

PREA Facility Audit Report: Final

Name of Facility: Suwannee Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/10/2021

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: James Kenney	Date of Signature: 02/10/2021

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	jimkenney33@earthlink.net
Start Date of On-Site Audit:	01/05/2021
End Date of On-Site Audit:	01/08/2021

FACILITY INFORMATION	
Facility name:	Suwannee Correctional Institution
Facility physical address:	5964 U.S. Hwy. 90, Live Oak, Florida - 32060
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Curtis Goodwin
Email Address:	Curtis.Goodwin@fdc.myflorida.com
Telephone Number:	386-963-6607

Warden/Jail Administrator/Sheriff/Director	
Name:	Christopher Lane
Email Address:	Chris.Lane@fdc.myflorida.com
Telephone Number:	386-963-6001

Facility PREA Compliance Manager	
Name:	Curtis Goodwin
Email Address:	curtis.goodwin@fdc.myflorida.com
Telephone Number:	M: 850-838-4051

Facility Health Service Administrator On-site	
Name:	Lena Parrish
Email Address:	lena@teamcenturion.com
Telephone Number:	386-963-6726

Facility Characteristics	
Designed facility capacity:	3567
Current population of facility:	1661
Average daily population for the past 12 months:	2000
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	15-85
Facility security levels/inmate custody levels:	1-5/1-5
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	532
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	152
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	158

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:	850-488-5021

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.

Pre-Onsite Audit Phase

The Prison Rape Elimination Act (PREA) recertification audit for Suwannee Correctional Institution in Live Oak, Florida, was conducted on January 5-8, 2021. The audit was performed to determine continued compliance with the Prison Rape Elimination Act Standards. Suwannee Correctional Institution (SCI) is one of the 143 Florida Department of Corrections (FDC) facilities. The audit was performed by James Kenney, a Department of Justice (DOJ) certified PREA auditor and was conducted through a third-party entity as a contractor. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America (PAOA), and not directly by the auditor. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-onsite audit, onsite audit, and post audit review. The third-party contract assigns the auditors after the contract was executed and clearly identifies the lead auditor's responsibilities. This was SCI's third PREA audit, having completed an audit in each of the prior two audit cycles.

On 11/04/20, the auditor contacted FDC PREA Coordinator Judy Cardinez following the third-party's assignment as the contracted auditor for the SCI audit. The PREA Coordinator confirmed the dates for the onsite audit and assigned a Correctional Services Consultant (CSC) from the PREA Coordinator's office to coordinate the audit and work directly with the auditor. FDC routinely uses the Online Audit System (OAS) for their audits, so the PREA Coordinator granted the auditor access through the OAS and it was approved after the auditor initiated the online audit.

On 11/10/20, the auditor conducted an audit kickoff meeting by video conference with the CSC. During the call, the auditor provided the CSC information about the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the facility, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the facility to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The CSC was also provided the audit process map for review. The CSC explained that the Pre-Audit Questionnaire (PAQ) and all other necessary documents would be uploaded through the OAS once they were available. The CSC confirmed that she would remain the primary point of contact throughout the audit and would relay information from the auditor to the facility and to the facility PREA Compliance Manager (PCM), Assistant Warden Curtis Goodwin. The auditor supplied the CSC with a copy of the required audit notice and explained the need to have it posted throughout the facility and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The auditor requested that the notice be printed on color paper in two languages, English, and Spanish. The facility agreed to send photos of the audit notice to the auditor.

The facility posted the required audit notice throughout the facility on 11/23/20 and photos showing the

posted audit notice in several areas of the facility were uploaded to the OAS for the auditor to review.

The notice was printed in both languages on bright yellow paper. The auditor will confirm the posting of the notice during the onsite review.

On 11/23/20, the auditor was granted access to the OAS and began the review of the PAQ and submitted compliance documentation. The auditor and the CSC remained in contact throughout this time period.

On 12/04/20 the auditor completed the documentation review and sent the issue log to the CSC for review and response. The issue log requested additional information for only two items. The CSC forwarded the information to SCI and a response was uploaded to the OAS for the auditor within three days to satisfy the open items.

On 12/30/20 the auditor contacted the CSC to confirm arrangements for the onsite audit and requested the following additional documentation from SCI:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. These lists were uploaded to the OAS days prior to the onsite audit:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

The facility was also asked to provide a complete staff roster, which was uploaded to the OAS approximately two weeks prior to the onsite audit. The auditor then randomly selected staff members from each shift to interview during the audit. From that list, the auditor selected staff members to review human resources records. The auditor then submitted the required FDC file request to the CSC prior to the audit. The requested records were provided to the auditor during the onsite audit.

The auditor did not request specific specialized staff for interviews, as the FDC has been performing PREA audits since 2014 and is well aware of the process and understands the process and is prepared to have staff available for interviews when the auditor is onsite for the audit.

The PREA Coordinator sent the auditor written agency-level interviews that will be utilized to determine

compliance with the standards.

The Florida Department of Corrections is well-versed in performing these PREA audits and provided the auditor with unrequested documentation through the OAS, a Facility Involvement Memo. The memo included current ongoing FDC litigation, and Department of Justice (DOJ) involvement, and any news articles or press clippings. There are no current news articles related to the Suwannee Correctional Institution and no current DOJ involvement for FDC. While the memo does relate current litigation, neither of the two cases referenced are related to PREA and do not impact the PREA audit.

The auditor performed an independent internet search for the Suwannee Correctional Institution, which provided two news stories in 2020. Neither were related to sexual abuse or sexual assault. There was also a press release on the FDC website regarding positive Covid-19 tests of inmates at SCI and steps taken to maintain sanitation and cleaning at the facility.

The auditor viewed the FDC website information related to PREA and located a large amount of public information. The page includes a required statement about the law, the agency's PREA policy, the PREA final standards, the agency's corrective action plans for 2015 through 2019, the survey of sexual victimization (SSV) for 2012 through 2018 and the facility PREA audit reports since 2013. The page also includes a third-party grievance form that is available for the public to complete on behalf of an inmate.

The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Florida State Statute (FSS) 944.35(3)(d). Also, in the State of Florida, criminal courts must file criminal charges for youthful offenders in the adult court for the court to certify a youthful offender as an adult. This allows for the youthful offender to be convicted as an adult and sentenced to serve time as an adult. The youthful offender under the age of 18 must be held separate from adult offenders, out of sight or sound of the adults.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the Suwannee Correctional Institution. They showed no information that referenced the facility.

The auditor received five letters from inmates at SCI through the advertised mailbox prior to the onsite phase of the audit. All five inmates have been placed on the list of inmates to interview during the onsite phase of the audit.

Onsite Audit Phase

The auditor arrived at SCI on 01/05/21 and attended a short entrance briefing in the administration building with Warden Lane, Assistant Warden and PCM Goodwin, the Colonel, three Majors, the CSC, the classification supervisor, and a senior classification officer. The auditor received a short security briefing from staff, and we discussed the schedule for the week. The auditor explained the onsite audit was intended to observe the operations of the facility and assess the day-to-day practice of the staff's interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the facility's compliance with the PREA standards, which the auditor believed the facility was already meeting. The auditor provided staff with the list of randomly selected staff members and inmates for interviews. The auditor was notified that the inmate count on the first day of the onsite audit was 1,615.

The Suwannee Correctional Institution consists of three facilities, the Main facility, the SCI Annex, and the SCI Work Camp. At the time of the audit, the Work Camp was closed and was not audited. The SCI Main has a bed capacity of 1,607 and the population on the first day of the onsite audit was 876. The SCI

Annex has a bed capacity of 1,528 and the population on the first day of the onsite audit was 739. The average daily population for the previous 12 months prior to the onsite audit for both compounds was 2,000. Both facilities house males only and the Main facility houses youthful inmates. At the time of the onsite audit, there were a total of 43 inmates in custody aged 15-17.

The auditor was then escorted to the facility's human resources building. Here, the auditor had his fingerprints taken and uploaded into the Florida Department of Law Enforcement Falcon system. This system is utilized to assist corrections facilities in monitoring staff member's potential criminal activity.

This will be explained further in the discussion for PREA standard 115.17. While in the human resources building, the auditor interviewed a staff member and reviewed the area. The building is outside the secure perimeter of the facility, but one inmate worker is assigned here as a porter to clean offices. It was explained that he is not allowed alone with a staff member inside the office and must follow strict rules to keep his job. The auditor did not locate any blind spots or any areas of danger where the inmate could fall victim to sexual abuse outside the watch of other staff members.

The auditor then began the site review in the SCI Main compound. The Main compound has eight housing dormitories. Five of the eight dormitories are closed-door close supervision dormitories. Four of those dormitories house close management and disciplinary inmates. Each dormitory has the same layout and is split into four separate housing units, with a raised control room at the center. The auditor toured each dormitory. Each housing unit has a large, open dayroom that is well-lit. The inmate telephones are on the wall near the front of the unit and signage regarding PREA was visible in each of the housing units. The PREA signs include information about the right to be free from sexual abuse, the ways to report incidents of sexual abuse, and the counseling services that are available. The auditor saw the required audit notice in each housing unit, as well as in the entry way of each of the dormitories.

The cells have closed doors with windows, house two inmates each, and are wet cells. The showers are along one wall of the unit. Each shower has a half-door that restricts viewing of the inmate's body. Each housing unit contains cameras that provide views of the dayroom but cannot see inside the showers or see inmates inside the cells where they would be visible while using the toilet. The auditor then entered the control room and reviewed the camera monitor that is available for viewing in each of the control rooms. The control room operator does not have the ability to replay video or access additional cameras other than the cameras assigned for that specific dormitory. None of the camera views allow for the viewing of toilets or showers and is not a concern for cross-gender viewing of naked inmates. All storage closets and staff restrooms were closed and locked. In the dormitory entry hall, there is a medical examination room that is staffed by at least one medical professional. Inmates are brought here for medical care that does not require more urgent care. This door remains locked when the medical staff is not present. When inmates are present, a security staff member is always present, and the inmate is never left alone with the medical staff. The auditor found the dormitories to be built in a wide-open fashion, providing for no blind spots that are out of the view of the floor security officers or the control room operator.

Three dormitories are open dormitory style buildings, each split into two housing units. Each dormitory has a housing unit on each side with a center raised control room. As the auditor saw in the other dormitories, the control room operator has no access to replay video and cannot view inmates in the shower or restrooms. The auditor toured each of the three dormitories and could easily see PREA signage near the inmate telephones. The required audit notice was posted on the inmate bulletin board in each unit. The restroom and shower areas are separated off to one side of the unit. There is no camera coverage in this area. Each of the toilets is separated by a half-wall. The showers are separated from the rest of the restroom area by a half-wall, but there is no separation between the shower heads.

At the entrance to the showers is the first shower head, and this is the available handicap shower. Since

this shower is visible to the outside, FDC has provided a mobile curtain that can be moved in front when someone is using this first shower. This provides privacy for the inmate to prevent viewing from staff or inmates. There are visible cameras in the main dormitory area and in the dayroom area. There are no visible blind spots, as again, the dormitory is built in a wide-open fashion.

The last dormitory is another closed-door dormitory, and it houses youthful inmates. This dormitory sits at the front left corner of the facility compound and is separated from the other dormitories, which is likely why it was chosen to house the youthful inmates. Aside from the physical building sitting apart from others, there are two fences that separate this building from the others. The layout of the dormitory is just like the other closed-door dormitories, and the auditor found the same signage, camera coverage, inmate phones, and lack of blind spots. The auditor spoke with several inmates while performing the site review. Each inmate was respectful, adequately described the PREA information, knew how to report a PREA allegation, and felt safe in the facility. There was a group of about 15 inmates in the dayroom.

The auditor spoke to the group and we discussed access to the adult inmates. The auditor was told that adult inmates do not enter the dormitory. Inmate meals are delivered to the entry hall only. Porters from the youthful population take the meals from there and all inmate work inside the dormitory is performed by youthful inmates. They explained how they moved through the compound to the education building while adult inmates were also on the compound. The adult inmates were instructed to turn their backs while the youthful inmates were moved through the compound, always under the direct escort of their security officers. The inmates confirmed supervisor rounds several times throughout the day and night and they also confirmed that female staff announced their presence prior to entering the housing unit.

Inmates also received education in a small classroom above the entry hall, which was viewed by the auditor before leaving the dormitory. This is an open room, always under watch by the control room operator. The auditor spoke briefly with an educator that was present. He confirmed that he received all required PREA education prior to being approved to work inside the facility and that the youthful inmates can receive education as required without access to adult inmates.

The auditor then toured the support areas of the facility. First was the chapel and the chaplain's area.

The chaplain confirmed that he receives required PREA education annually. The chapel area is wide open and there are no unlocked doors. Corrections officers are always present when services are taking place. The exterior doors are locked so inmates cannot enter without proper approval or escort.

The auditor toured the inmate visitation area. This is an open room, with tables and chairs set up for inmates and visitors. There are locked restrooms for visitors only. A corrections officer is present and has a clear view of the entire room. There are two cameras in the room as well. There are PREA signs on the walls, providing education for visitors, giving them information about the law and how to file an allegation of sexual abuse on behalf of an inmate.

Next the auditor entered classification. Again, the exterior door is locked so inmates cannot enter without proper approval or escort. The auditor met with the grievance coordinator, who described the inmate grievance process. Inmates may complete a grievance form at any time. They are placed in a locked box in their housing unit. Daily, except weekends and holidays, a supervisor takes a locked box around the compound to each housing unit and empties the locked boxes into the lockbox and then delivers it to the grievance coordinator. She then reviews the submitted grievances, logs them in, and begins the process to respond to them. She confirmed that any grievance that references sexual abuse or sexual harassment is treated as an emergency grievance and is given directly to a senior classification officer, whose office is right across the hall. She stated that there is no time limit on the submission of a grievance for a sexual abuse grievance. The auditor went through the classification area and noted several offices, all utilized to meet with inmates for classification purposes. The classification officers

leave office doors open while meeting with inmates. There was an inmate porter present while the auditor while there. The inmate is instructed not to enter offices without approval. There is a large room with inmate files. This room is secured when staff is not present. Classification officers will perform risk screening with inmates here or in the housing units.

Next the auditor entered the mental health area. This area is utilized by staff only. This area consists of mostly offices for staff with some larger rooms for meeting space and for virtual meetings. All of the rooms are secured when staff is not present.

The auditor entered the inmate laundry area next. This area is staffed by two corrections officers and there are between nine and 13 inmate workers assigned to work there. The auditor found no blind spots, as there is adequate camera coverage and mirrors used to view behind the washers and dryers.

Inmates are instructed not to enter the staff office and must have approval before entering the storerooms. The auditor spoke with two inmates present in the laundry and they confirmed that an officer is always present and there are always at least two inmates in the laundry at a time. Inmates here are taught how to sew, and they produce their own inmate uniforms.

The auditor went into the kitchen and inmate dining area. The dining area is a wide-open area with no blind spots. Inmates are here only to eat and leave immediately after the meal is complete. The kitchen is staffed by FDC civilian staff and corrections officers for security. The auditor spoke with several kitchen staff members and verified they had received PREA education and knew the steps to take if an inmate verbally reported sexual abuse. The auditor confirmed that all refrigerators and freezers were locked. Inmates stated that staff must unlock them for them to access anything required to cook. The auditor entered the dry storage room, which was locked, and spoke with the inmate worker assigned to work there. He confirmed that he was locked inside while he worked and no one else was allowed to enter. He showed the auditor the camera in the room and stated that no one would come in to bother him since it would clearly be on camera. The auditor made one suggestion to relocate boxes from a shelf that could block the camera view. Otherwise, the auditor could see no problem areas in the kitchen.

There were no blind spots or unlocked doors that could provide a spot for sexual abuse of an inmate.

The auditor noted that the staff office is in the center of the kitchen and the walls are all glass, which provides a clear view of all kitchen areas and the inmates.

Next the auditor toured the law library and the education area. As in the other areas, the exterior doors are secured so inmates cannot enter without approval or escort. The library area is open without blind spots. There are inmate workers here to provide support to inmates. These inmates also research cases for inmates upon request. The education area is staffed by several educational staff. The auditor was impressed by the bright, supportive quotes painted on the walls. The encouraging remarks for all to see show the inmates the importance of education and remind the inmate that they are important. The empty offices and classrooms were all locked. The auditor spoke with a few of the educators present and confirmed background checks and PREA education for these contracted individuals. The auditor also spoke with a few of the inmates coming and going in this area. Each of the inmates stressed to the auditor excitement about the programs available and stated they would not be able to participate if they engaged in improper conduct with another inmate. The auditor was told just knowing they could lose their opportunity to be in their classes is enough encouragement to stay out of trouble. One inmate said that he would never engage in sex with another inmate just for that reason. These programs include adult basic education, general educational development (GED), special education services, a ready to work program, thinking for a change, wellness education, a plumbing certification course, and a landscape and turf management program.

The auditor then entered the receiving area. This is a secure area where inmates who are being

transferred into SCI are received through the vehicle sally port behind the building. At the time of the site review there were no inmates scheduled to be transferred in, so the auditor asked staff to present to walk him through the intake process. The initial step is a strip search, which is performed in a manner to provide dignity for the inmate, apart from other inmates, and completed by only one male officer. The inmate is then shown orientation videos, which includes the PREA education. Inmate property is then searched before the inmate is escorted to see the nurse, who performs an initial medical screening. The inmate then meets with an orientation officer who has the inmate complete intake paperwork that includes a document that confirms receipt of orientation education including the PREA education. Following this meeting, the inmate is then escorted to their housing unit.

Last, the auditor toured the infirmary. The infirmary is a large area, staffed by contract workers from Centurion, the contracted medical provider for FDC. There are several single cells for isolation or for self-harm inmates, and there are two health care housing units, with a total of 14 available beds. There are several treatment rooms, a laboratory space, and an emergency triage area. All offices are locked unless staff is present. Inmates are not allowed in the offices. Corrections officers are present in the housing area. There are cameras in the infirmary halls and in the housing units. The officers have a small control room with a camera monitor that does not display restrooms or showers. The auditor spoke with a few of the medical staff members. Everyone was able to provide the auditor with proper responses to the questions. PREA signage was in the units and the required audit notice was posted in the halls in the units.

The auditor then performed the site review in the SCI Annex. Overall, the compound is an exact copy of the SCI Main compound, with just a few differences in the dormitory assignments. The Annex compound also has eight dormitories. Six of the eight dormitories are open dormitory style buildings, each split into two housing units. Each dormitory has a housing unit on each side with a center raised control room. The other two dormitories are closed-door close supervision dormitories. Each is split into four housing units. One of those dormitories houses another classification of youthful offenders. The FDC considers young inmates, aged 18-24, as youthful offenders and makes every effort to keep them separate from the adult population just as the PREA standards require for youthful inmates (those under age 18). The auditor toured each of the eight dormitories and found the same PREA signage, audit notice posted for inmates and staff, inmate telephones, covered showers, camera coverage, and lack of blind spots in the housing units.

The remainder of the Annex matched the Main unit, and the auditor found the same results during the site review.

During the site review, the auditor was able to watch as a senior classification officer performed a risk assessment. An inmate had been transferred to SCI Annex from another FDC facility the day before the auditor's arrival. The classification officer met with the inmate in the dormitory supervisor's office and explained why she was there. She stated that she knew the inmate had answered these questions before, but this had to be done each time he moved to another facility. She also asked if he minded if the auditor watched while she did the screening, and the inmate agreed. The classification officer went on to complete the entire risk assessment as was provided to the auditor in the PAQ. The inmate was open and answered all the questions as he was asked. The outcome did not change the inmate's status and he was instructed to contact medical, mental health, or classification if anything arose that caused him concern or risk to his safety. The information for the screening was entered directly into the classification system. The auditor asked about the ability for others to access, read, and alter the risk screening information and the auditor was told that the screening information is secured within the classification system and must be accessed utilizing a password.

Throughout the day and the site review, the auditor talked with several inmates and asked questions about the safety of the inmates and cross-gender announcements. Each inmate the auditor addressed was respectful and stated that female staff members always make the announcement prior to entering the housing unit. The inmates were also clear that they were able to shower and change clothes without being in view of female staff. They also understood the zero-tolerance policy and knew how to ask for help if it was necessary. The auditor witnessed staff in every housing unit clearly make a cross-gender announcement every time we attempted to enter a unit. There were a few times that staff asked us to wait a moment prior to the announcement, then they looked through the unit to confirm that all the inmates were adequately dressed before we could enter.

The auditor also spoke to several of the officers and was greeted respectfully each time. The officers could clearly explain their role in the prevention, detection, and response to allegations of sexual abuse and sexual harassment allegations. Officers confirmed they were required to perform random security rounds at least every 30 minutes on all shifts throughout the days. Officers also confirmed that supervisors routinely made rounds throughout the housing units at various times of the day and night. Those rounds were documented in the logs. When asked about cross-gender announcements, staff stated that they were completed every time a female staff member entered a housing unit. The auditor asked about inmate access to programs, grievances, and telephones while in confinement or close management. The auditor was repeatedly told that all inmates have access to medical services and grievance forms, regardless of their disciplinary status or confinement level. Inmates could also access the telephone for other emergency reasons.

During the site visit, the CSC made several test telephone calls to the posted hotline for FDC. Each of the test phone calls were delivered directly to the facility warden within 24 hours from the time the call was made from the FDC inspector general's office. The auditor reviewed an inmate tablet with one inmate and the inmate showed the auditor how to access the inmate handbook, PREA information in the handbook, an inmate request form.

Forensic medical examinations for SCI are performed by the Sexual Assault Response Team (SART), under a contract with FDC. The SART responds directly to the facility after being contacted by facility and investigating staff members. Facility medical staff coordinate with the SART to provide space for the examination and coordinate a treatment plan for the inmate following the examination. The auditor contacted a nurse director at the SART and completed a telephone interview during the audit. The director provided information confirming the SART staff's PREA education. She stated that staff at any FDC facility contacts SART by telephone and SART responds to the facility to provide the forensic examination. The SART does not provide medication or lab testing, so they provide a treatment plan to the facility medical staff.

Video monitoring at SCI is performed through cameras installed in all dormitories, food service, visiting park, medical, education, laundry, and transfer and receiving. Video retention is between 15 and 30 days. There are a total of 574 cameras deployed on both compounds. The auditor reviewed video monitors in control rooms throughout both compounds and found that no operators had access to view inmates in the restrooms or the showers. Operators do not have the ability to rewind video or to download video. A supervisor must be contacted if an operator has a need to view something on saved video. Administrative staff access video as soon as possible after an incident to download video and secure it so it is not lost and available for review and investigative purposes. The auditor found adequate camera coverage throughout both compounds to assist in monitoring for sexual safety and to provide evidence in the event of a report of sexual misconduct.

Inmate Interviews

The auditor conducted inmate interviews at various times during the onsite audit. They were completed at the SCI Main compound and the SCI Annex, to receive a fair assessment from inmates on both compounds. Based on the inmate population of 1,615 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 50 total inmate interviews must be conducted; a minimum of 25 random inmates and 25 targeted interviews are required. The CSC, the PCM, and a senior classification officer facilitated interviews of all inmates in a private setting. Most of the interviews were completed in offices in buildings that provided privacy for both the inmate and the auditor. For inmates that were in close management, disciplinary confinement, or youthful inmates, those interviews were held in a supervisor's office in the entry hall of their dormitory. The inmate and the auditor were provided privacy for the interview. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	27
Targeted Inmates (Total)	32
Total Inmates Interviewed	59
Breakdown of Targeted Inmate Interviews:	
· Youthful inmates	4
· Inmates with physical disability	4
· Inmates who are blind, deaf, or hard of hearing	2
· Inmate who are LEP	2
· Inmates with a cognitive disability	3
· Inmates who identify as lesbian, gay, or bisexual	4
· Inmates who identify as transgender or intersex	4
· Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	1
· Inmates who reported sexual abuse	5
· Inmates who reported sexual victimization during risk screening	3
Total Number of Targeted Inmate Interviews	32

The CSC and the facility provided the auditor with a complete list of inmates for each of the targeted categories for interviews in the PAQ prior to the onsite audit. The auditor randomly selected inmates from each list and provided those names to the CSC and the PCM during the entrance briefing on Tuesday morning. It is important to note that the facility's classification system perfectly captures each of the traits necessary to identify inmates needed for these targeted interviews. In this manner, the facility is also able to ensure proper education for those inmates that might need assistance as well as properly identify those inmates that may be vulnerable to sexual abuse or sexual harassment in the facility.

The auditor was also provided a full alphabetical list of inmates housed at both the Main compound and the SCI Annex in the PAQ. The audit randomly selected inmates from each compound, as well as the youthful housing unit. For random inmate interviews, the auditor selected 30 inmates, the person listed

in cell 12 and cell 22 in each housing unit. All interviews were completed using the Department of Justice interview protocols.

Staff Interviews

The auditor conducted interviews with facility and agency leadership and are not counted in the totals below:

Warden Christopher Lane, Facility Warden

Judy Cardinez, Agency PREA Coordinator

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	20
Specialized Staff (Total)	36
Total Staff Interviewed	56
Breakdown of Specialized Staff Interviews:	
· Intermediate- or higher-level facility staff	2
· Facility PREA Compliance Manager	1
· Medical and mental health staff	4
· Non-medical staff involved in cross-gender strip searches	1
· Human resources staff	1
· SANE staff	1
· Volunteers and Contractors who have contact with inmates	4
· Investigative staff	1
· Staff who perform screening for risk of victimization	2
· Staff who supervise inmates in segregated housing	2
· Incident review team	1

· Designated staff member charged with monitoring retaliation	1
· First responders, security staff	2
· First responders, non-security staff	1
· Line staff who supervise youthful inmates	1
· Education and program staff who work with youthful inmates	2
· Intake staff	1
· Food service	2
· Maintenance	1
· Mailroom Staff	1
· Training Supervisor	1
· Inmate Disciplinary Hearing Staff	1
· Grievance coordinator	1
· Chaplain	1
Total Specialized Interviews	36

The CSC supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. The facility lists 38 volunteers and 120 contractors on their approved entry list. The auditor interviewed four contractors (all from Centurion, the contracted medical provider) as part of the specialized staff interviews. There were no volunteers available to interview due to the ongoing coronavirus emergency. Information regarding volunteers was confirmed through other interviews and is reviewed under that standard discussion later in this document. For random staff interviews, the auditor selected four staff members from each of the three security shift rosters and administrative shift roster, the third, fifth, seventh, and fourteenth person listed. Random staff interviews were conducted in a private setting, either in an office in a secure building or in the administration area. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. The auditor reviewed a list of 38 grievances and verified that there were no grievances listed that were related to sexual abuse or sexual harassment that were not included in the investigation files. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	10
Inmate Files	20
Investigation Files	37
Total Files	67

Employee Files: The auditor was provided ten employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

Inmate Files: The auditor reviewed 20 inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

Investigation Files: During the previous 12 months, there were a total of 37 allegations of PREA related misconduct at the facility. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There were no substantiated allegations of sexual abuse or sexual harassment and, therefore, no referrals for criminal charges. However, the auditor was provided a copy of an investigative report from a sexual abuse investigation from August 2020. The suspected abuser in this case was arrested at the time of the initial investigation and charged with a sexual battery upon an inmate. Although this investigation has not yet been closed and substantiated, criminal charges have been filed. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded	Investigation Ongoing
Inmate-on-inmate abusive sexual contact	0	1	1	2
Inmate-on-inmate nonconsensual sexual act	0	1	2	4
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual misconduct	0	8	3	12
Staff-on-inmate sexual harassment	0	1	1	1
Total Allegations	0	11	7	19

The investigation files include the following documents: Incident report, witness statements, grievance, PREA Investigative Report (DC6-2019), Inspector General Inquiry/Report, Notification of other institution (warden to warden email), Discipline report, Arrest report, Law enforcement notification, special review screens, Acknowledgement of receipt of grievance orientation (DCI-307), Acknowledgement of Receipt of Training on PREA (DC6-134C), iBAS/SRI Results-IM29 screen print, IM70 or IRN 79 printout, iBAS/SRI re-assessment screening (IM29 screen print), Medical/Mental Health forms, housing logs (DC6-208), special housing logs (DC6-233), Holding cell log (DC6-208), SART notification, Sexual Abuse Incident Review (DC6-2076), notification/reporting to inmate by IG notification, and monitoring for retaliation.

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. Although there were several reported incidents of sexual abuse during the last month right before the onsite audit, the auditor found many investigations, some dating back to January and February 2020, still open with no resolution. The auditor found complete investigative files, with proof of immediate action taken upon first notification, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment. The investigator's review and case resolution, however, is missing from the file, and the auditor is unsure of the need for the delay in the case closure. In the auditor's opinion, such a delay can lead to more sexual abuse allegations, as the inmate population will see no negative impact when an inmate makes an allegation with no case resolution. Whereas more case closures, with disciplinary sanctions for inmate offenders, will send a message to the inmate population that the agency's zero-tolerance policy is taken seriously, and future incidents of sexual abuse will not be

tolerated. SCI is in compliance with all provisions of the investigations standards, but the auditor strongly recommends the agency complete the investigations in a more timely manner. This will lead to a greater level of sexual safety at SCI when inmates see a greater impact to the response to allegations of sexual abuse and sexual harassment.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Warden, the Assistant Warden, the colonel, three majors, the classification supervisor, a senior classification officer, the CSC, and the Agency PREA Coordinator. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed to the Warden and his team his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor was impressed with the cleanliness of the facility and the cooperation of the entire team to complete with the audit. The auditor appreciated the cooperation of everyone to assist in not only the onsite portion, but also the preaudit completion of the OAS and gathering of requested documentation.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested some minor additional documentation from the CSC to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review.

The auditor did not receive any correspondence from staff or inmates through the advertised auditor mailbox.

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the OAS and a final report was submitted to the PREA Resource Center and to the Florida Department of Corrections.

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 Suwannee Correctional Institution (SCI) is located at 5964 U. S. Highway 90, Live Oak, Florida. The facility is operated by the Florida Department of Corrections, one of 143 institutions overseen by Secretary Mark Inch and Agency PREA Coordinator Judy Cardinez. Suwannee was constructed and opened in 2009. SCI is composed of three separate facilities, the Main unit, SCI Annex, and SCI Work Camp. The Work Camp is currently closed and was not part of the current audit. SCI employs 532 personnel, who all work under the leadership of facility Warden, Chris Lane. Facility leadership consists of an Assistant Warden for Security, an Assistant Warden for Mental Health, a Colonel and three Majors. The facility assigns two captains, one lieutenant, 30 sergeants, and 60 officers to first shift (midnight), four captains, two lieutenants, 33 sergeants, and 65 officers to second shift (day), four captains, two lieutenants, 31 sergeants, and 61 officers to third shift (evening), and seven lieutenants, 17 sergeants, and 56 officers to the administrative shift.

SCI houses male inmates sentenced to serve at least one year in the state prison system. The age range of offenders spans from 15 to 85. The facility houses youthful inmates, aged 15 to 17, in separate housing from adult inmates. There were 43 youthful inmates in custody at the time of the audit. The average daily population for the last 12 months is 2,000, with an average length of stay of 14 years. Demographically, of the 1,615 inmates in custody on the first day of the audit, there were 661 white inmates, 865 black inmates, and 89 inmates indicated as other. There were 3,311 inmates admitted to SCI over the last 12 months whose length of stay was for 72 hours or more.

The SCI Main compound has eight housing dormitories. Five of the eight dormitories are closed-door close supervision dormitories. Four of those dormitories house close management and disciplinary inmates. Each dormitory has the same layout and is split into four separate housing units, with a raised control room at the center. Three dormitories are open dormitory style buildings, each split into two housing units. Each dormitory has a housing unit on each side with a center raised control room. The last dormitory is another closed-door dormitory, and it houses youthful inmates. This dormitory sits at the front left corner of the facility compound and is separated from the other dormitories, which is likely why it was chosen to house the youthful inmates. Aside from the physical building sitting apart from others, there are two fences that separate this building from the others. The layout of the dormitory is just like the other closed-door dormitories. Open dormitory style dormitories house approximately 170 inmates and closed-door dormitories house approximately 230 inmates.

The Annex compound also has eight housing dormitories. Six of the eight dormitories are open dormitory style buildings, each split into two housing units. Each dormitory has a housing unit on each side with a center raised control room. The other two dormitories are closed-door close supervision dormitories. Each is split into four housing units. One of those dormitories houses another classification of youthful offenders. The FDC considers young inmates, aged 18-21, as youthful offenders and makes every effort to keep them separate from the adult population just as the PREA standards require for youthful inmates (those under age 18). Open dormitory style dormitories house approximately 170 inmates and closed-door dormitories house approximately 230 inmates.

The remaining facility characteristics are the same for the Main compound and the SCI Annex. All cells in closed-door dormitories are wet cells, with showers along one wall of the unit. Each shower has a half-door that restricts viewing of the inmate's body. The door is approximately two feet long and covers from about the knee up to about the shoulders. This affords officers in the housing units to view inmates at the head and feet to provide safety and security without viewing the inmate's body. Each housing unit has cameras that provide views of the dayroom but cannot see inside the showers or see inmates inside the cells where they would be visible while using the toilet. In the open dormitory style dormitories, the restroom and shower areas are separated off to one side of the unit. There is no camera coverage in this area. Each of the toilets is separated by a half-wall. The showers are separated from the rest of the restroom area by a half-wall, but there is no separation between the shower heads. At the entrance to the showers is the first shower head, and this is the available handicap shower. Since this shower is visible to the outside, FDC has provided a mobile curtain that can be moved in front when someone is using this first shower. This provides privacy for the inmate to prevent viewing from staff or inmates. There are visible cameras in the main dormitory area and in the dayroom area.

Each of the dormitories and housing units is constructed in a wide-open fashion, without odd angles, that provides for clear views of the entire housing unit on camera, by corrections officers on the floor, and by control room operators. This provides for greater sexual safety throughout the facility by limiting available blind spots and hidden areas where inmates can be placed at harm. Also, all offices, staff restrooms, storerooms, janitorial closets, and medical exam rooms are secured unless they are in use. This also provides for greater sexual safety.

A few of the dormitories are utilized to house inmates for specific reasons or programs. One dormitory is for inmates in close management due to mental health. Three of them are close management due to disciplinary or safety concerns. Two dormitories are specific for inmate programs. The inmates are encouraged to maintain participation in the program by maintaining good behavior. This promotes sexual safety. Two dormitories are utilized for youthful inmates.

Inmate visitation is available seven days a week, in an open room, under direct watch of a corrections officer. There are signs in the visitation area for the public to view the facility's zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

The kitchen on both compounds is staffed by non-sworn FDC staff members, as well as corrections officers to provide security. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are secured. The officer must open these areas at the request of the kitchen staff before any inmate may access the area to obtain needed items for food preparation. The staff office is in the center of the kitchen and the walls are constructed of glass to provide for a clear view of the kitchen, thus providing greater sexual safety.

The laundry utilizes cameras and mirrors to ensure safety and prevent inmates hiding behind the large washers and dryers. The inmate workers are always under the supervision of a corrections officer. There is also a program that teaches inmates to sew and they produce inmate uniforms. This program promotes sexual safety by encouraging participation and teaching a skill that can be used following release from the facility.

The chaplain's office provides several worship services along with communication and anger management classes, personal growth programs, Thinking for a Change, Victims Impact, parenting/relationship class, new life behavior class, a chapel library program, and anger resolution class. Each of these classes and programs provide the inmates with avenues to channel their free time and

assists in the prevention of sexual misconduct.

The facility provides a large educational Institutional Betterment Program, offering several self-help, educational, and vocational programs. These programs include adult basic education, general educational development (GED), special education services, a ready to work program, thinking for a change, wellness education, a plumbing certification course, and a landscape and turf management program.

Inmate health care services are provided through FDC's contracted medical provider Centurion. All medical and mental health care services are available to inmates 24 hours per day. The infirmary has several single cells for isolation or for self-harm inmates, and there are two health care housing units, with a total of 14 available beds, on each compound. There are several treatment rooms, a laboratory space, and an emergency triage area. Medical and mental health services are available at all hours of the day, and a doctor is on call, if needed. Inmates are referred to local medical services for services not available by the facility staff and inmates requiring emergent care will be transferred by ambulance to the local hospital. Mental health services at SCL are broad, as there is a large mental health inmate population.

Forensic medical examinations are performed by the Sexual Assault Response Team (SART), under a contract with FDC. The SART responds directly to the facility after being contacted by facility and investigating staff members. Facility medical staff coordinate with the SART to provide space for the examination and coordinate a treatment plan for the inmate following the examination.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	1
Number of standards met:	44
Number of standards not met:	0

Suwannee Correctional Institution has exceeded the standards on Standard 115.14.

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>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. FDC Organizational Chart 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA compliance manager <p>Findings (by provision):</p> <p>115.11(a). The Florida Department of Corrections and the Suwannee Correctional Institution has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>, which outlines their zero-tolerance sexual abuse policy. The procedure clearly describes the agency’s approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(b). The agency has designated an agency wide PREA coordinator, Judy Cardinez, who reports directly to the Deputy Director of Institutional Operations. The agency’s organizational chart was provided for review and shows the PREA coordinator’s position as a direct report to the Deputy Director, listed fourth under the Secretary of Corrections. There is no question as to the authority level of the PREA coordinator at this agency. The auditor interviewed the PREA coordinator and confirmed the main function of her position is PREA compliance, PREA contracts, and PREA grant funding. The PREA coordinator also has two Correctional Services Consultants (CSC) assigned to the office that assist with PREA-related services, including PREA audits. The auditor has worked directly with one CSC for this audit assignment. Based on this interview, the organizational chart, and my contact with the PREA coordinator and the CSC during the several months of this audit, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(c). The agency has designated 57 PREA compliance managers to handle the responsibilities at their correctional facilities. At 50 of the facilities, the position is held by the Assistant Warden and the other seven facilities are privately run. As the Assistant Warden, the PREA compliance manager (PCM) should have sufficient authority to coordinate the facility’s efforts to comply with the PREA standards. The PCM provides reporting to the PREA coordinator at the agency level and maintains records and statistics at the institution. Through</p>

an interview with the PCM, the auditor was able to determine the PCM clearly understood his role and was well educated on the PREA standards. The PCM indicated that there was sufficient time to complete duties as the PCM, as it was a required part of the Assistant Warden responsibilities. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 205.002 – <i>Contract Management</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (by provision):</p> <p>115.12(a) The agency provided FDC Procedure 205.002 – <i>Contract Management</i> in the PAQ. This procedure states, “The contractor/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The contractor/vendor(s) will also comply with all Department policies and procedures that relate to PREA” (p. 12).</p> <p>Through an interview with the agency contract administrator, the auditor was able to confirm that FDC contracts include verbiage related to the vendor’s obligation to comply with PREA standards prior to entering into agreements with the agency. If the entity is not PREA compliant or fails to become compliant, the contract will not be executed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.12(b) The auditor interviewed the agency contract administrator, who indicated that any new contract or contract renewal shall provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. The auditor was told that there are a total of 74 contracts for confinement of FDC inmates in the state, and they have all submitted proof of compliance with the PREA standards. The seven private agencies that operate correctional facilities on behalf of FDC have all completed their PREA compliance audit and those audit reports are submitted to the FDC PREA coordinator and are posted on the FDC website. The agency contract administrator confirmed that inmates will not be housed in any facility or with any entity that fails to provide proof of compliance with the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. FDC Suwannee CI Staffing Plan 3. Suwannee Correctional Institution PREA Annual Staffing Review 2. Interviews: <ol style="list-style-type: none"> 1. PREA Coordinator 2. Agency Head 3. Random Inmates 4. Random Staff 5. Specialized Staff 3. Site Review Observations <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Programs area 3. Housing units 4. Kitchen 5. Health services <p>Findings (by provision):</p> <p>115.13(a). In the PAQ, the agency provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. In the <i>Prevention/Detection</i> Section, the procedure states that the Office of Institutions will develop a particularized staffing plan for each institution that provides adequate staffing levels and video monitoring to protect inmates against sexual abuse sexual battery, staff sexual misconduct, and sexual harassment. The agency also provided the auditor a copy of the FDC Suwannee CI Staffing Plan. The document includes the staffing level guidelines for SCI and the breakdown of video monitoring technology for the compound. The plan includes a review of the supervision for the institution.</p> <p>The staffing plan mandated in this provision must take into account 11 considerations:</p> <ol style="list-style-type: none"> 1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Department created posts for SCI within the plan in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC) and US Department of Justice’s “Guidelines for the development of a security program”. 2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – SCI has had judicial findings of inadequacy. SCI provided information regarding three lawsuits/settlement agreements. None of the three listed cases involved concerns with sexual abuse. 3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – SCI has not had any findings of inadequacy from any Federal investigative agency.

4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – The Department has undergone an intense effort to analyze current staffing patterns, including two analyses in 2015 and a contracted comprehensive staffing analysis in 2016. Although the reviews found the deployment of staffing to fulfill the needs of the staffing plan to be inadequate, the staffing plans were acceptable. The Department notes concerns when critical staffing falls to only Level I posts.

5. Provision 115.13(a)(5) – All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) – SCI has evaluated the compound and has no identified any concerns with the physical plant since its opening in 2009 for the Main unit and 2010 for the Annex.

6. Provision 115.13(a)(6) – The composition of the inmate population – The SCI staffing plan is based on an inmate population of male inmates with several specialized housing missions, including youthful offenders, close management, transitional care unit, crisis stabilization unit, Americans with Disabilities unit, youthful inmates (under age 18), and general population. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation, or age. It also includes adequate staffing for a dormitory specified for housing of the youthful inmates, that is separated from adult inmates by sight and sound.

7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The plan considers the placement of supervisors for the proper supervision of staff and safety of the inmates to ensure coverage for the security inspections and required facility rounds. These tasks help to ensure sexual safety in the facility.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The SCI plan ensures adequate staff assigned to daily programmatic activities. The SCI mental health unit has program officers to assist with mental health group activities and exercise officers to ensure participation in required recreation. There are staff members assigned as well to the educational and vocational programs to ensure all inmates are provided access to education programs without limiting security operations or endangering the sexual safety of inmates.

9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the Department, specifically SCI staffing levels.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – Based on the number of substantiated and unsubstantiated sexual abuse allegations at SCI in 2019, coupled with the sexual abuse incident reviews of those allegations, the agency determined that modifications to the staffing plan were unwarranted.

11. Provision 115.13(a)(11) – Any other relevant factors – The plan considered all other incidents and the institution’s physical plant and found no need to make modifications to the current staffing plan.

The overall staffing of the facility is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the facility. The

auditor also noted adequate staffing throughout the compound, as well as supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, medical and mental health, and all housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited the control rooms where staff actively monitor video within the facility. There appeared to be extensive coverage in all areas of the facility.

The auditor talked with several supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

The auditor visited the education and programs buildings and the library and law library. Inmates were able to utilize the library services and easily attend programs without taking away security and safety from the rest of the compound. In fact, inmates expressed to the auditor that participation in these programs and educational opportunities were sought after by inmates. Inmates told the auditor that they were so eager to participate that it was encouragement to avoid violating inmate rules so they could maintain their program participation, thus adding to institutional sexual safety. The staffing plan provides for additional programs staff leading to this participation.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden talked about the staffing plan and indicated the staffing plan is written at the agency level but is reviewed annually by staff at the institution. The Warden explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. The Warden believes that it allows for more than adequate staffing coverage at the institution. Each of the three shifts at the Main unit and the Annex has adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the inmate population. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Warden confirmed the plan covers each of the 11 points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and addresses any concerns immediately and forward those reports to the Warden's office for additional review and approval. The auditor also interviewed the PREA compliance manager, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). The staffing plan reports total deviations from the staffing plan for 2019 of 3,932 hours. These deviations lost work hours due to vacation time, sick hours, family medical leave, military leave, jury duty, workman's compensation, and training. Each of the deviations are properly documents in the daily shift reports and reported directly to the Warden. The auditor interviewed the Warden, who confirmed the documented deviations through the daily shift reports. The auditor was provided copies of the shift reports and noted the deviations below the required minimum staffing. The auditor could see how the institution corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The auditor was provided a copy of the Suwannee Correctional Institution PREA Annual Staffing Review in the PAQ. The annual review was completed in March 2020. The

review indicated that no changes to the staffing plan were warranted based on the institution's inmate population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the agency PREA coordinator's office and signed by the agency PREA coordinator.

The auditor interviewed the agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response* in the PAQ. This policy states, "The Chief of Security shall ensure that unannounced supervisory rounds and opposite gender housing announcements are conducted and documented in accordance with post orders." (p. 8). The procedure also states that staff members are prohibited from taking actions to inhibit the prevention practices in place, which includes alerting coworkers to unannounced rounds by supervisors.

During interviews with 27 random inmates, each inmate stated that supervisors enter the housing units several times a day. When asked, inmates told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 20 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed supervisors during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Also, during the site review, the auditor met supervisors in the housing units while they were performing their unannounced rounds.

Several copies of event logs were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. Rounds were logged as "Unannounced PREA Round Conducted" at all times of the day and night. The logs were from different days of the week throughout the month. During the onsite audit, the auditor was provided with video of supervisors making rounds in various housing units on both compounds. The video clearly showed the supervisor entering the unit at different times, making full round of the unit, and reviewing all areas of the unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14	Youthful inmates
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents: (Policies, directives, forms, files, records, etc.) FDC Procedure 601.211 – Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities FDC Procedure 501.201 – Special Education Services</p> <p>Interviews: Specialized staff Targeted inmates Random inmates</p> <p>Site Review Observations Programs area Youthful housing</p> <p>Findings (by provision):</p> <p>115.14(a). The auditor reviewed FDC Procedure 601.211 – <i>Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities</i>, which was provided in the PAQ. This procedure outlines the requirements to house inmates within FDC that are under age 18. The Department has designated two institutions for housing of male youthful offenders that have been defined as those inmates 17 years of age and under. Suwannee Correctional Institution is one of the two institutions designated in the State. As outlined in the procedure, these inmates are to be separated from anyone 18 years of age and older. Also, by Florida state law, and facility policy, staff are required to complete security rounds every 10 minutes, without exception.</p> <p>During the site review, the auditor was directed to Dormitory A in the Main Unit. This dormitory is designated for housing of youthful inmates aged 17 and under. The unit is in the near left corner of the compound, sitting slightly away from all other buildings and separated by two fences. There were 43 inmates in custody in the dormitory at the time of the onsite audit. The auditor observed that inmates are unable to see inside or outside windows of the housing unit, so the youthful inmates inside cannot view the adult inmates outside and the adult inmates outside cannot view the youthful inmates. The auditor spoke with approximately nine inmates while they were out in the unit’s dayroom. The inmates appeared to be well-adjusted and did not express fear for their safety in the facility. They were very respectful and answered questions freely. Each inmate stated that the female staff always make a cross-gender announcement prior to entering the housing unit. All nine of the inmates could also explain what PREA was and how to file an allegation of sexual abuse if it was necessary. The inmates all explained they have access to the telephone, the inmate kiosk, grievance forms, attend daily education classes, and daily exercise. The auditor asked about access to adult inmates and was told that adult inmates are never allowed to enter the dormitory. Meals are delivered outside the units, only to the entry hallway. One of the assigned porters then move the meals inside the unit for distribution to the inmates. When moving across the compound to the education building, the inmates are always under direct supervision of corrections</p>	

officers and any adult inmates on the yard are required to turn their backs to the youthful inmates while they walk through.

The auditor interviewed four youthful inmates during the specialized inmate interviews. Each inmate confirmed that the inmates in Dormitory A are always under direct supervision of a corrections officer. They also confirmed that they are unable to see or hear adult inmates while in the housing unit. The inmates also explained that they are provided outside recreation daily, which is accessed in the recreation yard directly outside the dormitory. They also attend school five days a week. The education building is across the compound and the inmates must walk through the compound to get there, under the escort of corrections officers. Adult inmates in the yard at the time are required to turn around and face away while they walk through the yard.

The auditor interviewed a corrections officer assigned to duties in Dormitory A and he confirmed that adult inmates were not allowed to enter the dormitory. He also confirmed separation of the youthful inmates by sight and sound at all times except for movement through the compound to the education building and back to the dormitory, but only under the direct supervision of a corrections officer. He told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to their own dormitory. Youthful inmates may be placed in confinement within the dormitory, but only for disciplinary reasons. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(b). The auditor interviewed four youthful inmates during the onsite phase of the audit. The inmates stated the education building is across the compound and the inmates must walk through the compound to get there, under the escort of corrections officers. Adult inmates in the yard at the time are required to turn around and face away while they walk through the yard.

The auditor interviewed a corrections officer assigned to duties in Dormitory A and he confirmed that adult inmates were not allowed to enter the dormitory. He also confirmed separation of the youthful inmates by sight and sound at all times except for movement through the compound to the education building and back to the dormitory, but only under the direct supervision of a corrections officer.

The auditor also interviewed two educational staff members who provide educational classes for the youthful inmates. Some of the smaller education classes are provided in a room inside Dormitory A. Here, the inmates are still separated from adult inmates. Other classes, however, are provided in the education building at the far end of the compound, far away from the dormitory. The inmates are brought to the building and the classes are held at the end of the hall, in a locked room, separated from the adult inmates, under constant supervision of the educational staff and the corrections staff assigned to the education building. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). The auditor interviewed four youthful inmates during the specialized inmate interviews. Each inmate confirmed that the inmates in Dormitory A are always under direct supervision of a corrections officer. They also confirmed that they are unable to see or hear adult inmates while in the housing unit. The inmates also explained that they are provided outside recreation daily, which is accessed in the recreation yard directly outside the dormitory. They also attend school five days a week. The education building is across the

compound and the inmates must walk through the compound to get there, under the escort of corrections officers. Adult inmates in the yard at the time are required to turn around and face away while they walk through the yard.

The auditor interviewed a corrections officer assigned to duties in Dormitory A and he confirmed that adult inmates were not allowed to enter the dormitory. He also confirmed separation of the youthful inmates by sight and sound at all times except for movement through the compound to the education building and back to the dormitory, but only under the direct supervision of a corrections officer. He told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to their own dormitory. Youthful inmates may be placed in confinement within the dormitory, but only for disciplinary reasons.

The auditor also interviewed two educational staff members who provide educational classes for the youthful inmates. Some of the smaller education classes are provided in a room inside Dormitory A. Here, the inmates are still separated from adult inmates. Other classes, however, are provided in the education building at the far end of the compound, far away from the dormitory. The inmates are brought to the building and the classes are held at the end of the hall, in a locked room, separated from the adult inmates, under constant supervision of the educational staff and the corrections staff assigned to the education building. Based on this analysis, the auditor finds the facility in compliance with this provision.

Based on the institution's ability to provide the youthful inmates a separate housing unit with no access to adult inmates and full access to required educational opportunities and large muscle exercise, as well as the inmate's well-adjusted attitude and lack of concern for their safety the auditor considers the institution to exceed this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.018 – <i>Contraband and Searches of Inmates</i> 2. FDC Procedure 602.036 – <i>Gender Specific Security Positions, Shifts, Posts, and Assignments</i> 3. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 4. Training curriculum 5. Training records 6. FDC Housing Unit Log 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Strip search room 3. Bathrooms and shower areas 4. Housing units 5. Medical services <p>Findings (by provision):</p> <p>115.15(a). In the PAQ, the facility provided FDC Procedure 602.018 – <i>Contraband and Searches of Inmates</i>. This document specifically describes the policy related to when and how searches are to be performed on inmates. This procedure requires that unclothed body searches of inmates be conducted by staff of the same sex, except in an emergency (p. 5). The policy requires supervisory approval for body cavity searches, which are to be performed by medical staff only. The PAQ shows that no body cavity searches were performed in the previous 12 months.</p> <p>During the site review, the auditor viewed the strip search area in the institution’s receiving area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the institution. During the site review, the auditor experienced the intake process and saw where the search would be performed and was told the search would always be performed by a male corrections officer based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that strip searches of inmates are always performed by male officers. The auditor interviewed two officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male inmates at SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.15(b). SCI houses male inmates only and this provision would not apply to this institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). The agency provided FDC Procedure 602.036 – *Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure states that all strip searches of inmates conducted by staff of the opposite gender require the staff conducting the search to submit an incident report explaining the justification for the search exception. In the PAQ, the agency indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). The agency provided FDC Procedure 602.036 – *Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure is intended to set internal guidelines for gender specific security positions, shifts, posts, and assignments. This includes specific posts in housing units and on shifts where inmates are utilizing showers and toilets where there is a likelihood for staff to view inmates in a state of undress where breasts, genitalia, and buttocks would be visible to staff members of the opposite gender. This procedure states that in housing units where this would be a concern, the inmates must not be supervised by officers of the opposite gender. The procedure also requires that when staff members enter housing units of inmates of the opposite gender, they make an announcement prior to entering. The agency provided copies of housing unit logs in the PAQ. The log includes a preprinted remark, “**Announcement made to all inmates the presence of female staff in the dormitory.**” The remark requires a time and staff initials.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates’ breasts, genitalia, and buttocks. The showers and restrooms in open dormitory housing are in open restroom areas. The showers are behind a half-wall and the last shower, where the opening to enter is, has a moveable curtain to provide a cover for the first shower head. The toilets are separated by another half-wall. Female staff members make an announcement prior to entering the area so inmates can cover up and prevent cross-gender viewing, although incidental viewing during security rounds is acceptable. Inmate rules forbid the male inmates from undressing in the open dorm sleeping area. Showers in closed-door dormitories are along one wall of the housing unit. Each shower has a half-door that restricts viewing of the inmate’s body. The door is approximately two feet long and covers from about the knee up to about the shoulders. This affords officers in the housing units to view inmates at the head and feet to provide safety and security without viewing the breasts, buttocks, or genitalia as required in this standard. The auditor checked the video monitors in the control rooms in each housing unit. In each control room, the auditor was able to view the monitor and verified that no showers or toilets were visible on the monitors.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into every housing unit, as the auditor was escorted by two female staff members. Each time we attempted to enter a dormitory, a corrections officer or supervisor clearly made a loud announcement of “female on the dorm”. We were then asked to wait a moment before we entered, allowing inmates the opportunity to cover up if it was necessary.

During random interviews with 27 inmates, they all stated that officers routinely make an announcement before entry to the unit. Three of the inmates, who were housed in the open dormitory, stated that sometimes the announcement was made before the female officer entered the restroom area, not the housing unit. All 27 of the inmates interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 20 officers, they confirmed that cross-gender announcements are done every time a female officer enters a housing unit. Officers stated clearly that they cannot see inmates in the showers and restrooms and will only see inmates naked during routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response*. On page 6, under the *Identification* section, the procedure states, “Staff will not search or physically examine a transgender and/or intersex inmate for the sole purpose of determining the inmate’s genital status.” The procedure goes on to require that staff attempt to determine the inmate’s status through conversation with the inmate or a broader medical examination, if necessary.

During the onsite phase of the audit, the auditor interviewed four inmates who identify as transgender female. Each of the four inmates stated that they had not been searched by the facility to determine the inmate’s genital status. The auditor also interviewed 20 random officers and was told that such searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The facility provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module.

During the onsite phase of the audit, the auditor interviewed 20 random officers. Each of the 20 officers confirmed attending annual in-service training in 2020. The required training for cross-gender searches was included in the training. All 20 officers stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. Memo – PREA Standard 115.16 3. FDC <i>Acknowledgement of Receipt of Orientation</i> 4. FDC <i>Inmate Orientation Handbook</i> 5. Form <i>NI1-120 – PREA Education</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Postings in housing units 2. Medical housing 3. Inmate educational materials <p>Findings (by provision):</p> <p>115.16(a). In the PAQ, the auditor was provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. The procedure states that inmates with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department’s zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. The auditor was provided a memo regarding this standard, which states that SCI will provide inmates with alternatives to accommodate participation in the PREA educational program. Those accommodations include utilization of closed captioning, placement of the inmate close to the video screen, large print brochures, and staff translators. The auditor was provided copies of written acknowledgement of receipt of inmate orientation information for PREA for two inmates, one for a blind inmate and one for a deaf inmate.</p> <p>During the onsite phase of the audit, the auditor interviewed four inmates with a physical disability, one inmate who was partially blind, and one inmate who was partially deaf. The inmates with physical disabilities were all confined to wheelchairs. All four confirmed they had received the PREA education and had no problems with seeing and hearing the video at receiving. All four could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The inmate that was blind stated that he initially had a problem with the intake video but was moved closer to the screen and then was able to view the video. He understood the sexual abuse prohibited acts and knew how to report an incident of sexual abuse. The deaf inmate was interviewed with the assistance of a corrections officer who provided American Sign Language (ASL) translation. The inmate explained that he received PREA education in writing. The officer gave him a sexual abuse pamphlet and was also given the same</p>

education when he was at intake at another FDC facility. The auditor confirmed in an interview with the agency head, the various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. Grievances are available to all inmates and the FDC procedure requires accommodations for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response*. The procedure states that inmates with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department’s zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. The auditor was provided a memo regarding this standard, which states that SCI will provide inmates with alternatives to accommodate participation in the PREA educational program.

Those accommodations include staff translators and translator services. The memo states that SCI employs a variety of staff that speak other languages fluently and are on the approved translators list for the state. The auditor also viewed the FDC *Inmate Orientation Handbook* and inmate brochure *NI1-120 – PREA Education*, which were both printed in English and Spanish.

The auditor spoke with two inmates who spoke Spanish during the random inmate interviews.

One inmate was able to speak enough English to communicate with the auditor and confirmed receiving the PREA education by watching the PREA video in Spanish. He explained to the auditor how to file an allegation of sexual abuse if it were necessary. He also understood behavior that was improper. The second inmate was not able to speak English and a lieutenant was utilized to translate for the inmate. The inmate understood the PREA information, remembered watching the video in receiving, and know how to report sexual abuse if it were needed. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response*. The procedure states, “Inmate shall not be used as interpreters or reads except in exigent circumstances.”

During the onsite phase of the audit, the auditor spoke with 20 random officers and 27 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the facility in compliance with this provision.

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 1364 358">The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> <li data-bbox="295 425 1093 459">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ul style="list-style-type: none"> <li data-bbox="375 470 1484 548">1. FDC Procedure 208.049 – <i>Background Investigation and Appointment of Certified Officers</i> <li data-bbox="375 560 686 593">2. Employment records <li data-bbox="295 604 478 638">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="375 649 630 683">1. Specialized staff <p data-bbox="252 750 598 784">Findings (by provision):</p> <p data-bbox="252 828 1468 1288">115.17(a). In the PAQ, the auditor was provided FDC Procedure 208.049 – <i>Background Investigation and Appointment of Certified Officers</i>. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant’s prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire. The offenses in this standard are all included in this list of automatic eliminations. The procedure requires a full review of the past criminal justice employment history. This would allow for the review of an applicant’s past engagement in sexual abuse in a correctional facility. This same review is required for current employees that are seeking promotional opportunities.</p> <p data-bbox="252 1332 1460 1489">All potential volunteers and contractors that will have inmate contact inside the secure facility must also have a completed background check performed prior to admission to the facility. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.</p> <p data-bbox="252 1534 1460 1691">The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="252 1736 1484 1892">115.17(b). FDC Procedure 208.049 – <i>Background Investigation and Appointment of Certified Officers</i> includes an extensive review of the applicant’s prior work history. This review asks questions regarding the applicant’s sexual harassment history. This review must be completed before the applicant can be approved for employment by the Department.</p> <p data-bbox="252 1937 1460 2139">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the facility in compliance</p>

with this provision.

115.17(c). The auditor was provided FDC Procedure 208.049 – *Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant's prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire.

The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals who will be employed through a Department contractor. These reviews are typically completed by the contractor. This is included in the contractor's FDC contract.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all individuals who will work with a Department contractor must pass the full criminal history review before being approved for entrance to the institution. These reviews are typically performed by the contractor and are included in the FDC contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). In the PAQ, the agency provided Florida Statute 435.03 – Level 1 screening standards, and Florida Statute 435.04 – Level 2 screening standards. Under State Law, certified corrections officers must undergo Level 2 screening standards prior to employment. These standards include background investigations, fingerprinting for statewide criminal history records checks, and national criminal history checks. FDC fingerprints all certified and non-certified employees and enters their fingerprints into the Florida Department of Law Enforcement (FDLE) FALCON system.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that fingerprinted of staff is a part of their normal procedure. In fact, the auditor was fingerprinted and entered in the FALCON system as a potential future contractor for future PREA audits. The Department and SCI is enrolled in the Florida Department of Law Enforcement (FDLE) FALCON system. FALCON is an integrated state-of-the-art system for identifying criminals and reporting data. For law enforcement agencies and correctional agencies, it is utilized through a livescan program, where employee fingerprints are scanned into the FALCON system. Once entered in the enrolled agency file, the FDLE will automatically identify and alert at any time if that individual's fingerprints are received through a new arrest anywhere in the United States. The alert is sent from the FDLE to the agency's

contact, thus providing an automatic system to capture employee arrests. Use of this FALCON system satisfies the requirement for the five-year background check.

For volunteers and contractors, the agency requires that background checks be performed annually for all volunteers and contractors to remain active on the approved list. This is a requirement on all FDC contracts and for all volunteers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). The auditor was provided FDC Procedure 208.049 – *Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires that applicants disclose any prior sexual misconduct.

During the auditor's interview with the human resources staff member, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The agency's employment application was provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Florida. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18	Upgrades to facilities and technologies
	<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 1366 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="296 432 1098 629" style="list-style-type: none"> <li data-bbox="296 432 1098 465">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol data-bbox="376 472 555 506" style="list-style-type: none"> <li data-bbox="376 472 555 506">1. SCI Memo <li data-bbox="296 517 475 551">2. Interviews: <ol data-bbox="376 557 587 629" style="list-style-type: none"> <li data-bbox="376 557 587 591">1. Agency head <li data-bbox="376 602 520 629">2. Warden <p data-bbox="252 712 593 745">Findings (by provision):</p> <p data-bbox="252 790 1445 902">115.18(a). The agency provided a memo in the PAQ stating that SCI has not acquired new facilities or made substantial expansion or modifications to the existing facility since the last PREA audit.</p> <p data-bbox="252 947 1477 1328">During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for SCI. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor also interviewed the agency head, who stated that all facility modifications are based on safety for both inmates and staff. They must be submitted for approval by Regional Directors. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="252 1373 1414 1485">115.18(b). The agency provided a memo in the PAQ stating that SCI has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="252 1529 1477 2067">During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for SCI. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor also interviewed the agency head, who stated that resources have been focused on adding and upgrading current video monitoring technology to enhance overall sexual safety. The Department is continually working with the State legislature to obtain funding to enhance current technology with a goal of having all areas of every facility under surveillance. Video is utilized to identify suspicious activity by inmates and staff members, and it can assist the Office of Inspector General with investigations and prosecutions. The Department has begun using audio monitoring as well as another tool to increase the Department's ability to respond promptly to situations such as assaults or sexual victimization. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 108.015 – <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i> 3. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 4. <i>PREA Victim Advocacy Brochure</i> 5. Contract between Department of Corrections and Another Way, Inc. 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p>Findings (by provision):</p> <p>115.21(a). In the PAQ, the agency provided FDC Procedure 108.015 – <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure states, “The Office of the Inspector General shall, except pursuant to the terms of any valid Memorandum of Understanding (MOU) or protocol with any other law enforcement agency, be the primary investigative unit of all sexual misconduct allegations occurring on Department property (p. 5).” The auditor was also provided the <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i> in the PAQ. This document identifies the standard evidence to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the Office of the Inspector General (OIG) for all investigations at FDC.</p> <p>During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. He confirmed that the OIG investigates all allegations of sexual abuse made by inmates at FDC facilities, including SCI. The investigator stated they utilize a standard evidence collection format provided by the FDLE that follows the national protocol. During random staff interviews, the auditor interviewed 20 officers. Each of the 20 officers interviewed knew that the OIG investigated all allegations of sexual abuse and sexual assault. All 20 officers also knew that evidence was collected by the OIG and officers were responsible to protect the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.21(b). The auditor was provided the <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i> in the PAQ. This document identifies the standard evidence to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the Office of the Inspector General (OIG) for all investigations at FDC. The protocol includes collection and preservation of evidence that is appropriate for</p>

youth.

The auditor reviewed the evidence protocol and compared it with the Department of Justice's (DOJ) *Office on Violence Against Women* publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The FDLE protocol appears to be based upon the DOJ protocol. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). In the PAQ, the agency provided FDC Procedure 108.015 – *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure requires the OIG to ensure the inmate victim obtains medical treatment, a forensic examination, and advocacy. Forensic examinations for FDC are provided by SART, a contracted agency that provides forensic medical examinations, performed by sexual assault nurse examiners (SANE) at the FDC institution where the incident occurred. Per the agency contract, facility staff contact the SART immediately and a SANE responds to the institution to perform the examination in the institution's medical department. Per language in FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response*, such examinations are provided without financial cost to the victim.

During the onsite phase of the audit, the auditor conducted a telephone interview with a nurse director at the SART. The director verified that their contract with FDC requires them to respond immediately to an institution when contacted to perform a forensic medical examination. A SANE nurse will respond and perform the examination. When asked, the director stated they will respond to all calls for response, so there is no need for an alternative plan for coverage for a SANE. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). In the PAQ, the facility provided a contractual agreement between the **Department of Corrections and Another Way, Inc.** This agreement calls for Another Way to provide victim advocacy for several correctional institutions, including Suwannee Correctional Institution. This advocacy includes the advocacy accompaniment during sexual assault forensic exams and investigatory interviews within eight hours of notification by the Department. The auditor was also provided documentation of completion of a Victim Services Practitioner course through the Florida Crime Prevention Training Institute for the agency PREA coordinator and the office's two corrections services consultants. This practitioner course qualifies all three as community victim advocates, which allows them to provide advocacy services for inmate victims when other advocacy services are unavailable.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that SCI has access to victim advocates through Another Way. Inmates are informed of the available advocates through signage in the facility and through the inmate handbook. The auditor also interviewed five inmates who had reported sexual abuse. All five inmates told the auditor they knew that victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the OIG investigator told them about Another Way. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the facility provided a contractual agreement between the **Department of Corrections and Another Way, Inc.** This agreement calls for Another Way to provide

victim advocacy for several correctional institutions, including Suwannee Correctional Institution. This advocacy includes the advocacy accompaniment during sexual assault forensic exams and investigatory interviews within eight hours of notification by the Department.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that SCI has access to victim advocates through Another Way. Inmates are informed of the available advocates through signage in the facility and through the inmate handbook. The auditor also interviewed five inmates who had reported sexual abuse. All five inmates told the auditor they knew that victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the OIG investigator told them about Another Way. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since sexual abuse investigations are performed by the agency, this provision does not apply to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). SCI has a contract with Another Way to provide victim advocacy services for the institution. With this contract in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	<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 1364 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="295 425 1436 672" style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. FDC Procedure 108.015 – <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="252 705 598 739">Findings (by provision):</p> <p data-bbox="252 784 1468 1075">115.22(a). In the PAQ, the facility provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the OIG (Office of Inspector General) to evaluate the inmate’s concern or allegation. The auditor was also provided FDC Procedure 108.015 – <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. This procedure calls for the OIG to be the investigative unit for allegations of sexual abuse on Department property.</p> <p data-bbox="252 1120 1484 1444">During the onsite phase of the audit, the auditor reviewed the facility’s incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor reviewed the sexual abuse and sexual harassment allegations at the same time. There were 37 sexual abuse allegations that were investigated properly. The auditor interviewed the agency head who confirmed that all allegations of sexual abuse and sexual harassment are investigated by OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="252 1489 1468 1646">115.22(b). In the PAQ, the facility provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the OIG (Office of Inspector General) to evaluate the inmate’s concern or allegation.</p> <p data-bbox="252 1691 1484 2105">During the onsite phase of the audit, the auditor interviewed an investigator with the OIG. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to the OIG for investigation. The auditor reviewed the Florida Department of Corrections web page, and under the tab for Prison Rape Elimination Act, the Department lists the agency’s zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment on a third-party grievance form. The agency’s PREA policy is also posted. The information can be found here: Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us). Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.22(c). All investigations are performed by the agency and not an outside agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. Training curriculum 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. Random staff <p>Findings (by provision):</p> <p>115.31(a). In the PAQ, the facility provided a copy of their FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. This procedure states that all staff training on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment related to PREA standards shall be developed by the Bureau of Professional Development and Training (p. 8-9). All staff shall be thoroughly trained and informed regarding the Department’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment at least every two years. The general PREA training shall include the ten points listed in the PREA standard.</p> <p>The auditor was provided the Department’s training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is presented in a manner that all staff members can understand, and the Department utilizes a test at the end of the course to measure understanding.</p> <p>During the onsite phase of the audit, the auditor interviewed 20 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency. Each officer easily provided the auditor with the date of their last date of training, as it is listed on their training card that is attached to their agency identification card that is worn while on duty. All officers interviewed verified the ten points of this standard in the Department training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for ten randomly selected officers and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.31(b). The Department training curriculum related to PREA is consistent for all corrections staff across the state. Although SCI house male inmates only, all staff at SCI receive the same training for PREA. No additional training would be required for staff if they were transferred to another institution where female inmates are housed, or staff are transferred to SCI from an institution where they worked with female inmates. Based on this</p>	

analysis, the auditor finds the facility in compliance with this provision.

115.31(c). The agency provides training annually for all staff members. Training related to PREA has been provided to staff since 2010. The auditor reviewed training records and determined that all 574 current staff members have received PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(d). All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.

The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis.

Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. FDC <i>Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.32(a). In the PAQ, the facility provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. The procedure states “The institution shall ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities under this and related policies via Professional Development and Training lesson plan “<i>Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign</i>”. The auditor was provided a copy of that training document in the PAQ. The agency indicated that 158 of the 158 approved volunteers and contractors have been educated on the PREA policies.</p> <p>During the onsite phase of the audit, the auditor interviewed four contractors, but no volunteers were available due to the ongoing pandemic. The four contractors confirmed completion of the required PREA education provided by the Department. All four contractors are employed by Centurion, the Department’s medical contractor. The auditor was told that Centurion provides all employees with required PREA education before the contractor is placed at an institution for employment. The Department then requires annual training with the Department’s curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden that all volunteers are required to complete the same training prior to entering the compound. Due to the pandemic, there is no other opportunity for the auditor to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32(b). The auditor reviewed the FDC <i>Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign</i> training curriculum which was included in the PAQ. The curriculum provides the agency’s zero-tolerance policy and focuses on the volunteer or contractor’s role for prevention, detection, and reporting of sexual abuse and sexual harassment. The curriculum appears to be appropriate for the level of contact with inmates.</p> <p>During the onsite phase of the audit, the auditor interviewed four contractors, but no volunteers were available due to the ongoing pandemic. The four contractors confirmed completion of the required PREA education provided by the Department. All four contractors are employed by Centurion, the Department’s medical contractor. The auditor was told that Centurion provides all employees with required PREA education before the contractor is</p>

placed at an institution for employment. All four could easily state the zero-tolerance policy and knew how to report allegations of sexual abuse in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The auditor was provided training logs in the PAQ. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 601.210 – <i>Inmate Orientation</i> 2. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 3. FDC Form NI1-120 – <i>Sexual Abuse Awareness Brochure</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p>Findings (by provision):</p> <p>115.33(a). In the PAQ, the auditor was provided FDC Procedure 601.210 – <i>Inmate Orientation</i>. The procedure states, “The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration.” A major component of the initial orientation program is education on PREA and sexual abuse in prison. The procedure describes initial PREA education as the Department’s zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the “<i>Sexual Abuse Awareness Brochure</i>” (Form NI1-120).</p> <p>During the onsite phase of the audit, the auditor toured the SCI receiving area and walked through the process for intake of an inmate. The auditor acted as an inmate and was presented the initial PREA education brochure, just as an inmate would. The auditor was asked to sign an acknowledgement form that he had received the PREA education. The auditor interviewed 27 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at SCI or were given education years ago when “PREA got started” because they were already here. All 27 inmates could easily describe the zero-tolerance policy, knew what behavior was prohibited, and knew how to report sexual abuse. While in receiving, the auditor interviewed the intake staff and they confirmed providing orientation and intake PREA education to all inmates while they did the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.33(b). In the PAQ, the auditor was provided FDC Procedure 601.210 – <i>Inmate Orientation</i>. The procedure states, “The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration.” The procedure requires comprehensive education for inmates to be provided after the inmate is transferred into an institution. The comprehensive education includes PREA education, in the form of <i>Sexual Assault and Sexual Harassment Orientation</i>. This is completed through the viewing of the “<i>PREA – What You Need to Know</i>”</p>

DVD. The educational video is provided by the National PREA Resource Center and Just Detention International. It is recognized as the best source of inmate education. SCI provided documentation to show 2,035 inmates received over the last 12 months prior to the audit and 2,035 inmates had received the comprehensive education.

During the onsite phase of the audit, the auditor interviewed intake staff and they confirmed the use of the PREA video DVD, to ensure that all inmates can view the video and receive the PREA education. The auditor interviewed 27 random inmates during the onsite phase of the audit. 26 of the 27 inmates confirmed receiving the PREA education and could answer all the questions. One inmate answered all the questions but stated he could not remember seeing a video or receiving education. He said it was quite a while ago, but he knew how to get help if he needed it. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The auditor interviewed intake staff during the onsite audit and walked through the intake process. The orientation process and PREA education is provided for all inmates right in the receiving building while inmates are being processed. There is a staff member specifically assigned to orientation to ensure that all inmates receive the education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). In the PAQ, the auditor was provided FDC Procedure 602.053 – *Prison Rape: Prevention, Detection, and Response*. The procedure outlines resources available for the institution to provide the required PREA education to all inmates, including those with recognized disabilities and those that are limited English proficient (LEP). Those resources include use of close captioning, large print materials, reading of materials, use of Department translators, or use of the Language Line services. The procedure also states that LEP inmates are to be provided PREA education in their primary language.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. Also, the FDC *Inmate Handbook* is available to inmates in both languages. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide inmate education. The auditor interviewed one deaf inmate during the onsite audit and a staff member provided American Sign Language interpretation to assist in communication. The inmate confirmed receiving the PREA education in a format that was clearly understandable. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided copies of signed acknowledgment of receipt of PREA education forms from inmates at SCI. The auditor reviewed several documents and confirmed the inmates' receipt of the education. This information is also maintained in the SCI corrections management system. They show documentation of all 2,035 inmates received over the last 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish.

These signs remind inmates that sexual abuse is not tolerated and provides the hotline number, as well as the information for available counseling services. The inmates all have access to the kiosk where they can access information about PREA and have access to a grievance to complete if needed. The inmates are also provided a FDC *Inmate Handbook*, where the Department's sexual abuse policy is documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i> 2. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.34(a). In the PAQ, the facility provided the training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections</i>, which was provided by The Moss Group. This training was provided to all the Department investigators from the OIG office. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision.</p> <p>The auditor interviewed an investigator from the OIG during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(b). In the PAQ, the facility provided the training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections</i>, which was provided by The Moss Group. This training was provided to all the Department investigators from the OIG office. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision.</p> <p>The auditor interviewed an investigator from the OIG during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(c). The agency maintains documentation showing completion of the investigations course for 96 investigators from the OIG office. There are two investigators assigned to SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i> 2. Training certificates 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.35(a). In the PAQ, the facility provided FDC Procedure 602.053 – <i>Prison Rape: Prevention, Detection, and Response</i>. The procedure requires that all staff, including all medical and mental health staff receive training on the Department’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. In addition to the general PREA training, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training. The agency indicated that 120 medical and mental health staff members are approved for work at SCI and they all have completed the PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed four staff members from the medical department. The medical and mental health services are provided by Centurion, the Department’s contracted medical provider. The auditor interviewed the Centurion medical director, who explained that all Centurion staff receive general PREA education from Centurion before they are approved to work inside a correctional institution. This education is required by the FDC contract. FDC then provide additional PREA education when they begin work at the institution, then annually. The education includes the required specialized medical curriculum. The auditor interviewed three additional medical and mental health staff members, who also confirmed receiving general PREA education and the specialized medical education. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(b). Medical staff at the facility do not perform forensic examinations. Per contract, all forensic examinations are performed by the SART, a contracted provider who would respond to the institution to complete the exam. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(c). The agency does not maintain copies of education completion documentation. It is, however, required in Centurion’s contract that all staff members received required PREA education prior to working in the secure facility and having inmate contact. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(d). The medical and mental health care staff are all employed by Centurion. All contractors receive the required PREA education in standard 115.31 during the contractor</p>

orientation program and by Centurion prior to being approved to enter the institution.

Through interviews with medical staff members and the medical director, the auditor learned that all staff in the medical unit receive the PREA training through their employer Centurion.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i> 2. IBAS IRMS Assessment 3. Intake PREA Screening Checklist 4. Classification PREA Screening Checklist 5. Screening records 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Intake/Booking 2. Classification <p>Findings (by provision):</p> <p>115.41(a). The agency supplied FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i> in the PAQ. The procedure states, “Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate’s age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery (p. 7).”</p> <p>During the onsite phase of the audit, the auditor interviewed two classification staff members who confirmed that all inmates are screened upon admission to SCI. The auditor was present during the screening of an inmate that had transferred to the institution the day prior to the auditor’s visit. The auditor interviewed 27 random inmates during the onsite audit. 25 of the inmates confirmed that they had been asked the screening questions. The other two inmates told the auditor that they were asked the screening questions at intake at the prison intake, but they did not recall having answered the screening questions again at SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.41(b). The agency supplied FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i> in the PAQ. The procedure states, “Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate’s age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery (p. 7).” The agency stated that SCI had 3,311 inmates admitted to the institution within the past 12 months whose length of stay was at least 72 hours and all 3,311 inmates had been screened by classification.</p> <p>During the onsite phase of the audit, the auditor reviewed 20 inmate records which all included the screening from classification. The screening had been completed within 72 hours of the</p>

inmate's arrival at SCI. During interviews with two classification staff members, it was confirmed that the screening of all inmates is done within 72 hours of the inmate's arrival at SCI. Also, the auditor interviewed 20 random inmates and each inmate related that they spoke with classification after they transferred to SCI and they were asked screening questions including prior confinement in jail or prison, prior sexual abuse, identify as gay, lesbian, transgender, or if they thought they would be in danger of sexual abuse at SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The agency provided a copy of the IBAS IRMS Assessment screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(d). The agency provided a copy of the IBAS IRMS Assessment screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in this provision of the standard. Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated.

During the onsite phase of the audit, the auditor interviewed two staff members from classification. They explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The FDC screening tool provided to the auditor includes questions about the inmate's prior sexual abuse history in a detention facility, prior sexual abuse while incarcerated in FDC, and committed sexual abuse at any time in the inmate's life. The screening asks the assessor to review known history of the inmate to determine if there is documentation of committed sexual abuse other than the inmate's admitted offenses. The screening also reviews additional violent criminal offenses.

The auditor interviewed two classification staff members during the onsite phase of the audit. Both staff members confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response* in the PAQ. The procedure states, "Within 30 days from the initial intake screening, the institution will reassess the inmate's risk of victimization or abusiveness."

During the onsite phase of the audit, the auditor interviewed two staff members from classification who confirmed that inmates are reassessed within 30 days from the initial screening completion. The auditor reviewed records for 20 inmates and confirmed the reassessment was completed within 30 days of the inmate's arrival at SCI. There were 2,035

inmates admitted to the facility during the previous 12 months whose length of stay was 30 days or more and all 2,035 has been reassessed. During interviews with 27 random inmates, the auditor asked if they were asked additional follow-up questions by classification staff and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response* in the PAQ. The procedure states, “An inmate’s risk level will be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

The auditor interviewed two classification staff members during the onsite audit, and both confirmed that inmates are continually reassessed based on information that is received from other staff, inmates or through incident reports. During interviews with 27 random inmates, the inmates stated they recalled being asked follow-up questions by classification staff. The auditor reviewed records of reassessment in the investigations files. Each inmate that was included in a sexual abuse investigation was reassessed for victimization or abusiveness by classification and that reassessment was included in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response* in the PAQ. The procedure states, “Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked during the risk screening (p. 8).”

During the onsite audit, the auditor interviewed two classification staff members. Both stated that inmates will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. Agency policy does not allow that, and it is the inmate’s decision to not disclose the information. The auditor was told that staff attempt to encourage the inmate to answer the questions by reminding the inmate that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). The agency has taken specific steps to safeguard the risk screening information. The information is maintained in the computer and accessible only by classification staff.

During the onsite phase of the audit, the auditor interviewed two staff members from classification. Both staff members told the auditor that only classification staff can access the risk screening information in the computer. Without a classification logon, you cannot access the information. The PREA compliance manager was interviewed and he stated that screening information is accessible by classification staff only. Without a valid login for classification, you cannot access the screens to see the screening information. The auditor also interviewed the PREA coordinator, who stated that the classification interview is on the computer and only accessed by classification. This is to protect sensitive information. During the site review, the auditor asked several random officers to access the screening and they were unable to access it. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i> 2. Housing Assessment & Placement 3. IBAS Factors & Score / Profile Comparison 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.42(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i>. The procedure states, “Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmate at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmate perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status. (p. 8). The agency provided copies of scoring decision sheets for housing for the Main unit and the Annex in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from that that score as potential abusers.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who was asked how the agency utilizes the information from the risk screening. He stated that the scoring for risk of victimization and risk of being abusive is entered into classification system and their IBAS system utilizes the scoring to ensure that inmates with different scoring are not housed in cells together and sometimes in the same housing units. This ensures the required separation for safety. The auditor also interviewed two staff members from classification. The classification staff also confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.42(b). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape - Prevention, Detection, and Response</i>. The procedure states, “Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmate at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmate perceived to be</p>

predatory will be housed and given work/program assignments consistent with custody level and medical status. (p. 8). The agency provided copies of scoring decision sheets for housing for the Main unit and the Annex in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from that that score as potential abusers.

The auditor interviewed two staff members from classification during the onsite phase of the audit. The classification staff confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response*. The procedure states, "Housing for transgender and/or intersex inmates will be determined on a case by case basis. The inmate's safety as well as the safety and the security of the institutional compound will be taken into consideration when making the housing determination (p. 6)."

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex inmates are reviewed on a case-by-case basis, which is consistent with the policy. The auditor interviewed four inmates that identify as transgender during the onsite audit. The four inmates told the auditor that they were housed at SCI to be evaluated by the mental health team to be diagnosed with gender dysphoria. They all told the auditor that they were asked for their housing preference during the risk screening process and had been asked about their safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response*. The procedure requires that transgender and intersex inmates be assessed biannually by classification. Classification must conduct an interview and a review of the inmate's housing, program, and work assignments to determine if there any necessary changes or threats to the inmate's safety (p. 6-7).

The auditor interviewed two classification staff members during the onsite phase of the audit. They confirmed that transgender inmates are reassessed twice per year to verify that the transgender inmate is not in any danger and is housed safely, works in a safe situation, and attends safe programming. The reassessment is properly documented when it is completed. The auditor also interviewed the PREA compliance manager, who confirmed that this reassessment for transgender inmates occurs twice yearly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response*. The procedure states, "A transgender and/or intersex inmate's own view, with respect to their own safety, shall be given serious consideration (p. 7)."

During the onsite phase of the audit, the auditor interviewed four inmates that identify as transgender during the onsite audit. The four inmates told the auditor that they were housed at SCI to be evaluated by the mental health team to be diagnosed with gender dysphoria.

They all told the auditor that they were asked for their housing preference during the risk screening process and had been asked about their safety. The auditor interviewed two staff members from classification who stated that transgender inmates are asked about their housing preferences during the screening process. The auditor also interviewed the PREA compliance manager, who also stated that transgender inmates are provided the opportunity share their preferences for housing. Their view for their safety is a part of the housing decisions along with the screening scores, the needs of the Department, and the safety of the rest of the compound. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape - Prevention, Detection, and Response*. The procedure states, “An inmate who has identified as transgender and/or intersex during the SRI assessment shall be given the opportunity to shower separately from other inmates.”

The auditor interviewed four inmates that identify as transgender during the onsite audit. The four inmates told the auditor that they can shower separately in their housing unit. The auditor interviewed two staff members from classification. They stated that transgender inmates are given the opportunity shower separately. Officers understand the FDC policy and understand the need for inmate’s need for safety. The auditor also interviewed the PREA compliance manager who stated that officers provide transgender inmates the opportunity shower separately from other inmates. This is done easily in those dormitories with doors on the showers. In open restrooms and showers, the transgender inmate must be allowed to enter the shower alone or possibly after lockdown after others have completed their showers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). The auditor was provided with lists of inmates who identified as gay and transgender prior to the onsite audit. These inmates were housed throughout the two compounds at SCI and were not confined to a special housing unit. The auditor was also provided the full housing roster for both compounds. There was no housing unit designation for gay, bisexual, or transgender.

The auditor interviewed eight gay and transgender inmates during the onsite audit. All eight inmates told the auditor they were housed in general population or close confinement in regular housing units and they were not confined in special housing units for gay and transgender inmates. The auditor interviewed the PREA compliance manager who told the auditor that FDC is not under any consent decree or court order that requires them or allows them to house gay and transgender inmates in a specific unit. The auditor also interviewed the PREA coordinator who confirmed that there is no consent decree and that inmates are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. <i>Florida Administrative Code 33-602.220 Administrative Confinement</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing units <p>Findings (by provision):</p> <p>115.43(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states, “Inmates at high risk of victimization will 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 from likely abusers.” In the PAQ, SCI states that there have been zero inmates placed in in voluntary segregation over the previous 12 months as a means to separate them from likely abusers.</p> <p>During the onsite phase of the audit, the auditor reviewed screening records for several inmates who were assessed to be at a high risk for victimization. None of the inmates were housed in a segregation housing unit unless they were placed in close confinement for disciplinary reasons. The auditor interviewed the Warden during the onsite audit and the Warden stated that involuntary segregation is not used at SCI to protect those inmates that are at risk for victimization. Those inmates are placed in general population. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43(b). During the onsite phase of the audit, the auditor walked through segregated housing units and close confinement dormitories. The auditor talked to several inmates that were in close confinement and all inmates had full access to the telephone, the kiosk, medical and mental health care, inmate requests, grievance forms, and work programs at the level three confinement level. The auditor confirmed this information by speaking with officers that worked in the close confinement units. Even though inmates were held in close confinement, they still had access to all of this, as much as possible. This confirmed that if SCI saw the need to confine an inmate due to the high risk for victimization, they could still provide the inmate with access to programs and privileges, consistent with this provision. The auditor interviewed two officers assigned to segregated housing and they confirmed the access to programming and privileges in close confinement. The auditor interviewed one inmate who housed in close confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to problems with inmates at another FDC institution. He was not placed in confinement involuntarily. He confirmed, however, that he was able to</p>

access programming, telephone, grievances, healthcare, and work as much as possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. The procedure states, “Inmates at high risk of victimization will 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 from likely abusers.” In the PAQ, SCI states that there have been zero inmates placed in in voluntary segregation over the previous 12 months as a means to separate them from likely abusers.

During the onsite phase of the audit, the auditor interviewed the Warden who stated that SCI had not placed any inmates in involuntary segregation over the last 12 months. Those inmates are placed in general population. The auditor interviewed two officers that work in close confinement and they stated that no inmates have been housed in confinement due to high risk of victimization. The auditor interviewed one inmate who housed in close confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to problems with inmates at another FDC institution. He was not placed in confinement involuntarily. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). The auditor reviewed records of several inmates that were found to be at high risk for sexual victimization. None of these inmates was held in segregation during his incarceration at SCI. Also, through the review of the institution’s sexual abuse allegations, the auditor found that none of the alleged victims were placed in involuntary segregation following the allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the auditor was provided *Florida Administrative Code 33-602.220 Administrative Confinement*. This Code requires the agency to interview the inmate and “prepare a formal assessment and evaluation after each 30 day period in administrative confinement.” This review is completed for any inmate in confinement, regardless of the reason for confinement. The auditor understands this would include those inmates in segregation due to high risk for victimization.

During the onsite phase of the audit, the auditor interviewed two officers that work in close confinement and they stated that no inmates have been housed in confinement due to high risk of victimization. Although, there are no inmates currently in segregation for this reason, all inmates in segregation are reviewed every 30 days. The auditor interviewed one inmate who housed in close confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to problems with inmates at another FDC institution. The inmate was aware that his segregation is reviewed often but could not say exactly how often. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51	Inmate reporting
	<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 1366 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="293 432 1426 801" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC Form <i>NI1-120 Sexual Abuse Awareness Brochure</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff 2. PREA coordinator 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="252 842 593 875">Findings (by provision):</p> <p data-bbox="252 916 1477 1290">115.51(a). In the PAQ, the auditor was provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. This procedure states that all incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported (p. 10). The procedure outlines multiple ways for staff and inmates to report allegations of sexual abuse and sexual harassment in FDC institutions. The agency also provided the auditor with FDC Form <i>NI1-120 Sexual Abuse Awareness Brochure</i>, which also lists the multiple ways to report sexual abuse and sexual harassment. The auditor was also provided a copy of the sexual abuse sign that is posted throughout the institution. The sign tells the inmates how to report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="252 1330 1461 1794">During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in each housing unit. The auditor interviewed 27 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All 27 inmates mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The CSC used the inmate telephone and verified that the phone would connect with the hotline and it did. The CSC provided the auditor with proof of the hotline results the next day. The auditor interviewed 20 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="252 1834 1477 2123">115.51(b). SCI utilizes the Gulf Coast Children’s Advocacy Center as the resource to take outside reporting calls from its inmates. This information is readily available to inmates on signs posted in each of housing units at SCI. The auditor saw the signs posted during the facility site review. The outside entity information is also in the <i>Sexual Abuse Awareness Brochure</i>. Inmates in segregation without telephone access due to discipline are also provided a mailing address for the Gulf Coast Children’s Advocacy Center in the Brochure. FDC does not house inmates solely for civil immigration, so SCI does not have to comply with</p>

this part of this provision.

During the onsite phase of the audit, the auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting number for the outside entity. The posted signs were written in two languages, English and Spanish. The auditor interviewed the PREA compliance manager and asked about the outside reporting entity. He explained that FDC provides two hotline numbers. One is an internal hotline, but the second is the required source outside the agency, answered by the Gulf Coast Children's Advocacy Center. The information is posted on all the signs and is in the brochure handed out to all the inmates. The auditor interviewed 27 random inmates and all 27 knew how to report allegations of sexual abuse through the hotline. They knew that the information was posted on the signs in the housing unit. Based on this analysis, the auditor finds the facility in compliance with this standard.

115.51(c). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* was provided to the auditor in the PAQ. This procedure states, "All staff, volunteers, and contractors will ensure that they foster an environment within their facility that precludes sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment." This includes taking reports of abuse seriously and initiating immediate reporting of alleged abuse to the OIG. The procedure allows for reporting of incidents verbally to any staff member, through the internal hotline, through the external hotline, filing an inmate request form, filing a formal grievance, filing an informal grievance, filing a third-party grievance, or having a family member, friend, or other public member complete a citizen's complaint form.

During the onsite phase of the audit, the auditor interviewed 20 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one staff member that reported having received a verbal allegation from an inmate. Each of the 27 random inmates interviewed were aware that they could report sexual abuse directly to any staff member, call the hotline, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(d). In the PAQ, the auditor was provided with FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. The procedure, on page 11, states, "Staff may privately report sexual abuse and sexual harassment of inmates to any supervisor or administrator."

The auditor interviewed 20 random staff members. All 20 officers explained to the auditor that they could talk to any supervisor to privately report incidents of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. <i>Florida Administrative Code 33-103.006 Formal Grievance – Institution or Facility Level</i> 2. <i>FDC Inmate Orientation Handbook</i> 3. <i>FDC Procedure 602.053 Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates <p>Findings (by provision):</p> <p>115.52(a). The Florida Department of Corrections is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52(b). The formal and informal grievance procedures for FDC are governed by <i>Florida Administrative Code (FAC) 33-103</i>. The agency provided <i>FAC 33-103.006</i> in the PAQ for the auditor to review. Under the <i>Formal Grievance</i> section, the Code allows for no imposition of a time limit for grievances submitted regarding an allegation of sexual abuse, the imposition of time limits for grievances submitted for portions of the grievance that do not apply to sexual abuse, no requirement for an inmate to use the informal grievance process for alleged sexual abuse incidents, and no restriction on the agency’s ability to defend against an inmate lawsuit on the grounds that the statute of limitations has expired. These four points are required under this provision. FDC provides inmates with the <i>FDC Inmate Orientation Handbook</i>. In the Handbook, inmates are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52(c). The formal and informal grievance procedures for FDC are governed by <i>Florida Administrative Code (FAC) 33-103</i>. The agency provided <i>FAC 33-103.006</i> in the PAQ for the auditor to review. Under the <i>Formal Grievance</i> section, the Code provides that inmates filing grievances alleging sexual abuse shall not be instructed to file grievance to the individual who is the subject of the complaint. Additionally, grievances of this nature shall not be referred to the subject of the complaint. FDC provides inmates with the <i>FDC Inmate Orientation Handbook</i>. In the Handbook, inmates are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52(d). The formal and informal grievance procedures for FDC are governed by <i>Florida Administrative Code (FAC) 33-103</i>. The agency provided <i>FAC 33-103.006</i> in the PAQ for the auditor to review. Under the <i>Formal Grievance</i> section, the Code requires following investigation and evaluation by the reviewing authority, a response shall be provided to the inmate within 20 calendar days of receipt of the grievance. The Code allows the Department to claim an extension of time to respond of up to 70 days for additional investigation. If the</p>

Department claims the extension, the inmate must be notified in writing of the extension and a date by which the decision will be made. The agency noted that they had received four grievances related to sexual abuse over the previous 12 months. The agency had not requested an extension of time for those grievances.

During the onsite phase of the audit, the auditor interviewed five inmates who had reported sexual abuse. One of the inmates had received written notification regarding the outcome of the investigation. The other four stated that they had not yet received notification of the outcome of the investigation. The auditor asked how their allegation was reported. All four inmates had reported their allegations verbally to staff members. The auditor reviewed their investigations files and confirmed the investigation was still ongoing. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of inmates. If a third party files the grievance, the inmate shall elect to allow the grievance to proceed or request the grievance be stopped. If the inmate requests the grievance be stopped, it must be documented. SCI indicated that one grievance regarding sexual abuse had been filed by a third-party over the last 12 months. The alleged victim had decided to stop the grievance, as the inmate stated he was not sexually abused. The auditor reviewed this document and verified the written statement by the alleged victim. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code establishes an emergency grievance related to sexual abuse. The Code states, "When receiving an emergency grievance from an inmate expressing belief, they are subject to a substantial risk of imminent sexual abuse the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from the receipt of the grievance." That response must indicate the agency's determination whether the inmate is in substantial risk of imminent risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency indicated they had received no emergency grievances over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. The procedure states, "When it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline (p. 16)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC <i>Inmate Orientation Handbook</i> 3. FDC Form <i>NI1-120 Sexual Abuse Awareness Brochure</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units 2. Kiosks <p>Findings (by provision):</p> <p>115.53(a). The facility provided information from FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure states that any inmate who alleges sexual abuse will be advised of the right to have a victim advocate present during the forensic examination and/or the investigative interview. Also, victims will be offered support services by means of a mailing address and/or telephone numbers to local community support group organizations. The auditor was also provided the FDC <i>Inmate Orientation Handbook</i>. In the Handbook, the inmates are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the inmate intends to harm himself or someone else. The inmate is also advised that if the inmate is asking the advocate to report the PREA allegation, the inmate must sign a release of information first. FDC does not house persons detained solely for civil immigration purposes, so this provision does not apply.</p> <p>During the onsite phase of the audit, the auditor interviewed 27 random inmates. 24 of the 27 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read it on the sexual abuse signs. They did not know the phone number or address but knew it was posted on the signs. None of the inmates had used the services. The other three inmates were not aware of those services. The auditor interviewed five inmates who had reported sexual abuse. All five inmates were given the opportunity contact a victim advocate and they chose not to. They told the auditor they saw no reason to talk with someone but knew they could do that. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.53(b). The auditor was provided the FDC <i>Inmate Orientation Handbook</i> in the PAQ. In the Handbook, the inmates are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the</p>

inmate intends to harm himself or someone else. The inmate is also advised that if the inmate is asking the advocate to report the PREA allegation, the inmate must sign a release of information first.

During the site review, the auditor interviewed 27 random inmates and 24 inmates were aware of the available advocacy services. Those inmates knew the communication with advocates would be confidential because it is clearly stated in the inmate brochure. The auditor interviewed five inmates who had reported sexual abuse during the onsite audit. All five passed up the opportunity to speak with a victim advocate. They were unsure that any communication with an advocate would be confidential. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). In the PAQ, the agency provided the auditor a copy of the Florida Department of Corrections executed contract with Another Way, Inc. The contract provides for Another Way to provide a victim advocate to respond to SCI to support a sexual abuse victim when a sexual assault forensic examination is performed. This is required by the PREA standards. The auditor contacted a representative at Another Way and confirmed the steps that would be taken when they were contacted by telephone. The auditor was told the advocate would respond directly to SCI and would be available to assist the inmate victim through the entire examination, interview, and criminal investigative process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i></p> <ol style="list-style-type: none"> 1. FDC Website Third-Party Grievance Instructions 2. FDC Website Third-Party Report Form <p>Findings (by provision):</p> <p>115.54(a). The facility provided a printout of the FDC website third-party grievance instructions page in the PAQ. This page explains for the public the proper use of the grievance form and how to complete the form. The page provides a direct link to the grievance form. The auditor reviewed the form and the web page and confirmed that it meets the requirements of this provision. The web page can be found at Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us). Inmates are informed through signage and the inmate handbook that the public can file allegations on the third-party grievance form. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff <p>Findings (by provision):</p> <p>115.61(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure establishes guidelines for the proper and immediate reporting of sexual abuse and sexual harassment incidents as well as provides for safeguards for victims, management of evidence, and actions to be taken to report the allegation through the substantiation of the allegation by investigation. The procedure states, “Any employee, volunteer, contractor, or intern who observes, has knowledge of, or receives information, written or verbal (either first hand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the OIG, who will then take immediate steps to evaluate the inmate’s concern/allegation (p. 11).” The procedure requires that staff promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse or sexual harassment and promptly report information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. The procedure goes on to say that the employee’s failure to report or take immediate action will be subject to discipline, up to and including termination.</p> <p>During the onsite phase of the audit, the auditor interviewed 20 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the compound. Each staff member knew that it was a requirement for all staff to immediate report all knowledge or suspicion of sexual abuse of an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.61(b). FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The procedure states that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions (p. 11).</p> <p>During the onsite phase of the audit, the auditor interviewed 20 random staff members. All 20 officers were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the officers understood the requirement to maintain privacy and not share the information with others unless necessary. Based on this</p>

analysis, the auditor finds the facility in compliance with this provision.

115.61(c). The State of Florida requires mandatory reporting of incidents of sexual abuse of an inmate under Florida State Statute 944.35(3)(d). This law does not provide an exception for medical and mental health practitioners and all staff members of the Florida Department of Corrections and Centurion are required to immediately report all incidents.

During the onsite phase of the audit, the auditor interviewed four staff members from the medical department. Everyone interviewed confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). In the State of Florida, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Florida Department of Children and Families (DCF). The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that immediate action would be taken to ensure the inmate's safety and DCF and outside law enforcement would be notified along with the required internal agencies. Medical and mental health would be notified, the OIG would be notified, and the SART would be notified. The auditor also interviewed the PREA coordinator who stated that for individuals under the age of 18, the agency would contact outside law enforcement and reported to the Office of Inspector General. For vulnerable adults, OIG would be contacted and reported to DCF per Florida Statute. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* states staff must foster an environment that precludes sexual abuse and sexual harassment, including initiating immediate reporting of alleged sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment to the OIG.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden was clear that each and every allegation of sexual abuse and sexual harassment is investigated at SCI. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Office of Inspector General. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff <p>Findings (by provision):</p> <p>115.62(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states, “Any staff member will notify the Shift Supervisor if s/he observes 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 (p. 8).”</p> <p>The auditor was provided interview notes from the FDC agency head. In response, the agency head stated that if an inmate is at risk of imminent sexual abuse the inmate would be immediately separated from the potential abuser, then given the opportunity to speak to a staff member regarding the situation as well as medical and/or mental health. If necessary, a housing change or facility transfer may be required for the inmate. The inmate may also request to be reviewed for placement in protective management. The Warden was interviewed during the onsite audit. The Warden told the auditor that they would take immediate action to separate the inmate from the potential abuser. Staff would take a full report of the inmate’s concern and then take action to rehouse the inmate in a safer situation. The auditor interviewed 20 random staff members during the onsite audit. All 20 officers stated that they would take immediate action to remove the inmate from the situation. One officer stated that he found himself in that situation, as an inmate told him during rounds that he was in danger. The officer stopped and listened to the inmate. He removed the inmate from the cell, escorted him to the hall, where the inmate explained that the roommate had been threatening to rape him. That immediate action potentially saved the inmate from further danger. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Other institution notification 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Specialized staff <p>Findings (by provision):</p> <p>115.63(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution’s Warden notify the sending institution’s Warden within 72 hours of receiving the allegation. The notification must then be documented on the proper form. The receiving institution, where the allegation is reported, will be responsible to initiate the sexual abuse reporting process. In the PAQ, SCI noted one such incident over the prior 12 months. SCI indicates that the sending institution was notified, the inmate was seen by medical and mental health staff, and the incident was documented, and the Emergency Action Center and OIG was notified.</p> <p>During the onsite phase of the audit, the auditor spoke with the PREA coordinator and he confirmed that the facility does make these notifications. The auditor reviewed the facility’s PREA investigations files during the onsite phase of the audit. None of the 30 investigations files included documentation where an inmate made a disclosure regarding sexual abuse in another facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(b). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution’s Warden notify the sending institution’s Warden within 72 hours of receiving the allegation.</p> <p>115.63(c). In the PAQ, SCI provided the auditor with proof of notification to another institution. The notification was sent from the SCI Warden directly to the Warden at Columbia Correctional Institution, another FDC facility. The other Warden confirmed receipt of the notification. The notification contained the inmate’s information, the current status of the inmate, and a statement that SCI would provide a full report once it was completed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(d). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states that the receiving institution will</p>

be responsible for contacting the EAC (Emergency Action Center) and entering the report for appropriate handling. The OIG will also be notified. Even though this appears to be contrary to this provision, it is appropriate, as the OIG will investigate the allegation regardless of where at FDC the incident occurred. The auditor was provided a documented notification from another institution from June 2020. This came directly from the Warden at Cross City Correctional Institution to the Warden at SCI.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden was aware of one such incident that had occurred in June of 2020. The Warden had received the allegation and had confirmed with the OIG that the investigation was properly begun and documented in SCI's records. The auditor was provided with written interview responses from the agency head. In his response, the Secretary stated that the point of contact for such notifications is either the facility where the incident occurred or the OIG. The incident would automatically be forwarded to the OIG for full investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Specialized staff 3. Random staff <p>Findings (by provision):</p> <p>115.64(a). The facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. In the section entitled Response, the agency outlines the responsibilities for staff members to properly to respond to allegations of sexual abuse. The procedure requires the first security staff member to separate the alleged victim and abuser, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence. The agency stated there were 37 sexual abuse allegations of sexual abuse reported over the previous 12 months. Of those, there were none reported within a time period that allowed for the collection of physical evidence.</p> <p>The auditor interviewed three staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. All three staff members identified the proper steps to take as a first responder. All three told the auditor that their allegation was reported after the time frame to properly collect evidence. The auditor interviewed five inmates who reported sexual abuse during the onsite audit. The five inmates told the auditor that they were immediately removed from other inmates and taken to see staff in medical. They were not asked to preserve evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.64(b). The facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. In the section entitled <i>Response</i>, the agency outlines the responsibilities for staff members to properly to respond to allegations of sexual abuse. The procedure states that if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff. SCI provided the auditor information showing six allegations first reported by a non-security staff member, three by classification and three by the OIG.</p> <p>During the onsite phase of the audit, the auditor interviewed three staff members who were first responders to incidents of sexual abuse. All three told the auditor that a non-security staff member would immediately notify a corrections officer. The auditor interviewed 20 random staff members during the onsite audit. All 20 officers understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security</p>	

staff member would ensure the victim was safe then immediately notify a corrections officer, probably a supervisor. The auditor reviewed the 37 sexual abuse investigations files for SCI and could see the initial steps taken upon first learning of the allegation. The first step was always to separate the victim from the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ul style="list-style-type: none"> 1. <i>SCI PREA Coordinated Response</i> 2. Interviews: <ul style="list-style-type: none"> 1. Warden <p>Findings (by provision):</p> <p>115.65(a). The agency provided the <i>SCI PREA Coordinated Response</i> document in the PAQ. The document outlines the responsibilities of the first responder, including the steps to ensure the preservation of evidence, the provision of a sexual abuse awareness brochure for the victim, and the writing of an initial incident report. The next step is the notification of the Shift Supervisor and the Chief of Security, who will ensure the victim is escorted to medical. The document outlines the rest of the Supervisor or Chief’s responsibilities, which includes notification of the Office of the Inspector General (OIG) and the Sexual Assault Response Team (SART). The document then outlines the responsibilities of the OIG Inspector and the SART team’s forensic nurse. The medical team is included in the document. Responsibilities of the mental health staff is also included in the document.</p> <p>During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden. The Warden made it clear that having this document in place makes it easy for staff at SCI to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Agreement – <i>The State of Florida and The Florida Police Benevolent Association</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.66(a). The agency provided the auditor with a copy of the executed agreement between the <i>State of Florida and The Florida Police Benevolent Association, 2017-2020 Agreement</i>. The auditor reviewed the document and found no provision that prevented the FDC from disciplining a corrections officer covered under the bargaining agreement for committing an offense of sexual misconduct.</p> <p>The auditor was provided with a written response from the agency head. The Secretary of Corrections stated that the Department does currently have a collective bargaining agreement with the Police Benevolent Association (PBA). The Department is authorized to dismiss or suspend a permanent status career service employee for any cause noted in Chapter 110.227 of the Florida Statutes and Rule 60L-26.005 (2) of the Florida Administrative Code. Such cause includes poor performance, negligence, insubordination, inefficiency, or inability to perform assigned duties, violation of law or agency rules, conduct unbecoming a public employee, misconduct, habitual drug use and any conviction of any crime. The Department does not have permanent post assignments, nor does it allow for posts to be “bid” out. Staff members are assigned to posts prior to the commencement of the shift by their shift supervisor. Staff members can be relocated to numerous posts, including posts that do not allow for contact with inmates. Because the Department is so large, staff and inmates may be relocated to alleviate any problems. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Agency head 3. Specialized staff <p>Findings (by provision):</p> <p>115.67(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. This procedure includes requirements for staff to monitor for retaliation. The procedure requires staff to foster an environment to preclude sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment, by taking specific actions that include promptly reporting allegations involving retaliation against alleged victims or identified reporters of sexual abuse and sexual harassment. SCI has designated the PREA auxiliary staff member and senior classification officer as the retaliation monitor.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He confirmed that the senior classification officer who acts as the PREA auxiliary staff member at SCI has been assigned as the retaliation monitor. She was assigned as the auditor’s escort during the site review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.67(b). The auditor was provided written responses from the agency head. The Secretary of Corrections stated that facilities deploy numerous measures including housing changes, program changes, and changes in work assignments. If warranted, an inmate may be transferred to another Department facility in order to protect him/her from retaliation. All inmates who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the inmate with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Inmates are also provided information for the local rape crisis center for emotional support services. Staff members may be afforded the ability to change posts or facilities to protect them from retaliation. They are also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden detailed many ways that SCI would protect inmates from retaliation, including housing changes, transferring the inmate to another institution, and providing the inmate information about emotional support services. The auditor interviewed the staff member designated to monitor retaliation. She told the auditor that she visits with victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. She tells them to contact her if they have a problem and offer assistance and provide them with information about the outside emotional support services. She visits the inmate periodically,</p>

every 30 days, and documents their meeting. This monitoring lasts for 90 following the report of the allegation. If problems arise, she reports it immediately and can offer a transfer to another institution or locate a new work assignment, if needed. The auditor interviewed five inmates who had reported sexual abuse. All five inmates discussed having someone talk with them about possible retaliation. None of the inmates reported problems with retaliation but did talk with a classification officer and report they were having no problems. They could not recall how long that lasted. The auditor found retaliation monitoring reports in the investigations files and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure states that monitoring shall continue for at least 90 days with at least three contact status checks to occur within the 90-day monitoring period. The agency is to monitor conduct through the review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor. If the inmate is transferred during the monitoring period, the receiving institution will continue the monitoring of the inmate. Also, monitoring may continue past the 90 days if the agency feels that there is a continuing need.

During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the inmate for protective purposes. The auditor interviewed the retaliation monitor who stated that she would review incident reports and housing assignments. She would also review medical information to attempt to determine if the inmate were having problems that were unreported. If necessary, the inmate would be separated to provide an opportunity for the inmate to speak freely to staff to and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the inmate's behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). In the PAQ, the facility provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure requires periodic checks at the 30-, 60-, and 90-day mark of the 90-day monitoring period.

During the onsite phase of the audit, the auditor interviewed the designated retaliation monitor. She stated that her periodic checks are performed every 30 days. She can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. She continues to monitor every day by reviewing records from her office but will only meet with the inmate every 30 days. She provided the auditor with copies of current monitoring records, showing the required notes from visits with victims in their housing units. The auditor noted the visit and the inmate's acknowledgement of their own safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). The auditor was provided written responses from the agency head. The Secretary of Corrections stated that if an individual who cooperates with an investigation

expresses fear of retaliation and the individual is an inmate, the inmate would be afforded a housing change or a transfer to another Department facility. The inmate will be subject to the 90-day monitoring. If the subject is a staff member, they may be provided the opportunity to change posts or institutions and will also be subject to the 90-day monitoring.

During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the inmate for protective purposes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing <p>Findings (by provision):</p> <p>115.68(a). In the PAQ, the agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states, “Inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers.” SCI has indicated in the PAQ that there have been no inmates involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.</p> <p>During the onsite review, the auditor interviewed the Warden about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that SCI has plenty of available space and they do not see the need to utilize confinement to keep inmates safe. No inmates have been placed in confinement for this reason. If it were to become necessary, SCI would only place someone in segregation until another alternative safe housing became available. The auditor interviewed five inmates who had been the victim of sexual abuse. None of the five inmates had been placed in segregated housing following their allegation. The auditor also interviewed two staff members that work in segregated housing who confirmed that inmates are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. Those inmates remain in general population. The auditor was able to confirm this by reviewing the information in the investigations files. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 3. Investigations files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.71(a). In the PAQ, the agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states, “The OIG shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment...” Also included in the PAQ was FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. This procedure states that the OIG shall be the primary investigative unit for all sexual misconduct allegations occurring on Department property.</p> <p>During the onsite phase of the audit, the auditor interviewed an investigator from the Office of the Inspector General (OIG). The investigator confirmed that the OIG investigates all allegations of sexual abuse. The OIG is notified immediately upon the agency learning of the allegation. Immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same, except there is a requirement to ask the alleged victim if they want the OIG to continue to investigate the allegation or to stop the investigation. This step must be completed before the investigation can move forward. The auditor reviewed the 37 sexual abuse investigations files from the last 12 months and was able to confirm the investigative process. The OIG was the investigating agency for each record. The referral to the OIG was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.71(b). The agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure states that investigators must complete specialized training in addition to the general PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed the investigator from the OIG. The investigator confirmed that he had taken the required specialized course for investigators. He confirmed that FDC requires all OIG investigators to take the class. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection in confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.71(c). During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. He explained that every investigation inside the facility is treated like an investigation outside the facility, where each investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He stated that current protocol is to have a SANE nurse from the SART respond to the facility, along with a victim advocate as part of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. He told the auditor that the standard for the OIG is to never perform compelled interviews with subjects. The OIG handles criminal investigations first. Any potential administrative review would remain in a pending status until criminal proceedings are closed and then move forward. Compelled interviews are a last resort and would not be utilized by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). FDC Procedure 108.015 *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* forbids the use of voice stress analysis or polygraph examination in investigations.

During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. The investigator explained that use of a polygraph examination or other truth-telling device is problematic in an investigation due to the admissibility in court proceedings. The OIG assesses all the credibility of all persons individually regardless of their status as an inmate.

The auditor interviewed five inmates who had reported sexual abuse. All five inmates told the auditor they had not been asked to take a polygraph examination and were given the opportunity to fully explain their allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). FDC Procedure 108.015 *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* requires that administrative investigations be tolled during the criminal investigation.

During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. The investigator told the auditor that administrative investigations only move forward following the completion of criminal investigations. That investigation includes a review of all agency procedures to determine if the staff member followed all directives or if someone else failed to properly perform their duties, thus enabling an inmate or staff member to violate rules and commit an act of sexual misconduct. All administrative investigations are reported in written reports and submitted to the OIG and the institution Warden. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). During the onsite phase of the audit, the auditor interviewed an investigator from the OIG. The investigator told the auditor that all criminal investigative reports include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator would attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the 37 sexual abuse investigations files from the previous 12 months. There were no files referred for prosecution, as there were no substantiated allegations. However, the auditor was provided a copy of an investigative report from a sexual abuse investigation from August 2020. The

suspected abuser in this case was arrested at the time of the initial investigation and charged with a sexual battery upon an inmate. Although this investigation has not yet been closed and substantiated, criminal charges have been filed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). The auditor interviewed an investigator from the OIG and was assured that any allegations where criminal charges were possible would be referred for prosecution as is required under the standard. The auditor reviewed the 37 sexual abuse investigations files from the previous 12 months. There were no substantiated allegations, so there were no files referred for criminal prosecution. However, the auditor was provided a copy of an investigative report from a sexual abuse investigation from August 2020. The suspected abuser in this case was arrested at the time of the initial investigation and charged with a sexual battery upon an inmate. Although this investigation has not yet been closed and substantiated, criminal charges have been filed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The auditor was provided FDC Procedure 108.015 *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "The agency shall retain all administrative and criminal investigative reports, pursuant to a sexual battery investigation, as long as the alleged suspect is incarcerated, supervised, or employed by the agency, plus five years and marked with a stamp or marker..."

During the onsite audit, the auditor was shown storage of the investigative files in the office of Assistant Warden. The files are marked appropriately and stored in a locked cabinet. The senior classification officer that acts as the auxiliary PREA officer, told the auditor that the files remain in the locked cabinet unless they are being updated or are under review. They are stored for at least ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The auditor was provided FDC Procedure 108.015 *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "The departure of the alleged suspect or victim from the employment or control/supervision of the Department shall not provide a basis for terminating any PREA investigation."

The auditor interviewed an investigator from the OIG during the onsite phase of the audit. The investigator stated that agency procedure and PREA standards require that OIG investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from the Department or has left the employ of the Department. The investigation must continue to its end and criminal and administrative proceedings will still result. The investigator was not able to show the auditor an example, as he was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(l). The agency does not employ outside agencies to perform their criminal or administrative investigations. They are completed internally. The auditor interviewed the Warden during the onsite phase of the audit, and he stated that all investigations are completed by the OIG so this would not apply to the FDC. The auditor interviewed the PREA coordinator and was also told all investigations are performed by the OIG so there would be no need for coordination with outside agencies. The auditor interviewed the PREA compliance manager. He stated that all investigations are performed by the OIG. The auditor interviewed

an investigator from the OIG. The investigator said that they would be cooperative with any outside entity, but investigations are performed internally. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ul style="list-style-type: none"> 1. FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. Investigations files 2. Interviews: <ul style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.72(a). The auditor was provided FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure states that the agency will utilize a preponderance of evidence as the standard for investigations regarding sexual abuse and sexual harassment.</p> <p>The auditor interviewed an investigator from the OIG during the onsite phase of the investigation. The investigator told the auditor that the standard of proof for investigations is a preponderance of evidence or lower. The auditor reviewed 37 sexual abuse investigations files from the previous 12 months and determined that the facility uses this standard for all investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. FDC Form <i>DC6-2080 Inmate Notification (PREA)</i> 3. Notification form example 4. Investigations files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.73(a). The auditor was provided FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure states, “At the conclusion of any sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism investigation, the Inspector shall make appropriate notifications and follow-up notifications” to the inmate victim. Such notifications include whether the allegation was sustained, partially sustained, not sustained, unfounded, or closed by arrest. SCI provided an example of a completed notification form showing receipt by the inmate. SCI indicated there were a total of eight such notifications over the last 12 months.</p> <p>During the onsite phase of the audit, the auditor interviewed five inmates who had reported sexual abuse. One of the inmates reported receiving written notification of the completion of the investigation. The other four inmates told the auditor they had not received the notification. The auditor reviewed 37 sexual abuse investigations files during the onsite phase of the audit. The auditor confirmed during this review that those four investigations were still ongoing so those inmates would not have received the notification yet. The auditor interviewed an investigator during the onsite audit, and he confirmed that there is a requirement to notify the inmate regarding the outcome of the investigation. The auditor also interviewed the Warden during the audit. The Warden stated that all inmates are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p>115.73(b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p>115.73(c). The auditor was provided FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure requires that inmates are notified, unless the allegation was unfounded, when the staff member is no longer assigned to the housing unit, assigned to the institution, employed by the Department, or</p>

when the alleged abuser has been indicted on a charge related to sexual abuse or convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed five inmates who had filed an allegation of sexual abuse. None of the allegations were filed against a staff member. The auditor reviewed 37 sexual abuse investigations files from the last 12 months. The auditor was unable to locate any file for allegations against a staff member that were substantiated or unsubstantiated, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(d). The auditor was provided FDC Procedure 108.015 *Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure includes a provision that requires notification to the victim when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse or when the alleged abuser has been convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed five inmates who had filed an allegation of sexual abuse. None of the allegations filed by these inmates were substantiated. The auditor reviewed 37 sexual abuse investigations files from the last 12 months. The auditor was unable to locate any file for allegations that were substantiated, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(e). In the PAQ, the auditor was provided a copy of FDC Form *DC6-2080 Inmate Notification (PREA)*. This form is utilized to document all notifications to the inmate victim regarding the status of the outcome of the investigation and the notifications regarding the alleged abuser. SCI was unable to provide the auditor with any examples, as there were no such notifications over the last 12 months.

During the onsite phase of the audit, the auditor reviewed the 37 sexual abuse investigation files from the previous 12 months. The auditor located notifications of the outcome of the investigation, but no additional notifications regarding the alleged abuser criminal status. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> a. FDC Rule 33-208.003 Range of Disciplinary Actions b. FDC Procedure 208.039 Employee Counseling and Discipline 2. Interviews: <ol style="list-style-type: none"> a. Specialized interviews <p>Findings (by provision):</p> <p>115.76(a). In the PAQ, the facility provided FDC Rule 33-208.003 Range of Disciplinary Actions. This procedure outlines the agency’s range of discipline expected for staff members following the determine that a staff member has violated an agency Rule of Conduct. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency Rules of Conduct, the Range of Disciplinary Actions shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this provision.</p> <p>Although the institution's records show no substantiated allegations against a staff member where evidence can be provided for discipline of the staff member, the auditor was provided a copy of an investigative record for an allegation of sexual abuse that occurred in August 2020. In this case, staff located a non-security staff member in the kitchen dry storage area alone with an inmate hidden from the camera for an extended time period. When interviewed, the staff member admitted having an improper sexual relationship with the inmate. The staff member was immediately arrested and charged with a criminal offense. The staff member resigned her position with the Department at that time. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.76(b). In the PAQ, the facility provided FDC Rule 33-208.003 Range of Disciplinary Actions. This procedure outlines the agency’s range of discipline expected for staff members following the determine that a staff member has violated an agency Rule of Conduct. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency Rules of Conduct, the Range of Disciplinary Actions shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this provision.</p> <p>Although the institution's records show no substantiated allegations against a staff member where evidence can be provided for discipline of the staff member, the auditor was provided a copy of an investigative record for an allegation of sexual abuse that occurred in August 2020. In this case, staff located a non-security staff member in the kitchen dry storage area alone</p>

with an inmate hidden from the camera for an extended time period. When interviewed, the staff member admitted having an improper sexual relationship with the inmate. The staff member was immediately arrested and charged with a criminal offense. The staff member resigned her position with the Department at that time. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(c). In the PAQ, the facility provided FDC *Rule 33-208.003 Range of Disciplinary Actions*. This procedure outlines the agency's range of discipline expected for staff members following the determine that a staff member has violated an agency Rule of Conduct. The procedure states that the severity of penalties may vary depending upon the frequency and nature of a particular offense and the circumstances surrounding each case.

During the onsite phase of the audit, the auditor reviewed the 37 sexual abuse investigations files for the previous 12 months. Other than the case where the staff member resigned, there were no cases that indicated discipline for a staff member was issued based upon the outcome of the investigation. The auditor was unable to locate additional evidence for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(d). Although there is no clear mention of this in the agency procedures, the procedure requirement for the presumption of dismissal is sufficient to meet the provision. During the onsite phase of the audit, the auditor interviewed a human resources staff member. Part of the discussion included the agency's requirement to report sexual abuse violations by corrections officers to the Florida Department of Law Enforcement, the licensing body for the State of Florida. The Department would report all knowledge of an officer's involvement in a sexual abuse investigation, whether the officer was terminated or resigned prior to the completion of that investigation.

During the onsite phase of the audit, the auditor reviewed the 37 sexual abuse investigations files for the previous 12 months. There were no substantiated allegations against a staff member. The auditor was unable to review additional evidence to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC Procedure 205.002 <i>Contract Management</i> 3. Investigations files 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. Specialized staff <p>Findings (by provision):</p> <p>115.77(a). In the PAQ, the agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure states, “Contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless determined by the OIG investigation not to be criminal, and to any relevant licensing bodies.” The agency also provided the auditor with FDC Procedure 205.002 <i>Contract Management</i>. This procedure outlines the standards for the Department’s activities with its contractors. Under the <i>Contract Termination</i> section, the termination for cause examples include item number four, the contractor fails to comply with the Department’s PREA policies and procedures and/or Federal Rule 28 C.F.R. Part 115. The agency stated that there were no such terminations over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the 37 investigations file for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.77(b). The agency stated in the PAQ that there were no contractors or volunteers involved in sexual abuse cases over the last 12 months prior to the audit. There was no additional evidence available for the auditor to review for this provision. The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that SCI would not consider remedial measures and would rather terminate the contract or remove a volunteer from the approved access list. There is no need to take a chance with allowing someone to come back to the compound and endanger the safety of the inmate population. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC Rule 33-601.301 <i>Inmate Discipline General Policy</i> 3. FDC Rule 33-601.314 <i>Rules of Prohibited Conduct and Penalties for Infractions</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.78(a). In the PAQ, the agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure outlines disciplinary action for inmates and states, “Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with “<i>Disciplinary Confinement,</i>” Rule 33-602.222, F.A.C., unless otherwise ordered through judicial or administrative process.” The agency stated in the PAQ that there were no inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. The auditor reviewed 37 investigations from the previous 12 months prior to the audit. There were no investigations that led to administrative disciplinary sanctions for an inmate, as there were no cases where the allegation was substantiated against the accused inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78(b). In the PAQ, the auditor was provided FDC Rule 33-601.314 <i>Rules of Prohibited Conduct and Penalties for Infractions</i>. This procedure outlines the established penalties for the indicated offenses in the Code of Conduct. The list shows a required disciplinary confinement and loss of gain time for an infraction of sexual battery or attempted sexual battery or lewd or lascivious exhibition. If an inmate is found guilty of these offenses, they can expect this penalty, indicating that the penalty would be commensurate with the nature of the offense for each inmate.</p> <p>During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that inmate discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78(c). In the PAQ, the agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. The procedure outlines disciplinary action for inmates and states, “Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual</p>

harassment, through the course of either internal or external hearings will be processed in accordance with “Disciplinary Confinement,” ...” The procedure goes on the state that all inmates who have been found guilty of sexual abuse or sexual battery will referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether the mental disabilities or mental illness contributed to the abuser or perpetrator’s behavior.

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that inmate discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all inmates. It is possible for staff to take into consideration an inmate’s mental health status when considering penalties of inmate infractions. The Department does not offer sexual abuse therapy as an alternative to discipline. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the agency provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. The procedure outlines disciplinary action for inmates and states, “Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with “Disciplinary Confinement,” ...” The procedure goes on the state that all inmates who have been found guilty of sexual abuse or sexual battery will referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether the mental disabilities or mental illness contributed to the abuser or perpetrator’s behavior.

During the onsite phase of the audit, the auditor interviewed four staff members of the medical and mental health staff. Although SCI houses a large mental health population, there is no specific sexual abuse therapy program. The inmate discipline may take into account the inmate’s mental health, but the mental health staff does not provide specific therapy focused on the prevention of future acts of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). The agency provided the auditor with a disciplinary report for an inmate who was found guilty of lewd conduct for performing a sex act in front of a staff member. This conduct was against the agency’s code of conduct. This discipline appears to be consistent with this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). The agency has provided the auditor with FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response*. In the Discipline section, the procedure states that when it is determined that an inmate has filed a PREA report in bad faith, for example knowingly filing a false report, the inmate may be subject to discipline. In this case, discipline is appropriate and would not violate this provision.

The auditor reviewed 37 sexual abuse investigative files during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). In the PAQ, the auditor was provided FDC *Rule 33-601.314 Rules of Prohibited*

Conduct and Penalties for Infractions. This procedure outlines the established penalties for the indicated offenses in the Code of Conduct. The agency includes sex acts or unauthorized physical contact involving inmates as a prohibited rule of conduct. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. SRI Assessment 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Computer systems 2. Medical services <p>Findings (by provision):</p> <p>115.81(a). The agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure states, “If results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.”</p> <p>During the onsite phase of the audit, the auditor interviewed three inmates who reported prior sexual victimization on their risk screening. All three inmates told the auditor that they were provided the opportunity to meet with someone from mental health. They all told the auditor that first meeting happened the first week they were at SCI. They told the auditor they were also seen by mental health when they were at the reception center before being transferred to SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(b). The agency provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure states, “If results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.”</p> <p>During the onsite phase of the audit, the auditor interviewed two staff members from classification that perform the risk screening. Both classification officers told the auditor that all inmates are provided the opportunity to see medical and mental health, regardless of their response to the risk screening questions. The first intake with mental health typically occurs within 14 days of intake at SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(c). This provision is for jails and does not apply to SCI. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.81(d). The agency provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* in the PAQ. The procedure states that information relating to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff necessary to properly make treatment plans, security, and management decisions, including for housing, work, education, and work assignments.

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates and how to access the screening information in the computer. The auditor was told they were unable to access that information in the computer. The auditor asked three officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the CSC and the senior classification officer that access to the screening tool's data was restricted to staff that required access to the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(e). The agency provided FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* in the PAQ. The procedure requires that medical and mental health staff obtain informed consent from inmates prior to reporting information about prior sexual victimization unless the inmate is under the age of 18.

During the onsite phase of the audit, the auditor interviewed four staff members from the medical department. All four told the auditor that informed consent was a requirement before they could disclose information to security staff. For inmates under the age of 18 this was not a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.82(a). In the PAQ, the auditor was provided FDC Procedure 108.015 <i>Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. The procedure requires that correctional personnel responding to an allegation of sexual abuse or sexual harassment take all reasonable actions to ensure the safety of all persons and control and detain any suspects. Correctional personnel shall ensure all victims and other injured persons are provided appropriate first aid and appropriate emergency medical services.</p> <p>During the onsite phase of the audit, the auditor interviewed four staff members from the medical department. The medical director and three other staff members confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the inmate for injuries and the urgent need for medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional’s credentials. A medical professional is on duty 24 hours a day at SCI and there would be no waiting for care from a medical professional. The auditor also interviewed five inmates who reported sexual abuse. All five inmates told the auditor they were taken to medical immediately after reporting the incident and were seen by medical. They all reported no injuries, although they were evaluated immediately. They told the auditor that an appointment was also scheduled with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.82(b). The auditor interviewed three staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. All three understood the immediate need to provide the inmate with access to medical and mental health. They told the auditor that medical staff is always available and there is no need for security staff to make other arrangements. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.82(c). FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> was provided to the auditor in the PAQ. The policy states “Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about</p>

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

During the onsite phase of the audit, the auditor interviewed four staff members from the medical department. All four told the auditor that these services would always be provided to the victim. At SCI, pregnancy services would not be provided, as they house male inmates only. But the services for STIs would be available. The treatment plan would be provided by the SART following the forensic examination and approved by the Centurion doctor. The auditor interviewed five inmates who had reported sexual abuse. One of the inmates had physical contact that required follow-up testing and prophylactic medications. He told the auditor that medical staff provided timely testing and medications without a problem. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Investigative files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.83(a). FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> was provided to the auditor in the PAQ. The policy states, “As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(b). FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> was provided to the auditor in the PAQ. The policy states, “As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.”</p> <p>The auditor interviewed four staff members from the medical department including the medical director during the onsite phase of the audit. They confirmed for the auditor that the institution provides a full treatment plan for all inmates, especially for inmates who have been sexually abused. If the SART team responds, they provide a follow-up plan for testing and prophylactic medications. SCI has a large mental health presence and will provide the inmate with a therapy plan to ensure they do well. Staff will also provide information if the inmate is transferred or released. The auditor also interviewed five inmates who reported sexual abuse. All five inmates reported receiving care from medical and mental health. One was provided testing and prophylactic medications. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(c). The auditor interviewed four staff members from the medical department including the medical director during the onsite phase of the audit. They confirmed for the auditor that the institution provides a full treatment plan for all inmates, especially for inmates who have been sexually abused. The care that they provide is always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the</p>

facility in compliance with this provision.

115.83(d). SCI houses male inmates only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). SCI houses male inmates only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states “Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”

The auditor interviewed five inmates who reported sexual abuse during the onsite phase of the audit. All five inmates reported receiving care from medical and mental health. One was provided testing and prophylactic medications due to the level of contact with the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.”

The auditor interviewed five inmates who reported sexual abuse during the onsite phase of the audit. All five inmates reported receiving care from medical and mental health. All five inmates told the auditor that services provided to them after the incident were at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). FDC Procedure 602.053 *Prison Rape – Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states that a mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history. The abuser will then be offered treatment as appropriate.

The auditor interviewed four staff members from the medical department including the medical director during the onsite phase of the audit. Mental health evaluations are provided for all sexual abusers as soon as possible after receiving notification of a sexual abuse allegation. SCI has a full mental health staff and can put together a treatment plan for the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. FDC Form DC6-2076 <i>Sexual Abuse Incident Review/Facility Investigation Summary</i> 3. Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Incident review team <p>Findings (by provision):</p> <p>115.86(a). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. In the <i>Sexual Abuse Incident Review</i> section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the <i>Sexual Abuse Incident Review/Facility Investigation Summary</i> (Form DC6-2076) (p. 17). The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. SCI stated that there were three reviews completed following administrative investigations over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed 37 sexual abuse investigations files from the 12 months prior to the onsite audit. There were 18 completed investigations, and the auditor found the completed sexual abuse incident review form in each investigative file which had been completed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86(b). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i>. In the <i>Sexual Abuse Incident Review</i> section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the <i>Sexual Abuse Incident Review/Facility Investigation Summary</i> (Form DC6-2076) (p. 17). The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. SCI stated that there were three reviews completed following administrative investigations over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed 37 sexual abuse investigations files from the 12 months prior to the onsite audit. There were 18 completed investigations, and the auditor found the completed sexual abuse incident review form in each investigative file which had been completed. Each of the completed reviews were done within the 30-day time period. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86(c). In the PAQ, the facility provided FDC Procedure 602.053 <i>Prison Rape –</i></p>

Prevention, Detection, and Response. The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden told the auditor that this incident review is important to ensure that failures were properly noted to ensure that problems were noted and corrected. It was important to take information from many resources to ensure they have a full picture to what happened and to look for ways to make sure the incident can't happen again if it was preventable. The auditor reviewed 37 sexual abuse investigations from the previous 12 months. In files where the completed sexual abuse incident review document was included, the auditor was able to see a full review. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). *FDC Form DC6-2076 Sexual Abuse Incident Review/Facility Investigation* was provided to the auditor in the PAQ. This form is utilized by FDC to document the incident review meeting information. The form documents the incident review team's consideration of 1. Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, gang affiliation, or other group dynamics; 3. Examine the area in the facility for physical barriers which may enable abuse; 4. Assess adequacy of staffing levels during different shifts; 5. Assess if monitoring technology should be adjusted to supplement supervision by staff; and 6. Prepare a report of the findings by the review team. SCI also prepares a monthly report of sexual abuse reports and allegations for the Warden's review.

During the onsite phase of the audit, the auditor interviewed the Assistant Warden, who participates in the sexual abuse incident reviews. He told the auditor that each incident review includes a review of all the items listed in this provision. He said that without this full review, SCI would not continue to improve and provide an atmosphere of sexual safety. The Assistant Warden is also the PREA compliance manager for SCI. He made it clear that these incident reviews are important for the institution to not just say that sexual safety is important, but to show to staff and all of administration that is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Warden about the sexual abuse incident reviews. The Warden agreed that the reviews are important to providing a safe environment for the inmates. Without carefully reviewing the incidents and taking immediate action, if necessary, then all the education and signs and talk about sexual safety is just that, talk. Action is necessary to make sure that everyone understands that inmate safety is the most important thing they do. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). Although the auditor was not provided any documentation for this provision, the information from the auditor's interviews with staff made it clear that recommendations on incident reviews would be immediately put into practice and corrected. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i></p> <p>1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response Act</i></p> <p>Findings (by provision):</p> <p>115.87(a). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure lists the definitions utilized on the Bureau of Justice Statistics form <i>SSV-2 Survey of Sexual Victimization</i>. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(b). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(c). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The reports contain the data necessary to complete the Bureau of Justice Statistics form <i>SSV-2 Survey of Sexual Victimization</i>. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(d). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(e). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape –</i></p>

Prevention, Detection, and Response in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure states that each Compliance Manager is responsible for compiling institution specific PREA data and preparing an annual corrective action plan for his/her institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(f). The agency completes the *Survey of Sexual Violence (SSV)* when the request is received from the Department of Justice. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Suwannee Correctional Institution – <i>2019 PREA Facility Corrective Action Plan</i> 3. Florida Department of Corrections Webpage 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.88(a). The agency provided the auditor with FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states that data collected will be utilized to improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year’s data and corrective actions with those from prior year. The agency provided the auditor the <i>2019 SCI Facility Corrective Action Plan</i> in the PAQ. The Plan was complete and included a comparison of the 2018 data with the 2019 data.</p> <p>The auditor was provided written responses from the Secretary of Corrections and he explained that the sexual abuse data is collected annually and utilized to complete the Survey of Sexual Victimization. The data is collected from all facilities that house Department inmates. The data is reviewed by the PREA Coordinator who completes a report of the findings and any potential corrective action. The information is utilized to detect any deficiencies or areas of concern and is utilized to promote better policy and practice. The auditor interviewed the PREA coordinator who confirmed the annual data collection. She stated that it was secured annually at the statewide level. Corrective action is taken based on the issues noted and reported on an annual statewide corrective action plan. The plan is posted on the Department’s public webpage. All issues are reviewed, and actions are taken for prevention of future incidents. The auditor also interviewed the PREA compliance manager who confirmed the aggregate data review annually. He stated that this might provide information that can be utilized to alter staffing or provide changes to training and education. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88(b). The auditor reviewed copies of the agency’s annual reports for 2018 and 2019 and confirmed that the reports contain information related to this provision. Each report included a comparison of the current year’s sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.88(c). The auditor was provided written responses from the Secretary of Corrections. He</p>

stated that the Secretary of Corrections is responsible to review and approve the annual PREA report. The annual report is then posted to the agency webpage. The auditor found the annual corrective action plan for 2015 through 2019 on the agency webpage. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(d). The auditor interviewed the PREA coordinator who stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the webpage and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> 2. Annual Report 3. Florida Department of Corrections Webpage 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.89(a). All data included in the annual reporting is secured at the statewide level in secure data storage. This was confirmed through interview with the PREA coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(b). The agency posts the annual report to the agency webpage. The auditor found the annual corrective action plan for 2015 through 2019 on the agency webpage. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(c). The auditor interviewed the PREA coordinator who stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the webpage and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(d). FDC Procedure 602.053 <i>Prison Rape – Prevention, Detection, and Response</i> was included in the PAQ. The procedure includes the following language regarding the storage of data: Case or investigation records, including but no limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.401(a). This was the third audit completed by the Suwannee Correctional Institution. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(b). This is the second year of the third PREA audit cycle. The agency is actively auditing one-third of their facilities during the second year of the audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 59 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(n). The institution posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ul style="list-style-type: none"> 1. Agency website 2. Interviews: <ul style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.403(f). This was the third audit completed by Suwannee Correctional Institution. The prior audit reports are posted to the Florida Department of Corrections webpage as required by this provision and the auditor understands that this audit report will be posted properly after FDC receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.</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.)	na
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.)	na
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

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

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).)	yes

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).)	yes
	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).)	yes
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).)	yes
	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).)	yes
	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).)	yes
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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	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	yes

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

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
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

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.)	na
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.)	yes
	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.)	yes
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.)	na
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.)	na
	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.)	na
	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.)	na

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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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