked if the offender victim is billed for such services. The SANE does not directly bill the offender victim for services related to sexual victimization. Invoices for services are sent to the facility. Forensic examinations take place in the urgent care in the medical area at the facility. The SANE stated she offers sexually transmitted infection prophylaxis at the time of the examination. The SANE stated she allows a victim advocate to attend the examination at the victim's request.

Conclusion:

The facility provides access to timely and unimpeded access to emergency medical services.

Medical personnel provide offender victims with sexually transmitted infection prophylaxis and emergency contraception. The Auditor reviewed the facility's policies and procedures, offender records and interviewed staff and medical personnel and determined the facility meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The FDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul style="list-style-type: none"> • Follow-up services; and • Referrals for continued care following a transfer to, or placement in, another facility, or release from custody. <p>The FDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.</p> <p>All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Evidence Relied Upon:</p> <p>Policy – 401.010 Co-Payment Requirements for Inmate Medical Encounter pg. 3 Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 12-14 FDOC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action pg. 1-4 FDOC Office of Health Services Alleged Sexual Battery Protocol Interviews with Medical Professionals Interviews with Mental Health Professional Interviews with Offenders Review of Offender Records</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Mental health personnel do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health personnel meet with victims and abusers when medically necessary. The Auditor asked what services are provided to offender victims of sexual abuse. Mental health personnel informed the Auditor offender victims participate in counseling sessions, are referred to the psychiatrist or psychologists if needed, treatments, follow-up services, and referrals for continued care when needed. The Auditor asked if medical and mental health practitioners develop and follow treatment plans for offender victims of sexual abuse. The Auditor was informed treatment plans are created and followed. Medical personnel stated they do offer tests for sexually transmitted infections if not done so by the SANE during the forensic examination or if the offender refuses the forensic examination.</p>

The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. The Auditor was informed medical and mental health services are consistent with a community level of care. Medical personnel stated offenders are offered testing for sexually transmitted infections following a sexual abuse incident. The facility does not offer pregnancy tests as it only houses male offenders. The Auditor was informed by medical and mental health personnel that offenders are not charged a fee for services related to sexual abuse victimization. The Auditor asked mental health personnel if they meet with abusers to determine the underlying cause for their actions. The Auditor was informed they do attempt to meet with the abusers but cannot force them to participate if they deny.

The Auditor conducted a formal interview with offenders who reported suffering sexual abuse in a community setting. The Auditor asked each offender if they were offered mental health services after reporting the victimization. Each offender was offered mental health services following the notification. A review of each offender's record reveals they were offered a meeting with a mental health professional. The offenders were not charged a fee for the meeting.

The Auditor conducted interviews with offenders who alleged sexual abuse while at the facility. The offenders were sent to the medical section but did not require immediate medical treatments as a result of the alleged incident. Each offender was offered meetings with mental health professionals. A review of offender records revealed the offenders participated in meetings with mental health professionals and were not charged a fee related to such services.

The Auditor conducted an interview with a perpetrator of sexual abuse. The Auditor asked if the offender has met with a mental health professional. The offender routinely meets with a mental health professional and is not charge a fee for those services.

The Auditor interviewed offenders and reviewed offender records. There was no offender who was charged a fee for services related to sexual abuse victimization.

Conclusion:

The facility's medical and mental health personnel offer counseling, treatment, sexually transmitted infections testing and make referrals for continued care, when appropriate. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed the agency's policies and procedures, interviewed medical and mental health practitioners, medical records, and conducted interviews with offenders and determined the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the PREA Coordinator. The FDOC policy requires the review team consist of:</p> <ul style="list-style-type: none"> • Assistant Warden; • Chief of Security; • Classification Supervisor; and • Obtains input from line supervisors, investigators, and medical or mental health practitioners. <p>Agency policy requires the review team conduct the following tasks:</p> <ul style="list-style-type: none"> • Asses the adequacy of staffing levels in the area where the incident happened; • Consider whether the incident/allegation was motivated by race, ethnicity, LGBTI identification, gang affiliation or other group dynamics at the institution; • Examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • On a monthly basis, prepare a report with recommendations for improvements, and submit to the PREA Coordinator. <p>The Prison Rape Elimination Act Guide states, “After every sexual abuse investigation, except those that are determined to be unfounded, a review team consisting of upper-level management (with input _fi-om line supervisors, investigators and medical and mental health care staff) shall conduct a sexual abuse incident review (SAIR) via .DC6-2076. The review should take place within 30 days of the conclusion of the investigation.”</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 16 Prison Rape Elimination Act Guide pg. 28 Investigation Files Sexual Abuse Incident Review – Facility Investigation Summary Interview with Incident Review Team Member</p> <p>Analysis/Reasoning:</p> <p>The facility has 2 instances in which a Sexual Abuse Incident Review (SAIR) was required during the previous 12 months. Both allegations were unsubstantiated by the OIG Investigator. The Auditor reviewed both Sexual Abuse Incident Reviews. One SAIR was conducted 14 days after the conclusion of the investigation while the other was 16 days after the conclusion.</p> <p>A review of the Sexual Abuse Incident Review form completed by the review team revealed</p>

the team conducted the review in accordance with the agency's policy. The agency's policy does include the elements of this standard for the team to consider when conducting its incident review. The Auditor observed each SAIR was conducted within 30 days after the conclusion of the investigation. Members of the team who signed the report were the Chief of Security, Warden or Designee, and PREA Compliance Manager.

The Auditor conducted a formal interview with an Incident Review Team member. The team member informed the Auditor the team is required to review each alleged incident (other than unfounded incidents) of sexual abuse to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The team member informed the Auditor they review the area of the incident, discuss the need for policy changes, review the staffing level, and the deployment of monitoring technologies. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does such.

The agency's Sexual Abuse Incident Review form is formatted so the team must consider all elements as required by this standard.

Conclusion:

The Auditor determined the facility is prepared to conduct incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team understands the requirement to document the performance of each incident review. The Auditor reviewed the agency's policies and procedures, Sexual Abuse Incident Review Report, and conducted an interview with an Incident Review Team Member and determined the facility meets the requirements of this standard.

The Auditor made a recommendation to the facility to include written information in the facility's incident review report that input was provided by a line supervisor and a medical or mental health professional. Including this information in the report will provide documentation the facility is following that requirement of this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>FDOC policy requires the PREA Coordinator to compile and report data related to PREA incidents. The collected data is required by policy to include at least minimal information to be able to complete the U. S. Department of Justice’s, Survey of Sexual Violence. Facility Compliance Managers are responsible for compiling institutional specific PREA data annually and preparing an annual corrective action plan for their specific facility. The data is compiled using a standardized instrument and set of definitions as included earlier in this report. After receiving the Survey of Sexual Violence, the FDOC is required to submit the previous calendar year’s data to the U. S. Department of Justice no later than June 30th.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 14 Survey of Sexual Victimization – Substantiated Incident Form BJS Surveys Agency Website</p> <p>Analysis/Reasoning:</p> <p>The Auditor observed the agency has posted annual reports on its website. Annual reports were posted for 2015 through 2018. The Agency’s 2019 final report has not been finalized for publishing. The reports were easily accessible as the agency’s website was simple to navigate. The data collected included information derived from the following set of definitions:</p> <ul style="list-style-type: none"> • Nonconsensual Sexual Acts • Abusive Sexual Contact • Sexual harassment by Another Inmate • Staff Sexual Misconduct • Staff Sexual Harassment <p>Data reviewed by the Auditor for each report was aggregated from January 1st to December 31st and the public has access to the agency’s reports through its website.</p> <p>The Auditor reviewed the Bureau of Justice’s Survey of Sexual Violence reports submitted by the agency in 2018. The agency has posted all reports from 2013 through 2018. The agency has not posted the 2019 Survey of Sexual Violence as it has not yet been received by the Bureau of Justice Statistics. Reports were completed and submitted to the U. S. Department of Justice by the Secretary of the Florida Department of Corrections. The Secretary submitted each survey before June 30th of the report year.</p> <p>The facility’s data is compiled through the Agency’s electronic Management Information Notification System. All allegations of sexual abuse and sexual harassment must be reported through MINS. The PREA Coordinator receives data input through the MINS to compile for reporting. Data from all investigative reports of OIG investigators is input in the MINS system and utilized at the corporate level for annual collection and reporting. The MINS system has</p>

various levels of access based on job duties. All information collected by investigators is used for the data reporting.

The Auditor reviewed 28 individual reports of substantiated incidents from various facilities across the state. The agency submits a Survey of Sexual Victimization – Substantiated Incident Form for each substantiated incident of sexual abuse from all its facilities.

Conclusion:

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies and procedures, SSV reports and website and determined the facility meets the requirements of this standard.

115.88	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1461 488">The Florida Department of Corrections requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted to:</p> <ul data-bbox="252 544 1473 701" style="list-style-type: none"> • identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="252 757 1361 790">Agency personnel are required to submit an annual report that includes the following:</p> <ul data-bbox="252 846 1297 1003" style="list-style-type: none"> • A comparison of the current year’s data and corrective actions with prior years; • Provide an assessment of the FDOC’s progress in addressing sexual abuse; • Must be approved by the Director; and • Must be readily available to the public through the agency’s website. <p data-bbox="252 1059 552 1093">Evidence Relied Upon:</p> <p data-bbox="252 1104 1273 1137">Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 14-15</p> <p data-bbox="252 1149 647 1182">Agency Corrective Action Plan</p> <p data-bbox="252 1193 600 1227">UCI Corrective Action Plan</p> <p data-bbox="252 1238 464 1272">Agency Website</p> <p data-bbox="252 1283 499 1317">Interview with Staff</p> <p data-bbox="252 1373 515 1406">Analysis/Reasoning:</p> <p data-bbox="252 1417 1481 1731">The Auditor reviewed the Florida Department of Corrections website. The agency maintains annual reports which include its findings and corrective actions for each facility and the agency as a whole. The Agency’s report is accessible through the agency’s website by accessing the “Correctional Institutions” link and then through the “More Information” link. Within the “More Information” link the user can access the “Prison Rape Elimination Act (PREA)” tab. Each report is hyperlinked by year and titled, “Corrective Action Plan.” The reports published on the agency’s website include data collected from 2015 through 2018. The agency’s 2019 annual data has not yet been published on the agency’s website.</p> <p data-bbox="252 1787 1473 2157">The Auditor reviewed the Union Correctional Institutions 2018 PREA Facility Corrective Action Plan. The report was submitted by the PREA Compliance Manager to the PREA Coordinator. Each facility in the agency is required to submit a report of facility data to the PREA Coordinator so comparisons can be made at the agency level. The agency PREA Coordinator collects data from each facility and attempts to discover problem areas within the agency and each facility based on a review of data collected by each facility. The agency’s annual report includes corrective actions. The facility’s annual report reveals an increase in overall allegations by 9.47 percent. The agency attributed the increase in allegations to its efforts towards increased staff training which raised staff awareness to the types of incidents that</p>

constitute a PREA allegation under the PREA federal rule definitions.

The Auditor discussed the annual reporting process with the Correctional Services Consultant. The information for the annual report is derived from investigative reports as submitted electronically in the MINS. The data is received and compiled in the agency's cooperate office. Corrective actions and identified problem areas are documented in the annual report. The Auditor conducted an interview with the agency's PREA Compliance Manager. The Compliance Manager compiles facility specific data and submits it to the PREA Coordinator. The PCM is responsible for submitting the UCI annual report to the PREA Coordinator. When problem areas are discovered, agency staff recommend a solution to address the problem area and include the specifics in the annual report.

The FDOC annual report is signed by the secretary of the FDOC. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.

Conclusion:

The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data. The annual report included corrective actions and is approved by the secretary prior to publishing on the agency's website. The Auditor reviewed the agency's policies and procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.

The agency's annual report did not specifically state if the agency discovered problem areas within the agency as a whole or in any specific institution. The Auditor recommends the agency and each facility include language in annual reports that states if problem areas were not identified. This language would strengthen the agency's documentation for compliance with this standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all case or investigative records, including but not limited to, any criminal investigations, administrative investigations, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery are retained 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. Inspectors at agency facilities maintain facility data in their offices and on their computers.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 16 Agency Website Annual Report Interview with Staff Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with an agency OIG Inspector. Information for the agency’s annual report is maintained by each OIG Inspector and is derived from investigative files. Each Inspector’s report and supporting documents is send to the OIG office where a collection of data is electronically maintained. Each OIG Inspector maintains data in his/her office and on a computer. Each Inspector must use a username and password to access data on their computer. Each Inspector has a locked office where he/she maintains their data. Data is also maintained at the corporate office when information is submitted in the Management Information Notification System.</p> <p>The Auditor reviewed the agency’s website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2015 and is maintained through 2018. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. A username and password are required to gain access to the computers utilized by personnel in the OIG office and in the MINS. The PREA Coordinator securely maintains aggregated data in the corporate office.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency’s website, collected data, made observations, and interviewed staff and determined the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1471 528">Each facility under the direct control of the Florida Department of Corrections had been audited at least once during previous audit cycles. During the three-year audit cycle, the Florida Department of Corrections ensured at least one-third of its facilities were audited each year.</p> <p data-bbox="252 584 549 618">Evidence Relied Upon:</p> <p data-bbox="252 629 635 663">Previous PREA Audit Reports</p> <p data-bbox="252 674 416 707">Facility Tour</p> <p data-bbox="252 719 533 752">Interactions with Staff</p> <p data-bbox="252 797 517 831">Analysis/Reasoning:</p> <p data-bbox="252 842 1481 1043">During the first year of this audit cycle the Florida Department of Corrections had 9 of its facilities audit reports published on its website. The PREA Coordinator has scheduled audits to ensure at least one-third of agency facilities are audited during each year of the audit cycle. This is the first year of the current audit cycle. The Florida Department of Corrections has direct control of 50 major institutions, to include satellite facilities.</p> <p data-bbox="252 1099 1461 1301">The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency's level of compliance with relevant standards. Of the documents the Auditor reviewed a relevant sampling of the previous 12-month period. The facility provided the Auditor with a detailed tour of the facility in its entirety.</p> <p data-bbox="252 1357 1484 1603">During the audit the Auditor requested and was provided copies of additional documents to aid in a determination of the agency's level of compliance. The Auditor conducted formal and informal interviews of staff and offenders as previously listed in this report. The facility provided a private office for the Auditor to conduct the interviews. The Auditor was provided the opportunity to review video footage while in the facility. Offenders were provided the opportunity to correspond with the Auditor prior to and after arriving on site.</p> <p data-bbox="252 1659 1471 1906">The Auditor reviewed the Union Correctional Institutions' previous PREA audit report and observed the Auditor documented the facility did not meet standard 115.13 Supervision and Monitoring. The Auditor was unable to determine if the facility was required corrective action as a result of the Auditor's finding. The previous Auditor was allowed access to all facility areas, interview staff and offenders, was provided with facility documents and offenders could communicate confidentially with the Auditor through written correspondence during that audit.</p> <p data-bbox="252 1962 1455 2029">The Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility during the audit process.</p> <p data-bbox="252 2085 1471 2152">On January 3, 2020 the Auditor sent a letter to be posted in all offender living areas which included the Auditor's address. The Auditor sent an English and Spanish version of the notice.</p>

The Auditor received two correspondence from one offender prior to arriving on site for the audit. The Auditor observed confidential correspondence notices were posted in each offender living unit on January 10, 2020. These notices were emailed to the PREA Coordinator and Correctional Services Consultant to post in each living unit prior to the audit. The notices to offenders were posted approximately 6 weeks in advance of the Auditor's arrival at the UCI.

The Department of Justice did not send a recommendation to the Florida Department of Corrections for an expedited audit of any FDOC facility or referral to resources for assistance during this audit cycle.

Conclusion:

The Auditor determined the agency meets the requirements of this standard.

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor Discussion: The agency has published the previous PREA Audit report of the Union Correctional Institution on its website.</p> <p>Evidence Relied Upon: Agency Website Previous PREA Audit Report</p> <p>Analysis/Reasoning: The Auditor reviewed the agency's website which includes a link for all its previous PREA Audit reports. The final report of the Union Correctional Institution was posted on the website.</p> <p>Conclusion: The Auditor determined the agency meets the requirements of this standard.</p>

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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

115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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

115.13 (b)	Supervision and monitoring	
	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

115.13 (c)	Supervision and monitoring	
	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

115.13 (d)	Supervision and monitoring	
	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

115.14 (a)	Youthful inmates	
	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).)	na

115.14 (b)	Youthful inmates	
	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

115.14 (c)	Youthful inmates	
	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

115.15 (a)	Limits to cross-gender viewing and searches	
	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

115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	na
	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.)	na

115.15 (c)	Limits to cross-gender viewing and searches	
	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)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	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

115.15 (e)	Limits to cross-gender viewing and searches	
	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

115.15 (f)	Limits to cross-gender viewing and searches	
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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 abuse and sexual harassment, including: inmates who are blind or have low vision?	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 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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.17 (a)	Hiring and promotion decisions	
	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

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	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

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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

115.18 (a)	Upgrades to facilities and technologies	
	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.)	na

115.18 (b)	Upgrades to facilities and technologies	
	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

115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	yes
	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.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	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

115.21 (d)	Evidence protocol and forensic medical examinations	
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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

115.21 (f)	Evidence protocol and forensic medical examinations	
	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

115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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

115.31 (a)	Employee training	
	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

115.31 (b)	Employee training	
	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

115.31 (c)	Employee training	
	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

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	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

115.32 (b)	Volunteer and contractor training	
	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

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	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

115.33 (b)	Inmate education	
	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

115.33 (c)	Inmate education	
	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

115.33 (d)	Inmate education	
	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

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	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

115.34 (a)	Specialized training: Investigations	
	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

115.34 (b)	Specialized training: Investigations	
	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

115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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

115.35 (b)	Specialized training: Medical and mental health care	
	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

115.35 (c)	Specialized training: Medical and mental health care	
	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

115.35 (d)	Specialized training: Medical and mental health care	
	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

115.41 (a)	Screening for risk of victimization and abusiveness	
	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

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	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

115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	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

115.41 (h)	Screening for risk of victimization and abusiveness	
	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

115.41 (i)	Screening for risk of victimization and abusiveness	
	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

115.42 (a)	Use of screening information	
	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

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	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

115.42 (d)	Use of screening information	
	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

115.42 (e)	Use of screening information	
	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

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	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

115.43 (a)	Protective Custody	
	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

115.43 (b)	Protective Custody	
	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

115.43 (c)	Protective Custody	
	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

115.43 (d)	Protective Custody	
	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

115.43 (e)	Protective Custody	
	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

115.51 (a)	Inmate reporting	
	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

115.51 (b)	Inmate reporting	
	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

115.51 (c)	Inmate reporting	
	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

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	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

115.52 (b)	Exhaustion of administrative remedies	
	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

115.52 (c)	Exhaustion of administrative remedies	
	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

115.52 (d)	Exhaustion of administrative remedies	
	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

115.52 (f)	Exhaustion of administrative remedies	
	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

115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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

115.53 (b)	Inmate access to outside confidential support services	
	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

115.53 (c)	Inmate access to outside confidential support services	
	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

115.54 (a)	Third-party reporting	
	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

115.61 (a)	Staff and agency reporting duties	
	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

115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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

115.61 (d)	Staff and agency reporting duties	
	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

115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	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

115.63 (a)	Reporting to other confinement facilities	
	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

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	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

115.64 (b)	Staff first responder duties	
	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

115.65 (a)	Coordinated response	
	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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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

115.67 (a)	Agency protection against retaliation	
	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

115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	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

115.68 (a)	Post-allegation protective custody	
	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

115.71 (a)	Criminal and administrative agency investigations	
	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

115.71 (b)	Criminal and administrative agency investigations	
	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

115.71 (c)	Criminal and administrative agency investigations	
	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

115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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

115.71 (f)	Criminal and administrative agency investigations	
	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

115.71 (g)	Criminal and administrative agency investigations	
	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

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	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

115.71 (j)	Criminal and administrative agency investigations	
	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

115.71 (l)	Criminal and administrative agency investigations	
	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

115.72 (a)	Evidentiary standard for administrative investigations	
	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

115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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

115.73 (c)	Reporting to inmates	
	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

115.73 (d)	Reporting to inmates	
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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

115.76 (d)	Disciplinary sanctions for staff	
	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

115.77 (a)	Corrective action for contractors and volunteers	
	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

115.77 (b)	Corrective action for contractors and volunteers	
	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

115.78 (a)	Disciplinary sanctions for inmates	
	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

115.78 (b)	Disciplinary sanctions for inmates	
	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

115.78 (c)	Disciplinary sanctions for inmates	
	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

115.78 (d)	Disciplinary sanctions for inmates	
	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

115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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

115.78 (g)	Disciplinary sanctions for inmates	
	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

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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

115.82 (a)	Access to emergency medical and mental health services	
	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

115.82 (b)	Access to emergency medical and mental health services	
	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

115.82 (c)	Access to emergency medical and mental health services	
	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

115.82 (d)	Access to emergency medical and mental health services	
	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

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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

115.87 (e)	Data collection	
	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

115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	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

115.88 (b)	Data review for corrective action	
	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

115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	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

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	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