

PREA Facility Audit Report: Final

Name of Facility: Dade Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/25/2021

Date Final Report Submitted: 07/02/2021

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: Alberto F Caton	Date of Signature: 07/02/2021

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Email:	albertocaton@comcast.net
Start Date of On-Site Audit:	01/11/2021
End Date of On-Site Audit:	01/13/2021

FACILITY INFORMATION	
Facility name:	Dade Correctional Institution
Facility physical address:	19000 SW 377th Street, Florida City, Florida - 33034
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Mario Corrales
Email Address:	Mario.Corrales@fdc.myflorida.com
Telephone Number:	786-514-2599

Warden/Jail Administrator/Sheriff/Director	
Name:	Jose Colon
Email Address:	Jose.Colon@fdc.myflorida.com
Telephone Number:	305-242-1710

Facility PREA Compliance Manager	
Name:	Mario Corrales
Email Address:	mario.corrales@fdc.myflorida.com
Telephone Number:	
Name:	Ketlyne Charles
Email Address:	ketlyne.charles@fdc.myflorida.com
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Dena Tate
Email Address:	dtate@teamcenturion.com
Telephone Number:	786-349-2363

Facility Characteristics	
Designed facility capacity:	1706
Current population of facility:	1328
Average daily population for the past 12 months:	1484
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:	47
Facility security levels/inmate custody levels:	Minimum Medium Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	409
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	120
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	37

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-Harris	Email Address:	Judy.Cardinez@fdc.myflorida.com

AUDIT FINDINGS

Narrative:

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

The Florida Department of Corrections (Agency) headquartered at 501 South Calhoun Street, Tallahassee, FL 32399-2500, requested Prison Rape Elimination Act (PREA) audit services for Dade Correctional Institution (CI) pursuant to an existing contract with PREA Auditors of America (PAOA), LLC, (Company), PO Box 1071, Cypress, TX 77410, Tel: 713-818-9098. The company provided United States Department of Justice (USDOJ) – Certified PREA auditor, Alberto F Caton to conduct the audit. The AUDITOR used the USDOJ PREA Auditor Compliance Tool for Adult Prisons and Jails, and the agency and the company agreed to use the PREA Resource Center's (PRC) Online Audit System (OAS) to maximize efficiencies. The terms and scope of the audit have been memorialized in a written agreement between the agency and the company.

Previous PREA audits of Dade CI:

- First three-year audit cycle March 17 – 19, 2015
- Second three-year audit cycle March 19, 2018 (audit report not issued by auditor)
- Third (current) audit cycle January 11 – 13, 2021

The Facility Information section of the OAS reflects that the facility has been accredited by the American Correctional Association within the past three years and that the facility completed four quarterly self-certification security audits in Fiscal Year 2019/2020.

PRE-AUDIT PHASE

On November 6, 2020, the AUDITOR provided the "Audit Process Map" and "Checklist of Policies/Procedures and Other Documents" to Agency PREA Coordinator (PC) Judy Cardinez-Harris and PREA liaison Christina Counce. On November 7, 2020, the AUDITOR requested the facility's average daily population (ADP); this information is needed to submit the Audit Initiation Form to the PRC's Tech Support. On November 9, 2020, Ms. Counce provided the requested information; the AUDITOR completed and submitted the audit initiation form; and Tech Support confirmed receipt of the form. On November 10, 2020, per the AUDITOR's request, the Company and the PC agreed to change each facility's audit schedule (initially Dade CI January 12-14, 2021, and Homestead CI January 19-21, 2021). On November 11, 2020, the AUDITOR updated the audit initiation form to reflect the new audit schedule and Tech Support acknowledged the revised audit schedule. On November 16, 2020, the AUDITOR accessed the OAS and began review of the Pre-Audit Questionnaire (PAQ) in progress. On November 18, 2020, the AUDITOR provided the audit notice with posting instructions and posting confirmation form to the PC and Ms. Counce. On November 23, 2020, the AUDITOR received notice of completion of the PAQ from Tech Support. On November 30, 2020, the PC provided interview protocol responses for the Agency Head, the Contract Administrator, and the PC; the AUDITOR reviewed the responses and submitted follow-up questions for each interview. On December 1, 2020, the AUDITOR received the audit notice confirmation form with 33 photos date-stamped November 30, 2020, (six weeks before the start of the onsite audit). On December 5, 2020, the AUDITOR completed review of the PAQ and submitted the PAQ review log to the PC and Ms. Counce requesting clarification and answers to questions. On December 9, 2020, the AUDITOR received the PAQ review log with responses from Ms. Counce; the next day, the AUDITOR reviewed supplemental documents uploaded to the OAS and updated the draft interim report accordingly. On December 11, 2020, the AUDITOR received contact information for Community-Based Victim Advocate Roxcy Bolton Rape Treatment Center, discussed onsite document reviews with the PC and Ms. Counce, and was informed that State law does not allow access to employee personnel and background investigation files. Ms. Counce provided the agency's Personnel Request form (used to request personnel file reviews). The process calls for the AUDITOR to select employee names and for Human Resources (HR) staff in Tallahassee to review the files, complete a form for each employee selected, and return the forms to the AUDITOR via the PC. On December 15, 2020, the AUDITOR held a 40-minute kick-off conference call with the PC, Ms. Counce, Warden Marie Boan, PREA Compliance Manager (PCM) Assistant Warden (AW) Mario Corrales, and Correctional Officer Ketylyne Charles, PREA Auxiliary Staff Member. During the call, the AUDITOR explained onsite audit activities and expectations. On December 22, 2020, the AUDITOR received supplemental documents uploaded to the OAS and a letter from an inmate at the facility, who did not report a PREA issue. The documents uploaded included lists of staff promoted in the past 12 months; staff hired in the past 12 months; current staff roster; inmate housing roster; lists of inmates with disabilities and with limited English proficiency (LEP); lists of inmates identified as gay, bisexual, and transgender; and lists of inmates who reported sexual abuse and inmates who disclosed prior sexual victimization. From the lists received, the AUDITOR randomly selected names of 25 employees, eight new hires (security and non-security), eight promotional employees, and nine current employees; recorded each employee's name and title on the personnel request form; and on December 28, 2020, submitted all 25 forms to the PC and Ms. Counce. These forms were forwarded to HR for the Hiring and Promotions background check information required under Standard 115.17. On December 24, 2020, the AUDITOR received a letter from another inmate at the facility, which included the facility's response to a grievance he filed regarding a PREA issue. On December 26, 2020, the AUDITOR mailed response letters to both inmates with their original letters enclosed. On December 27, 2020, the AUDITOR provided the schedule of activities to the PC and Ms. Counce. On January 3, 2021, the AUDITOR provided a form to the PC for appropriate staff to list all administrative and criminal PREA investigations

during the past 12 months, including case numbers and status/outcome of the investigations. This information will be used to inform the AUDITOR's interview selections for inmates who reported sexual abuse as well as the selection of relevant documents for review. On January 5, 2021, the AUDITOR interviewed a representative from Roxcy Bolton Rape Treatment Center who confirmed that the organization provides advocacy services for sexual assault victims at the facility pursuant to a Memorandum of Understanding (MOU) with the agency; and that the services include forensic medical examinations, as well as emotional support services for sexual assault survivors. The same day, the AUDITOR reviewed incident reports provided by the facility, identified inmates placed in administrative confinement after reporting sexual abuse, added their names to the corresponding list of targeted inmate interviews, and flagged them for document reviews in administrative confinement. On January 6, 2021, the AUDITOR received the facility's list of PREA investigations with status and investigative finding for each case. The AUDITOR randomly selected ten criminal and four administrative cases for onsite review and forwarded a list of those cases to the PC the following day. On January 8, 2021, the AUDITOR randomly selected names from the lists of inmates in the targeted categories and provided a list of inmates selected for targeted interviews to the PC. On January 9, 2021, the AUDITOR completed final preparations for the onsite audit before traveling the next day.

ONSITE AUDIT PHASE

Entrance Briefing

On January 11, 2021, the AUDITOR arrived at the facility; following greetings and introductions, the AUDITOR held an entrance briefing with Warden Boan, PCM Corrales, Ms. Counce, Acting Colonel Darlene Green, Major Julian Rodriguez, AW Augusto Martinez, AW Jimmy Love, Classification Supervisor Willie Bowens, and Officer Charles. The AUDITOR explained onsite audit activities and expectations, the post onsite audit phase, and answered a few questions from attendees. The facility provided the inmate housing roster and a printout of the current inmate population count of 1406.

Site Review

The AUDITOR suggested beginning the site review at the receiving area for inmates transported to the facility. Participants in the site review included Warden Boan, PCM Corrales, Officer Charles, Ms. Counce, Mr. Bowens, and the AUDITOR. The group proceeded to the inmate receiving room, which doubles as the staff snack bar; there were no intake staff or inmates present. Staff pointed-out the audit notice and the Zero-tolerance poster (poster) and explained that during intake, the PREA video is played on TV in English and Spanish, and that inmates receive the brochure, the handbook, and a tablet with a digital version of the handbook and the PREA video. Next, the group visited the classification area where staff pointed out the audit notice and the poster; there are several offices where classification officers interview inmates privately as part of the risk assessment and other classification functions. The facility operates a main compound with eight housing units (A through H) and a Mental Health Unit. In the main compound, there is one sergeant assigned to each of the eight housing units in addition to the correctional officers. The group proceeded to Foxtrot, the first of three (F, G, and H) T-shaped two-story housing units, divided into three wings with multiple-occupancy-cells; the presence of female staff was announced upon arrival. One of the wings houses general population inmates and the other two administrative confinement and disciplinary confinement. There is one floor officer assigned to each wing and one to the security observation station; each wing has four surveillance cameras placed in high locations to maximize coverage, and a kiosk that provides inmate-access to video-visiting and email communication with relatives. Staff reported that inmates in administrative confinement for protection related to PREA still have access to library, law library, telephone, and recreation. Using inmate telephones, Ms. Counce contacted Gulf Coast Children's Advocacy Center, Roxcy Bolton Rape Treatment Center, and the TIPS line; the AUDITOR spoke with a representative from Gulf Coast and a representative from Roxcy Bolton and both confirmed that inmate reports of sexual abuse are forwarded to the facility commander; the TIPS line provides a telephone menu for inmates to leave a message for the Office of the Inspector General (OIG). Per the AUDITOR's request, staff pointed-out the poster, the audit notice, and surveillance cameras in each housing unit visited. The AUDITOR inspected a few cells, the showers (which are single user with double swinging doors for privacy) and asked impromptu questions of a floor officer and one inmate. Next was Gulf Unit, which houses general population inmates; on that shift, one floor officer covers all three wings and one is assigned to the observation station; camera placement and monitoring is the same as in Foxtrot; staff pointed out the poster and the audit notice in each wing, and Mr. Corrales pointed out wooden screens installed above the showers in all three wings of F, G, and H units to obstruct the view into the showers from the second story on the opposite side of the tier; the AUDITOR verified that the screen provides privacy for inmates in the shower as intended. The AUDITOR requested access to the security observation station to assess the officer's view into each wing and the video monitoring system; the system allows monitoring of the four cameras in each wing and another four that cover the common areas around the observation station; there is also an intercom system that reaches inmates in all three wings from the observation station. Next was Hotel Unit, which houses inmates identified as transgender and inmates with gender dysphoria. After announcing the presence of female staff, staff pointed out the poster, the audit notice, and the cameras. Staff supervision, and camera placement and monitoring are the same as described for Gulf Unit. The AUDITOR inspected the showers and verified that the wooden screens provide privacy for inmates in the shower. Next was Echo Unit, the first of five single-story open bay dormitory units; the notice and the poster were removed from the dayroom as the unit is temporarily deactivated for painting. In addition to the sergeant mentioned above, there are two officers. Open bay dormitory units (A through E) have two sides separated by a centrally located officer's station and the entry path to the station. Each side consist of a dayroom, a dormitory, and a bathroom with rows of sinks, urinals, and showers. The officer's station includes video monitoring of seven cameras in the unit and provides direct lines of sight into both dayrooms, both dormitories, and both bathrooms; shower curtains provide privacy for inmates in the showers and half-wall partitions provide privacy for the toilets. Next was Delta Unit, which has the floor plan layout, camera placement/video monitoring coverage, and staff supervision as described above for Echo unit. Staff pointed out the audit notice, the poster, and the cameras; the AUDITOR inspected the toilets and showers and assessed the view from the officer's station into

dormitories and the bathrooms; and asked impromptu questions of one inmate. Next was Charlie Unit, which has the same floor plan layout and camera placement/video monitoring coverage as Echo Unit; however, instead of two, there is only one officer. Staff pointed out the audit notice, the poster, and the cameras; and the AUDITOR inspected the toilets and showers and assessed the view from the officer's station into dormitories and the bathrooms. Next was Bravo Unit, which has the floor plan layout, camera placement/video monitoring coverage, and staff supervision as described above for Echo unit. Staff pointed out the audit notice, the poster, and the cameras; and the AUDITOR inspected the toilets and showers and assessed the view from the officer's station into dormitories and the bathrooms. The last open dormitory inspected was Alpha Unit where the facility operates a dog training program on one side of the unit. The floor plan layout and camera placement/video monitoring coverage are the same as the previous open dormitory units and, like Charlie Unit, there is only one officer assigned. Staff pointed out the audit notice, the poster, and the cameras; and the AUDITOR inspected the toilets and showers and assessed the view from the officer's station into dormitories and the bathrooms. Next, the group proceeded to the food service department where the facility operates two dining halls and a main kitchen. Staff pointed out the audit notice and the poster and the AUDITOR asked impromptu questions of the food service supervisor. The food service department operates two shifts, 3:00AM – 11:00AM and 11:00AM – 7:00PM. There are eight food service staff members, three officers, and 40 inmate workers assigned; no inmate serves in a lead-man capacity. The AUDITOR inspected the freezer, dry storage, and the religious diet preparation room where there are three inmates assigned with no direct staff supervision; the supervisor stated that staff check the area about every 30 minutes. There are 12 cameras that are monitored from the captain's office. Next, the group visited the "Programs Building" where the facility operates two chapels, a library, a law library, and seven academic education classrooms. The AUDITOR asked impromptu questions of a chaplain, inspected the bathrooms, and identified the audit notice and the poster. There is one officer assigned who conducts security rounds every 30 minutes. There are no cameras and inmates in classrooms are not under constant staff supervision; teachers provide instruction by going classroom-to-classroom. The facility does not offer vocational education programs. The group then proceeded to the Mental Health Unit where the facility provides acute and transitional care to inmates. This two-story unit has five quads, 24 cameras, and is heavily staffed. Acute care is provided in Quads 1, 2, and 3, and transitional care in Quads 4 and 5. There is a small laundry room close to the vestibule area with two inmates assigned, no cameras, and no direct staff supervision; the AUDITOR asked impromptu questions of one inmate and staff reported that a utility officer checks on the inmates about once every hour. Staff pointed out the audit notice and the poster in each quad and the AUDITOR inspected the showers, which are single user. Staff demonstrated how portable privacy screens are placed in front of cell doors as needed to prevent cross-gender viewing when inmates are using the toilet and explained that staff assignment is gender-specific (male only) during the 3rd shift when inmates take showers. The AUDITOR requested access to the elevated security observation station to assess the view into showers and inmate cells, as well as the video monitoring coverage. Staff demonstrated how the portable privacy screens are placed in front of lower-level shower doors to prevent cross-gender viewing from the elevated observation stations in each quad and stated that inmates in the showers are visible only from the waist up. The final stop of the site review was the Infirmary; staff pointed out the audit notice and the poster. There are two dormitories, six negative pressure cells, and two cameras; and the AUDITOR did not ask questions of inmates or staff.

Inmate Interviews

After the site review, the AUDITOR was accommodated in a room for inmate interviews. Interviews were conducted privately; in each case, the AUDITOR provided the introductory script to the interviewee and used the Adult Prisons and Jails inmate interviews protocol.

Random Inmate Interviews

Based upon the facility's count on the first day of the onsite audit and the guidelines in the PREA Auditor Handbook, the AUDITOR was required to conduct 20 random inmate interviews. The AUDITOR randomly selected 20 inmates from the housing roster, to include more or less the same number of inmates from each housing unit and conducted 20 random interviews.

Targeted Inmate Interviews

Based upon the facility's count on the first day of the onsite audit and the guidelines in the PREA Auditor Handbook, the AUDITOR was required to interview 20 inmates in targeted categories. The AUDITOR selected names from the lists of inmates in targeted categories provided by the facility; the number of inmates selected for in each category was based upon the guidelines in the handbook. On January 8, 2021, the AUDITOR provided the names of inmates selected for each targeted category to the PC. The AUDITOR interviewed 20 inmates in 28 targeted categories; six inmates interviewed in two categories each and one inmate interviewed in three categories. The AUDITOR is fluent in Spanish and conducted interviews in that language where necessary. In each case, the AUDITOR used the random inmate interview protocol followed by applicable targeted interview protocols. Below is a summary of the number of interviews per targeted category:

- 5 – Physical disability, Blind, deaf, or hard of hearing
- 1 – Cognitive disability
- 2 – Limited English proficiency (LEP)
- 10 – Identified as transgender or intersex (only one on the list)
- 1 – Identified as gay
- 2 – In segregated housing due to risk of sexual victimization (none on the list)
- 4 – Reported sexual abuse
- 3 – Disclosed prior sexual victimization during risk screening

Staff Interviews

Random Staff

The facility runs three shifts and operates a Main Unit and a Mental Health Unit (MHU). The AUDITOR randomly selected names from shift rosters for each unit and conducted 18 interviews of correctional officers and sergeants on all three shifts at both units. The number of interviews per shift are directly proportional to the number of correctional officers on each shift. One sergeant was interviewed on each shift at each unit. In each case, the AUDITOR provided the introductory script before proceeding with the interview and used the Adult Prisons and Jails "Random Staff" interview protocol. In the summary below, numbers in parenthesis represent the number of correctional officers on duty and numbers in brackets represent the number of interviews conducted.

1. First Shift: 12:00am-8:30am	Main – Correctional Officers (23) [2]	MHU – Correctional Officers (15) [2]
2. Second Shift: 8:00am-4:30pm	Main – Correctional Officers (33) [3]	MHU – Correctional Officers (41) [5]
3. Third Shift: 4:00pm-12:30am	Main – Correctional Officers (33) [3]	MHU – Correctional Officers (29) [3]

Specialized Staff

Interviews of specialized were conducted before the onsite audit, on the third day of the onsite audit, and after the onsite audit. The AUDITOR provided the introductory script where required and interviewed the following individuals using the corresponding specialized staff interview protocols:

1. Agency Head (completed in advance)
2. Warden
3. PREA Coordinator (completed in advance)
4. PREA Compliance Manager
5. Agency Contract Administrator (completed in advance)
6. Medical Staff
7. Mental Health Staff
8. Human Resources Manager (interviewed on first day)
9. Intermediate or higher-level staff at Main Compound (Captain)
10. Intermediate or higher-level staff at Mental Health Facility (Captain)
11. Grievance Coordinator (by phone the following week)
12. Investigative Staff (administrative investigations) – OIG inspector (by phone the following week)
13. Investigative Staff (criminal investigations) – OIG inspector (by phone the following week)
14. Staff who Perform Screening for Risk of Victimization (classification officer)
15. Staff who supervise inmates in segregated housing (administrative confinement sergeant)
16. Incident Review Team (PCM and Chief of Security)
17. Volunteer/Contract employee who has contact with inmates
18. Staff charged with Monitoring Retaliation
19. Security first responder (did not respond to an actual incident)
20. Intake Officer (classification officer)
21. SANE

Note: The following specialized staff interviews were not conducted because there was no such staff member:

1. Line staff who supervise youthful inmates
2. Education and program staff who work with youthful inmates
3. Non-medical staff involved in cross-gender strip searches
4. Non-security first responder (no cases)

Document Reviews

Employee/Contractor Files

Ms. Counce provided the 25 completed personnel request forms submitted to the HR office in Tallahassee for verification of the employee criminal background records check required under §115.17. The AUDITOR reviewed the completed forms after the onsite audit.

Staff Training

The facility provided training sign-in sheets and employee training records for review during the post-onsite phase. The AUDITOR reviewed documents provided to determine compliance with the following training requirements by discipline:

- PREA training required under §115.31 for all employees (security and non-security)

- Cross gender, transgender, and intersex searches required for security staff under §115.15(f)
- PREA training required for contractors and volunteers under §115.32
- Specialized training required for investigators under §115.34
- Specialized training required for medical and mental health practitioners under §115.35

Intake Records

During inmate interviews, the AUDITOR maintained a list of inmates who reported that one or more intake requirement was not completed, then reviewed records to confirm or refute the inmate's account. The AUDITOR provided a list of inmates selected for intake records review; some inmates were selected randomly, and others were selected based upon their responses to applicable questions during inmate interviews. The facility provided forms with inmate acknowledgement of receipt of PREA education, and classification contact log printouts with risk-screening information. During the post-onsite phase, the AUDITOR reviewed the records to determine compliance with the following standard provisions:

- 115.33(a) – Informing inmates of the zero-tolerance policy and how to report, or providing the PREA Brochure, during intake
- 115.33(d) – Providing comprehensive PREA education within 30 days of intake
- 115.41(a)/(b) – Conducting initial risk-assessment within 72 hours of admission to the facility
- 115.41(f) – Reassessing inmates' risk of victimization and abusiveness within 30 days of admission to the facility

Supervisory Unannounced Rounds

The recording capacity of the facility's video monitoring system is 30 days; therefore, the AUDITOR randomly selected four days during the 30-day period preceding the onsite audit and requested recordings of supervisor unannounced rounds for all housing units on all three shifts including the Mental Health Unit. On the third day of the audit, the facility produced the requested recordings for review and each recording revealed the facility's officer in-charge or OIC conducting rounds on all three shifts of the days selected. The AUDITOR also reviewed housing unit logs for dates randomly selected over the previous 12 months and all logs reviewed included the OIC's documentation of unannounced rounds on all three shifts.

Investigative Files

In 115.22(a), the PAQ reflects that there were 64 allegations in the past 12 months: 25 administrative investigations and 39 criminal investigations. Per the guidelines in the Auditor Handbook, the AUDITOR selected 14 investigation case files for review: five administrative and nine criminal cases; the number cases reviewed for each type of investigation is proportional to the total number of each type of investigation. The PREA Auxiliary staff member provided the files for review onsite.

Medical/Mental Health Secondary Materials

During the post-onsite phase, the AUDITOR requested examples of the following secondary materials or documentation to determine compliance with the following standard provisions:

- 115.61(c) – Informing inmates of practitioner's duty to report and limitations of confidentiality at the initiation of services
- 115.81(a) – Offering follow-up meeting within 14 days to inmates who disclosed prior sexual victimization
- 115.81(b) – Offering follow-up meeting within 14 days to inmates who perpetrated sexual abuse
- 115.82 – Timely and unimpeded access to emergency medical treatment and crisis intervention
- 115.83 – Follow-up services, treatment plans, referrals, tests for pregnancy, and for sexually transmitted infections

Administrative Confinement Records

During the post-onsite phase, the AUDITOR requested administrative confinement records for five inmates selected during reviews of incident reports. The AUDITOR reviewed the records to determine compliance with the following standard provisions:

- 115.43(b) – Records documenting whether inmates placed involuntarily in administrative confinement have access to programs, privileges, work, and education.
- 115.43(d) – Documentation of the basis for the facility's concern for the inmate's safety and the reasons why alternative means of separation could not be arranged.
- 115.43(e) – Documentation of 30-day reviews of the need to retain the inmate in administrative confinement

Incident Reviews

The PREA Auxiliary staff member provided investigative case files and the AUDITOR reviewed case files of substantiated or unsubstantiated allegations of sexual abuse for documentation of incident reviews.

Data Collection

The ADITOR addressed data collection with the PC during the post onsite phase, as incident-based data collected is kept in the PC's office

in Tallahassee.

Exit Briefing

On the last day of the audit, the AUDITOR met with the Warden, Ms. Counce, and the PC (by phone). The AUDITOR identified areas of concern and discussed potential corrective measures with staff. Following the briefing, the AUDITOR explained the timelines for producing the interim audit report, the corrective action period, and issuing the final audit report. After final greetings, the AUDITOR departed the facility.

EVIDENCE REVIEW AND INTERIM REPORT PHASE

Following the onsite phase, the AUDITOR organized all interview questionnaires, the site review notes, and documents received onsite. On January 20, 2021, the AUDITOR completed two outstanding specialized staff interviews referenced above and received photos taken during the site review from Ms. Counce. The AUDITOR finalized the audit narrative and facility characteristics. After reviewing all evidence received during the three audit phases, the AUDITOR documented compliance determinations for all applicable standard provisions and finalized the interim audit report. The interim audit report was submitted to the agency on February 25, 2021.

CORRECTIVE ACTION PHASE

On February 28, 2021, the AUDITOR responded to two letters received from inmates at the facility after the onsite audit. Following the issuance of the interim audit report, the AUDITOR provided a template to document the corrective action process for each standard requiring a corrective action. The AUDITOR worked collaboratively with the PC and the PC worked with facility staff on the development of corrective actions. The PC and/or facility submitted proposed corrective actions; the AUDITOR reviewed and provided comments and recommendations as needed until evidence was received reflecting that approved corrective actions were implemented and institutionalized. On June 14, 2021, the AUDITOR approved the facility's complete corrective action plan and gave written notice to the PC and the Warden of the approval. This notice of approval triggered the start of 30-day period for issuance of the final audit report which was submitted on July 2, 2021.

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.

Dade Correctional Institution (CI) is one of 50 facilities statewide operated by the Florida Department of Corrections; it is one of the agency's major institutions. Institutions are grouped geographically into four regions; Dade CI is a part of Region 4, which encompasses the southern third of the Florida peninsula. The facility is located at 19000 S.W. 377th Street Florida City, Florida; Dade CI and its sister institution (Homestead CI) sit on approximately 205 acres of land adjacent to the Everglades National Park; the perimeter fencing encompasses approximately 65 acres of land. Dade CI has a design capacity of 1,706 beds, a population of 1,406, and the average daily population for the past 12 months is 1,484. Dade CI is a minimum, medium, and close custody level facility; the average age of its all-male population is 47 and the average length of stay is 12.4 years. The facility does not house youthful inmates, inmates from other state correctional agencies, or inmates from federal agencies. In the past 12 months, the facility admitted 1,288 inmates, all of whom remained for 30 days or more.

Dade CI currently operates with 409 staff members, one contractor, and 37 volunteers, all of whom have contact with inmates; however, due to the pandemic, the number of volunteers entering the facility has been significantly reduced. The facility operates three eight-and-a-half hour shifts with 30-minute overlap between shifts. Security posts are designated as Level-I, II, or III based upon their critical nature, with Level-I being the most critical and Level-III the least critical. The following summary of security positions is derived from the facility's Security Post Chart and lists the security staffing by shift for the Main Unit and for the Mental Health Unit, as well as administrative 5-day positions and relief positions.

MAIN UNIT

Administrative 5-Day positions

- Colonel (1) Lieutenants (3) Sergeants (8) Correctional Officers (16)

First Shift: 12:00am-8:30am

- Shift Captain Sergeants (9) Correctional Officers (23)

Second Shift: 8:00am-4:30pm

- Shift Captain Sergeants (11) Correctional Officers (33)

Third Shift: 4:00pm-12:30am

- Shift Captain Sergeants (10) Correctional Officers (33)

Relief Positions

- Relief Captains (2) Relief Sergeants (20) Relief Correctional Officers (59)

MENTAL HEALTH UNIT

Administrative 5-Day positions

- Major (1) Lieutenants (1) Sergeants (1) Correctional Officers (3)

First Shift: 12:00am-8:30am

- Shift Lieutenant Sergeants (3) Correctional Officers (15)

Second Shift: 8:00am-4:30pm

- Shift Lieutenant Sergeants (5) Correctional Officers (41)

Third Shift: 4:00pm-12:30am

- Shift Lieutenant Sergeants (5) Correctional Officers (29)

Relief Positions

- Relief Lieutenants (2) Relief Sergeants (9) Relief Correctional Officers (56)

Dade CI has:

- five open bay dormitories, (Alpha, Bravo, Charlie, Delta, and Echo) two with 144-bed capacity and three with 142-bed capacity;
- three T-shaped housing units (Foxtrot, Gulf, and Hotel); each unit has 132 cells and a capacity of 258, 126 double occupancy cells and six single occupancy cells;
- a 200-bed Mental Health Unit.

Dade CI has a total of 133 surveillance cameras, 107 covering housing units and 26 covering common areas. The cameras have recording capability but not pan/tilt/zoom capability.

Dade CI operates a variety of programs for inmates, including religious, education, language proficiency, wellness programs, etc. The facility has one Internal Security Sergeant, four Internal Security Officers, and two Wellness/Program officer positions that provide security and assistance with the inmate programs on the various shifts. The facility operates a Food Service area with a main kitchen and two large dining halls, a "Programs Building," and an Infirmary; health care services are delivered pursuant to a contract with Centurion Health.

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

Following extensive review of the evidence gathered during and after the January 11, 2021, onsite Prison Rape Elimination Act (PREA) audit of Dade Correctional Institution, the review found that the facility was compliant with 64.4% of the 45 standards in the adult prisons and jails audit compliance tool. The facility exceeded zero standards, met 29 standards, and did not meet 16 standards. Below is a summary of the standards exceeded, standards met, and standards not met.

NOTE: The audit process reviews the agency/facility's policies, procedures, and practices during the 12-month period preceding the audit (audit period) for compliance with the PREA standards. There are instances in which the audit determined that specific standards were not met, and the agency/facility took immediate action to correct deficiencies to meet the standards prior to the issuance of the interim audit report. In these instances, although a corrective action is not required, the AUDITOR still determines that the standard provision was not met because the agency/facility was not in compliance during the audit period. Where such is the case, the summary reflects under "Standards Not Met," that "no corrective action required."

****Standards Exceeded****

- None

****Standards Met****

PREVENTION PLANNING

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- 115.12 - Contracting with other entities for the confinement of inmates.
- 115.13 - Supervision and monitoring.
- 115.14 - Youthful inmates.
- 115.16 - Inmates with disabilities and inmates who are limited English proficient.
- 115.18 - Upgrades to facilities and technologies.

RESPONSIVE PLANNING

- 115.21 - Evidence protocol and forensic medical examinations.

TRAINING AND EDUCATION

- 115.32 - Volunteer and contractor training.
- 115.33 - Inmate education.
- 115.34 - Specialized training: Investigations.
- 115.35 - Specialized training: Medical and mental health care.

REPORTING

- 115.51 - Inmate reporting.
- 115.53 - Inmate access to outside confidential support services.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.62 - Agency protection duties.
- 115.63 - Reporting to other confinement facilities.

- 115.64 - Staff first responder duties.
- 115.65 - Coordinated response.
- 115.66 - Preservation of ability to protect inmates from contact with abusers.
- 115.67 - Agency protection against retaliation.

INVESTIGATIONS

- 115.71 - Criminal and administrative agency investigations.
- 115.72 - Evidentiary standard for administrative investigations.
- 115.73 - Reporting to inmates.

DISCIPLINE

- 115.76 - Disciplinary sanctions for staff.
- 115.77 - Corrective action for contractors and volunteers.
- 115.78 - Disciplinary sanctions for inmates.

MEDICAL AND MENTAL CARE

- 115.82 - Access to emergency medical and mental health services.
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits
- 115.403 – Audit contents and finding

****Standards Not Met****

PREVENTION PLANNING

- 115.15 - Limits to cross-gender viewing and searches. No corrective action required.
- 115.17 - Hiring and promotion decisions.

RESPONSIVE PLANNING

- 115.22 - Policies to ensure referrals of allegations for investigations. No corrective action required.

TRAINING AND EDUCATION

- 115.31 - Employee training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.41 - Screening for risk of victimization and abusiveness.
- 115.42 - Use of screening information.
- 115.43 - Protective custody.

REPORTING

- 115.52 - Exhaustion of administrative remedies.
- 115.54 - Third party reporting. No corrective action required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.61 - Staff and agency reporting duties.
- 115.68 - Post-allegation protective custody.

MEDICAL AND MENTAL CARE

- 115.81 - Medical and mental health screenings; history of sexual abuse.

DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews.
- 115.87 - Data collection.
- 115.88 - Data review for corrective action.
- 115.89 - Data storage, publication, and destruction.

Pursuant to PREA Standard 115.404, the submission of the interim audit report triggered the start of the 180-day corrective action period which ends on August 24, 2021. The AUDITOR and the agency/facility worked jointly on the development of a corrective action plan to achieve compliance where standards were not met. The AUDITOR provided a template for corrective actions, which the agency/facility elected to use. The AUDITOR reviewed updated policies, procedures, photos, and other documentation, and determined that a re-inspection was not required to verify implementation of approved corrective actions. On June 14, 2021, the AUDITOR gave written notice of the approval of the corrective action plan; this notice triggered the start of the 30-day period in which the AUDITOR is required to issue a final audit report indicating that the facility achieved compliance where the standards were not met. The AUDITOR documented approved corrective actions taken for each standard not met, updated all audit findings from "does not meet standard" to "meets standard," and submitted the final audit report on July 2, 2021.

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>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Agency organizational chart • Appointing email for PREA Coordinator • Appointing memorandum for PREA Compliance Manager <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • PREA Compliance Manager (PCM) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.11(a)</p> <p>The standard provision requires the agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The PAQ reflects that the agency indeed has the mandated zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Procedure 602.053, Prison Rape: Prevention, Detection, and Response, specifies its purpose as establishing the agency's zero-tolerance standards toward all forms of sexual abuse, sexual harassment, and staff sexual misconduct in all agency institutions and community corrections to protect the rights of all inmates and offenders. The procedure calls for holding perpetrators accountable and punishing institution and community officials who fail to prevent, detect, and respond to sexual abuse and sexual harassment of incarcerated people. It also calls for establishing and implementing standards for detecting, preventing, eliminating, and punishing all forms of sexual abuse and sexual harassment by increasing the availability of data, information, and training on the incidence of sexual abuse and sexual harassment to improve the management and administration of its facilities. The procedure includes definitions of prohibited behaviors and specifies sanctions for those found to have engaged in such behavior.</p> <p>The agency has a written policy mandating zero tolerance towards sexual abuse and sexual harassment. The policy includes strategies for implementing the zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behavior; and it calls for sanctions for those found to have violated the policy. Procedure 602.053, its specified purpose, the implementation strategy, and the set of definitions support a determination of compliance with the standard provision.</p> <p>115.11(b)</p> <p>The standard provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ reflects that the agency designated an upper-level, agency-wide PREA Coordinator (PC), who has sufficient time and authority to perform the specified duties. The agency's organizational chart identifies Judy Cardinez-Harris as the PC and reflects that she reports to the Deputy Director of Institutional Operations; a November 5, 2018, email from that deputy director announced the appointment of Ms. Cardinez-Harris as statewide PC. Ms. Cardinez-Harris stated that PREA is her main job function, which includes PREA Compliance, PREA Contracts, and PREA grant funding. She added that there are two Correctional Services Consultant positions assigned to assist her office; that if an issue with policy is identified, the policy is reviewed and corrections are made to achieve compliance; that corrections are made to formalize practices in the field and where a compliance issue is identified; that her office determines whether it is systemic or facility specific; and that her office provides annual training in the field and facility specific training as needed to address emergent training needs.</p> <p>The agency designated an upper-level, agency-wide PC with sufficient time and authority to carry out the specified responsibilities; the PC is identified in the agency's organizational chart, has access to the agency's leadership, and oversees</p>

the agency's efforts to comply with PREA at all agency-operated facilities. The organizational chart; the appointing email; Ms. Cardinez-Harris' access to agency leadership; the sufficiency of time; her authority to develop, implement, and oversee agency efforts to comply with PREA; and the interview with Ms. Cardinez-Harris support a determination of compliance with the standard provision.

115.11(c)

The standard provision states that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ reflects that the facility has a PREA Compliance Manager (PCM) and identifies Assistant Warden Mario Corrales, who reports to the Warden, as the facility's PCM. A memorandum dated March 9, 2020, from the Warden announces the designation of Mr. Corrales as the PCM for Dade CI and lists specific duties. The agency's organizational chart does not include PCMs. Mr. Corrales confirmed that he has enough time to manage all PREA-related responsibilities; that the facility relies on policies, procedures, and PREA training as part of its efforts to comply with the PREA standards; and that he makes decisions on the best plan or corrective action that works for staff and inmates to ensure compliance. Ms. Cardinez-Harris confirmed that each facility has a PCM with sufficient time and authority to coordinate their respective facility's efforts to comply with PREA; that there are 50 PCMs at the Assistant Warden level plus seven at privately run facilities for a total of 57 PCMs agency wide.

The agency operates multiple facilities, each facility designated a PCM at the assistant warden level, the PCM reports to the Warden, and Mr. Corrales confirmed that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The memorandum designating Mr. Corrales, his access to the Warden, his time and authority to coordinate the facility's efforts, and his statements during the interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.11(a) – No corrective action required.
- 115.11(b) – No corrective action required.
- 115.11(c) – No corrective action required.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 205.002, Contract Management • Agency Website • Contract Facility Audit Reports (5) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency's Contract Administrator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.12(a)</p> <p>The standard provision states that a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The PAQ reflects that the agency entered into or renewed 73 contracts for confinement of inmates; that all such contracts required contractors to adopt and comply with PREA; and that the facility does not contract with private agencies or other entities for confinement of its inmates. Procedure 205.002, Contract Management calls for all new and renewed contracts to be identified as "PREA covered contracts" when appropriate and include language requiring the contractor to comply with the PREA standards. The Contract Administrator stated that all FDC contracts specify the vendors' obligation to comply with the PREA standards before the contract is executed; that contracts are not executed if the entity is not compliant with PREA; and that, in the past 12 months, the agency entered into 74 contracts for confinement of its inmates.</p> <p>The agency's contract management procedure requires all new and renewed contracts to be identified as "PREA covered contracts" when appropriate and include language requiring the contractor to comply with the PREA standards. The Contract Administrator reported that all agency contracts specify the vendors' obligation to comply with the PREA standards before the contract is executed and that contracts are not executed if the entity is not compliant with PREA. Procedure 205.002 and the Contract Administrator interview support a determination of compliance with the standard provision.</p> <p>115.12(b)</p> <p>The standard provision states that any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PAQ reflects that all such contracts require agency monitoring for compliance with PREA; and that the facility does not have contracts with private agencies or other entities for confinement of its inmates. The Agency's Contract Administrator reported that of the 74 contracts, seven Department of Management Services contract facilities in Florida submit their audit reports to the PC and these reports are posted on the FDC public page with PREA reports for other FDC facilities. PREA compliance results for the other 67 contracts for confinement of inmates are managed by the contract manager pursuant to contract provisions; the contract manager has PREA compliance monitoring results for each contract for confinement of inmates entered into within the past 12 months and a review found that all reports submitted reflect full compliance initially or upon reaccreditation. Each agency is reviewed at a different time within the audit cycle. The AUDITOR reviewed audit reports for five of the agency's seven contract facilities on the agency's website and all five reports confirm that the most recent audits found the facilities fully compliant with the PREA standards; one facility had one corrective action.</p> <p>The Contract Administrator interview and the review of audit reports for five contract facilities support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.12(a) – No corrective action required.

- 115.12(b) – No corrective action required.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 602.030, Security Staff Utilization • General Post Order 01 • Staffing plan • Region IV Level-I Post Vacancy Log • Annual Staffing Plan review • Level-I vacancy reports • Shift supervisor post order • Unit logbooks • Video footage of supervisory rounds <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-Level Facility Staff (three Captains) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Staff present in inmate access areas • Location of video surveillance cameras • Video monitoring system <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.13(a)</p> <p>The standard provision requires the agency to ensure that each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for 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, facilities shall take into consideration:</p> <ol style="list-style-type: none"> (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. <p>The PAQ reflects that the agency requires each facility it operates to develop, document, and make its best efforts to comply</p>

on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse; that since the last PREA audit, the average daily population is 1,521; and that the staffing plan was predicated on that average daily population. Procedure 602.053 calls for the Office of Institutions to develop, in conjunction with each institution, a particularized staffing plan that provides adequate staffing levels, and where applicable, video monitoring, to protect inmates against sexual abuse. The staffing plan explains in detail how, in calculating adequate staffing levels and determining the need for video monitoring, the facility considers each of the 11 items prescribed by the standard provision. For example, for Item (1), the staffing plan explains that the Department established posts in line with correctional practices across the nation and relied upon guidance from the National Institute of Corrections (NIC) and USDOJ's "Guidelines for Development of a Security Program." For Item (4), the staffing plan explains in detail that the Department has undertaken efforts to analyze current staffing patterns; that in response to 2015 analyses of the Department's staffing and operations by the NIC and the State Legislature, the Department contracted with the Association of State Correctional Administrators for a comprehensive staffing analysis; that in response to analyses findings and recommendations, the Department took specific actions, including a request to the Legislature for additional resources to fill posts, modify the current relief factor, and transition from two 12-hour shifts to three 8½-hour shifts. The Region IV Level-I Post Vacancy Log provided reports officer absence for all three shifts on October 9, 2020, and specifies the reasons for absence. The Warden confirmed that the facility has a staffing plan, which is documented on a Level-I vacancy report; and that it provides for adequate levels of staff and video monitoring to protect inmates from sexual abuse. She explained that in assessing adequate staffing levels and the need for video monitoring, the Department created posts within the staffing plan in line with correctional practices across the nation and based upon standard staffing and relief factor as it relates to the total inmate population; and that there has been only one finding of inadequacy in the past 20 years, which did not impact PREA implementation or operations. A National Institute of Corrections and State Government Accountability review found the staffing plan to be adequate, but the facility's deployment of staff according to the staffing plan was found to be deficient. The facility fills its most critical level posts and leaves its least critical posts vacant. She described Dade CI as a multi-custody facility of approximately 1500 adult inmates and its mission includes medical and mental health treatment. She explained housing unit layouts and capacities and stated that the staffing plan considers housing units and cell occupancy. She pointed out the number of security staff and indicated that the number and placement of supervisory staff is based upon numerous factors, including the total inmate population, the composition of that population, and the physical plant. According to the Warden, in 2020, the facility had 62 PREA allegations, most of which were not substantiated. The PCM reported that to assess adequate staff levels and the need for video monitoring, the staffing plan considers standard staffing and relief factors across the country as it relates to the total inmate population; and that the only findings of inadequacy came from a National Institute of Corrections review that found the facility's deployment of staff according to the staffing plan to be inadequate. He explained the components of the facility's physical plant, the composition of the inmate population, housing unit capacities, and how the staffing plan considered those factors; how the number of security staff, total inmate population, composition of the inmate population, and the physical plant were considered in determining the placement of supervisory staff; and he described inmate programs at the facility and reported the numbers and categories of allegations with corresponding investigative findings. During the site review, the AUDITOR verified the presence of security staff in housing units, identified surveillance cameras, and assessed security staff monitoring of cameras to protect inmates from sexual abuse.

The agency ensures each facility documents and complies with a staffing plan; the staffing plan addresses staffing levels, video monitoring, and includes the 11 considerations in calculating adequate staffing levels and determining the need for video monitoring. The Warden and the PCM explained the efforts to comply with the staffing plan and how the 11 items prescribed by the standard provision were considered in determining staffing levels and the need for video monitoring. The Level-I post vacancy log is evidence of the agency's best efforts to comply on a regular basis with the staffing plan.

Procedure 602.053, the staffing plan, the Level-I Post Vacancy Log, the AUDITOR's observations during the site review, and interviews with the Warden and the PCM support a determination of compliance with the standard provision.

115.13(b)

The standard provision states that in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PAQ reflects that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan; that the instances are documented in the Roster Management System (RMS) via an Incident Report (DC6-210) and reported weekly to the Regional Office via the Level-I Vacancy Report; and that the most common reasons for deviations are unscheduled leave, transport to outside hospital, training, sick leave, annual leave, and FMLA (Family Medical Leave). The Level-I Post Vacancy Log for October 9, 2020, identifies, among other data points, the shift, Level-I posts that ran vacant, post number and description, number of hours the post was unmanned, and comments justifying the deviation from the plan. The Warden confirmed that the facility documents all instances of non-compliance with and justifies all deviations from the staffing plan; and she stated that it is documented in the Roster Management System via an incident report and a Level-I vacancy report. The AUDITOR reviewed several Level-I vacancy reports issued between September and December 2020 and verified that the facility documented the number of hours each post ran vacant and justified deviations from the staffing plan in all cases.

The facility documents circumstances where the staffing plan is not complied with and justifies all deviations from the plan.

The AUDITOR notes that Level-II and III posts vacancies are not documented because of staffing shortages and the lesser critical nature of these posts. The Level-I Post Vacancy Log for October 9, 2020, the review of Level-I vacancy reports, and the Warden interview support a determination of compliance with the standard provision.

115.13(c)

The standard provision states that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The PAQ reflects that the agency/facility conducts the review in collaboration with the PC and the review includes the prescribed assessment and determination. Procedure 602.053 calls for the Warden and the PC to conduct the prescribed review but does not specify items (1) through (3) above. According to the staffing plan, the review is conducted quarterly by the Warden and Department staff, and annually by PREA staff. Annual Staffing Plan review signed by the PC dated November 5, 2020, includes all assessments and determinations prescribed by the standard provision in addition to a review of deviations from the staffing plan; this review did not identify any need for adjustments to staffing levels or the deployment of video monitoring technology. The PC confirmed that the agency/facility consults with her before any assessments of, or adjustments to, the staffing plan; and that the assessments to the plan are conducted at least once each year.

The agency conducted an annual review of its staffing plan on November 20, 2020, and documentation of the review includes all assessments and determinations prescribed by the standard provision. The PC confirmed that the staffing plan reviews in question are done in consultation with her. Procedure 602.053, the November annual review, and the PC interview support a determination of compliance with the standard provision.

115.13(d)

The standard provision requires the agency to implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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. The PAQ reflects that the facility requires the prescribed supervisory unannounced rounds for the specified reasons; that the rounds are documented and cover all shifts; and that staff are prohibited from alerting other staff of the rounds. Procedure 602.030 calls for the Chief of Security to ensure unannounced supervisory rounds are conducted and documented in accordance with post orders. General Post Order 01 prohibits staff from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The staffing plan and a shift supervisor post order provided require shift supervisors to conduct daily unannounced rounds; the post order requires security inspections of all inmate housing and activity areas, as well as daily documentation of inspections on the housing unit and Control Room logs. The facility provided the September 20, 2020, housing unit log for all three shifts of Alpha Unit with the supervisor's initials documenting unannounced rounds. During onsite document reviews, the AUDITOR reviewed logs from all housing units for all three shifts of five pre-selected dates during the previous 12 months and verified OIC documentation of unannounced rounds in all cases. The AUDITOR reviewed video recordings of supervisory rounds on four pre-selected dates during the previous 30 days on different shifts in different housing units; in all cases, the OIC could be seen conducting rounds in the housing unit. During interviews, three Captains two from the Main Compound and one from the Mental Health Unit confirmed that they conduct unannounced rounds and document their rounds in housing unit logs and in the Control Room. All three Captains described different approaches they use to preventing staff from alerting other staff when the rounds are in progress.

The standard provision specifically requires agencies to have a policy to prohibit staff from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. Post orders are normally not considered policy because they apply to a specific post and do not carry the force of agency-wide policy; however, this General Post Order specifies that post orders will be based upon and fall within the parameters established by Florida Statutes, Florida Administrative Code, and FDC Procedures, thus carrying the force of agency-wide policy. The staffing plan and shift supervisor post order require the unannounced rounds; the supervisor documents the rounds in the housing unit log and in the Control Room log. Procedure 602.030, General Post Order 01, the review of housing unit logs, the review of video of unannounced rounds, and interviews with the captains support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.13(a) – No corrective action required.
- 115.13(b) – No corrective action required.
- 115.13(c) – No corrective action required.
- 115.13(d) – No corrective action required.

115.14	Youthful inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 1420 445" style="list-style-type: none"> • PAQ • Procedure 601.211, Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities • Facility Staffing Plan <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="282 555 363 582" style="list-style-type: none"> • None <p data-bbox="240 609 576 636">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 692 660 719" style="list-style-type: none"> • Inmate housing and program areas <p data-bbox="240 745 1406 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 837 341 864">115.14(a)</p> <p data-bbox="240 896 1469 1122">The standard provision states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ reflects that the facility does not house youthful inmates. Procedure 601.211, Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities calls for youthful offenders and young adult offenders to be housed at facilities designated for such offenders. The procedure lists facilities designated for such offenders and Dade CI is not included. The Staffing Plan specifies that the facility "consists of adult male inmates." During the site review, the AUDITOR did not see any evidence of youthful inmate housing at the facility.</p> <p data-bbox="240 1153 1497 1279">Procedure 601.211 does not list Dade CI among facilities designated for youthful offenders or young adult offenders; the PAQ and the staffing plan reflect that the facility does not house such offenders; and the AUDITOR did not see any evidence of youthful inmates at the facility. Procedure 601.211, the staffing plan, and the AUDITOR's observations support a determination that the standard provision does not apply.</p> <p data-bbox="240 1310 341 1337">115.14(b)</p> <p data-bbox="240 1368 1449 1460">The standard provision states that in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The PAQ reflects that the facility does not house youthful inmates.</p> <p data-bbox="240 1491 1497 1617">Procedure 601.211 does not list Dade CI among facilities designated for youthful offenders or young adult offenders; the PAQ and the staffing plan reflect that the facility does not house such offenders; and the AUDITOR did not see any evidence of youthful inmates at the facility. Procedure 601.211, the staffing plan, and the AUDITOR's observations support a determination that the standard provision does not apply.</p> <p data-bbox="240 1648 341 1675">115.14(c)</p> <p data-bbox="240 1706 1477 1865">The standard provision requires the agency to make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The PAQ reflects that the facility does not house youthful inmates.</p> <p data-bbox="240 1897 1497 2022">Procedure 601.211 does not list Dade CI among facilities designated for youthful offenders or young adult offenders; the PAQ and the staffing plan reflect that the facility does not house such offenders; and the AUDITOR did not see any evidence of youthful inmates at the facility. Procedure 601.211, the staffing plan, and the AUDITOR's observations support a determination that the standard provision does not apply.</p> <p data-bbox="240 2054 687 2080">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="282 2136 724 2163" style="list-style-type: none"> • 115.14(a) – No corrective action required.

- 115.14(b) – No corrective action required.
- 115.14(c) – No corrective action required.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1182 645" style="list-style-type: none"> • PAQ • Florida Administrative Code (FAC) Chapter 33-602.204, Searches of Inmates • Procedure 602.018, Contraband and Searches of Inmates • Procedure 602.036, Gender Specific Security Positions, Shifts, Posts, and Assignments • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Security staff training records (2) • Staffing plan • PREA-001 Training lesson plan • Moss Group video "Guidance on Cross Gender and Transgender Pat Searches" <p data-bbox="240 674 499 701">PEOPLE INTERVIEWED</p> <ul data-bbox="284 752 616 846" style="list-style-type: none"> • Security staff (random sample) • Inmates (random sample) • Transgender/Intersex inmates <p data-bbox="240 875 576 902">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 954 746 1115" style="list-style-type: none"> • Statements from the PCM and Medical staff • Statements from inmates • Opposite gender announcements • Officer observation posts • Inmate housing, bathrooms, and showers <p data-bbox="240 1144 1409 1207">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1236 341 1263">115.15(a)</p> <p data-bbox="240 1292 1485 1588">The standard provision states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PAQ reflects that the facility does not conduct the searches in question and that, in the past 12 months, no such searches were conducted. Chapter 33-602.204, Searches of Inmates, calls for unclothed body searches to be performed by correctional officers of the same sex as the inmate, except in exigent circumstances and limits body orifices or cavity searches to medical personnel only. Procedure 602.018, Contraband and Searches of Inmates and Procedure 602.036, Gender Specific Security Positions, Shifts, Posts, and Assignments, forbid cross-gender strip searches, except in emergency situations as determined by the Shift Supervisor. The facility did not report any cross-gender searches; therefore, there were no search logs to review, or non-medical staff involved in cross-gender searches to interview.</p> <p data-bbox="240 1617 1394 1680">Chapter 33-602.204, Procedure 602.018, Procedure 602.036, and the absence of cross-gender searches support a determination of compliance with the standard provision.</p> <p data-bbox="240 1709 341 1736">115.15(b)</p> <p data-bbox="240 1765 1463 1995">The standard provision states that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ reflects that the facility does not house female inmates. The staffing plan specifies that the facility houses only adult male inmates. During the site review, there was no evidence of female inmates housed at the facility and the PCM and Medical staff confirmed that there are no transgender men at the facility.</p> <p data-bbox="240 2024 1469 2087">The facility does not house female inmates. The staffing plan, the statements from the PCM and Medical staff, and the site review observations support a determination that the standard provision does not apply.</p> <p data-bbox="240 2116 341 2143">115.15(c)</p>

The standard provision requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches and document all cross-gender pat-down searches of female inmates. The PAQ reflects that the facility requires documentation of the searches in question and that the facility does not house female inmates. Procedures 602.018 and 602.036 require staff to submit an Incident Report, DC6-210, explaining the justification for the search exception. There was no documentation of the searches in question to review because the facility has not conducted any such searches.

Procedures 602.018 and 602.036 and the absence of the searches in question support a determination of compliance with the standard provision.

115.15(d)

The standard provision requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ reflects that the facility implemented the policies and procedures in question, and that the policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Procedure 602.036 forbids officers of the opposite gender from supervising inmates who are showering or using the restroom where a privacy screen is not in place to obscure the specified inmate's body parts from view. Procedure 602.053 calls for the Chief of Security to ensure opposite gender announcements are made and documented in accordance with post orders. Security staff interviews reflect that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks and that staff are required to announce their presence upon entering housing areas with inmates of the opposite gender. Inmate interviews reflect that 33 of 40 or 82% of inmates interviewed do not have concern with cross-gender viewing; the remaining 18% reported cross-gender viewing while in the shower, using the restroom, and while changing in their cells. Most of the concerns were reported for Gulf, Hotel, and Delta Units. During the site review, for the most part, staff announced the presence of female staff upon entering housing units and conversations with inmates did not reveal any concerns with cross-gender viewing. In the open bay dormitories, wheelchair accessible toilets on both sides are closest to the officer's station and in plain view without a portable privacy screen in place; urinals are also in plain view; an inmate would have to lean into the urinal to ensure the flared edges provide privacy. The AUDITOR pointed out this concern to staff and photos were taken in one unit with the privacy screen in place. In the Mental Health Unit, inmates using the toilet are visible through cell door windows. Staff demonstrated how portable privacy screens are placed in front of cell doors to provide privacy; however, the screen was not readily available, an officer had to retrieve it from a location on the opposite side of the unit. Inmates in lower tier cells and showers are visible to female staff assigned to the elevated observation stations; staff again used the portable screens to provide privacy. Management staff pointed out that the housing unit is gender-specific on the third shift when inmates take showers and contended that inmates in showers are visible only from the waist up.

The standard provision recognizes that such viewing may be incidental to routine cell checks and that inmates are informed when staff of the opposite gender are assigned to their housing unit placing responsibility on inmates to be vigilant about the potential for incidents of cross-gender viewing. The wheelchair accessible toilets and the urinals in open bay dormitories remain of concern because inmates are not responsible for control of privacy screens. One inmate reported that the floor officer is not responsive to his request for the privacy screen when he uses the wheelchair accessible toilet and a transgender woman reported that her breasts are visible through the cell door. Ms. Counce and facility leadership were responsive and proactive in working on solutions, including issuing a written directive for housing unit staff to ensure the privacy screen remains in place and is never removed from wheelchair accessible toilets. Inmate interviews and the AUDITOR's observations during the site review do not support a determination of compliance with the standard provision.

On February 3, 2021, the PC provided photos of the housing units in question, with privacy screens in place; the AUDITOR finds that the screens provide adequate privacy for inmates using the shower, the urinals, or the accessible toilets provided the screens remain in place. The PC also provided a February 1, 2021, memorandum from the Warden that identifies the privacy screens as "PREA Barriers" in every dormitory. The memorandum specifies that the barriers may not be utilized for any other activities and must remain in front of the showers and ADA toilets; it further calls for a daily check of the PREA barriers upon entering the dormitory and for staff to submit a maintenance work request if barriers are damaged, broken, missing, etc. and notify the shift Officer in Charge. Procedure 602.053, security staff interviews, the photos provided, and the Warden's memorandum support a determination of compliance with the standard provision.

115.15(e)

The standard provision states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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. The PAQ reflects that the facility has a policy prohibiting staff from conducting the searches and physical examinations in question; and that, in the past 12 months, there

have been no reports of staff conducting such searches. Procedure 602.053 specifies the language of the standard provision. Security staff interviews reflect that there is an agency policy prohibiting such searches and that staff do not conduct them. Transgender/intersex inmate interviews reflect that three of ten or 30% of transgender women interviewed expressed concerns about searches; one reported that officers commented about her anatomy twice when she first arrived and another reported that security staff display hostility during searches, including disregard for their choice of the gender of officers conducting pat-down searches and forcefully pulling inmates' pants up during searches.

The AUDITOR shared the concerns reported by the three inmates with the PCM and Ms. Counce. Only 30% of applicable interviewees reporting such concern is not enough to preclude a determination of compliance determination; however, facility management should monitor searches of transgender women to determine if there is any need for corrective action. Procedure 602.053 and security staff interviews support a determination of compliance with the standard provision.

115.15(f)

The standard provision requires the facility to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ reflects that 100% of security staff received the prescribed training. The PREA-001 Training lesson plan specifies that clothed searches of transgender/intersex inmates by male staff will only be conducted during an emergency situation as deemed by the Shift Supervisor or if the arrival of female staff will disrupt the normal daily operations of the institution; the lesson plan includes a link to the Moss Group's video "Guidance on Cross Gender and Transgender Pat Searches," which illustrates in detail how to conduct the searches in question in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Security staff interviews reflect that all staff interviewed received the training in question and sign-in sheets provided reflect that several two-hour sessions of PREA training were provided to security staff during the previous 12 months.

The PREA-001 Training lesson plan, the Moss Group's video, the sign-in sheets, and security staff interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.15(a) – No corrective action required.
- 115.15(b) – No corrective action required.
- 115.15(c) – No corrective action required.
- 115.15(d) – No corrective action required. Corrected before interim audit report.
- 115.15(e) – No corrective action required.
- 115.15(f) – No corrective action required.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Procedure 604.101, Americans with Disabilities Act Provisions for Inmates
- Form DC6-134C, Acknowledgement of Receipt of Orientation on PREA
- Zero-tolerance poster (English and Spanish)
- PREA brochure (Spanish and Creole)
- PREA Education video (English and Spanish)
- PREA Translator List
- Language Line Services Purchase Order
- Incident report #1463-20-10-123

PEOPLE INTERVIEWED

- Agency Head
- Security staff (random sample)
- Inmates with disabilities (6)
- Inmates with LEP

SITE REVIEW OBSERVATIONS

- Housing unit tours
- Statements from inmates

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.16(a)

The standard provision requires the agency to take appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The PAQ reflects that the agency established procedures to provide inmates with disabilities 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. Procedure 604.101, Americans with Disabilities Act Provisions for Inmates forbids discrimination based on disability in the provision of services, programs, and activities to inmates and calls for taking reasonable steps to ensure the rights of inmates with documented disabilities are addressed. Procedure 602.053 calls for inmates with disabilities to be advised of the zero-tolerance policy in accordance with resources outlined in Procedure 604.101 and lists closed captioning, large print material, and reading written materials to inmates among those resources. The Agency Head stated that the Department established a procedure to comply with the Americans with Disabilities Act in January 2001; that the procedure outlines the opportunity and resources afforded to inmates with disabilities; and, that resources such as qualified sign language interpreters, readers, sound amplifiers, closed captioned television, telecommunication devices for the deaf, digital texts, Braille materials and large-print signs are provided for effective communications. The PREA Translator List provides names and phone numbers of staff at various facilities who provide sign language interpretation. Form DC6-134C, Acknowledgement of Receipt of Orientation on PREA includes a note on inmate physical disabilities, health care appliances, and specific accommodations used during the PREA education. Interviews with six inmates with disabilities, one with a cognitive disability and five with hearing impairment (one of whom also has a vision impairment), reflect that the facility has resources available to accommodate these disabilities. Resources include the Zero tolerance poster in large print and the

tablet which inmates can use to access the handbook and view the PREA video. Most of the inmates with hearing impairment indicated that the facility provides PREA information in formats accessible to them and the inmate with vision impairment reported that he is able to read the poster. The AUDITOR notes that none of the inmates interviewed appeared to have severe impairments because the interviews were conducted without the need for auxiliary devices; providing the questions in large print and speaking in a high tone sufficed for inmates with hearing impairments. Incident report #I463-20-10-123, dated October 16, 2020, reflects that the PREA Auxiliary Staff Member, documented a witness statement (verbatim) to assist an inmate who claimed to be illiterate.

The interviews with six inmates with disabilities did not reveal any indications that they do not have equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Auxiliary Staff Member's actions is evidence of the measures some employees take to ensure 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. The resources mentioned above, although not needed for the inmates interviewed, are available for inmates with more severe impairments. Procedure 604.101, Procedure 602.053, Form DC6-134C, the availability of staff to assist with sing language interpretation, the Zero tolerance poster in large print, the tablet with the handbook and the PREA video, TVs with closed captioning, the Agency Head interview, the auxiliary staff member's action, and the interviews with inmates with disabilities support a determination of compliance with the standard provision.

115.16(b)

The standard provision requires the agency to 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency established procedures to provide inmates with limited English proficiency (LEP) 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. Procedure 602.053 calls for inmates with LEP to be advised of the zero-tolerance policy and includes the Department's translator lists and Language Line as available resources. The Agency Head reported that the Department compiled a list of staff members who can assist with language interpretation and established a partnership with Language Line Services for language interpreter services when needed; that the PREA brochure, the zero-tolerance poster, and other education materials are available in Spanish; and that the brochure is also available in six other languages. The agency provided a purchase order for Language Line interpreter services department-wide from July 1, 2020, through June 30, 2021. The 14-page PREA Translator List provides names and phone numbers of staff at various facilities (including Dade CI) who provide language interpretation; languages include Spanish, Creole, German, Italian, Portuguese, Tagalog, etc. The facility provided the PREA brochure in Spanish and Creole and the Zero-tolerance poster in Spanish. Interviews with two inmates with LEP reflect that they viewed the PREA video and received PREA information in their language.

The interviews with two inmates with LEP did not reveal any indications that they do not have equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Procedure 602.053, the availability of written materials in other languages, the availability of the video in other languages, the availability of employees to assist with interpretation, the use of Language Line interpreter services, the Agency Head interview, and the interviews with inmates with LEP support a determination of compliance with the standard provision.

115.16(c)

The standard provision states that the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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. The PAQ reflects that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in the specified limited circumstances; that the agency or facility documents the limited circumstances if such inmate assistance is used; and that, in the past 12 months, the facility has not used inmate interpreters, readers, or other types of assistants where the limited circumstances did not apply. Procedure 602.053 specifies that inmates shall not be used as interpreters or readers except in exigent circumstances. Security staff interviews reflect that staff are not aware of the three limited circumstances specified by the standard provision. The AUDITOR presented a scenario in which an inmate is unable to communicate with staff due to a disability or LEP, the inmate needs to report a PREA incident, and there is no staff available to interpret but there is an inmate who can. Eight or 44% of the 18 staff members interviewed indicated that they would allow the inmate interpreter in an emergency; the other ten would not. None of the 18 staff members interviewed were aware of the three limited circumstances specified by the standard provision. Interviews with inmates with disabilities and inmates with LEP did not reveal any involvement in a situation in which at least one of the three limited circumstances applied, and staff did not allow an inmate interpreter, reader, or assistant.

Although staff members interviewed were not aware of the three limited circumstances in question, a violation of the standard

provision has not been identified because there is no evidence of an actual incident in which any of the limited circumstances applied, and staff did not invoke it. Procedure 602.053, and interviews with inmates with disabilities and inmates with LEP support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The facility should consider additional training and/or a job aid, such as a work site poster or a personal information card, to ensure staff are aware of the three limited circumstances and how they apply to PREA incidents involving inmates with limited ability to communicate with staff.

RECOMMENDED CORRECTIVE ACTIONS

- 115.16(a) – No corrective action required.
- 115.16(b) – No corrective action required.
- 115.16(c) – No corrective action required.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Florida statute, Title XXXI, Chapter 435, Labor Employment Screening • FAC 33-601.202, Use of Inmates in Public Works • Procedure 208.049, Background Investigation and Appointment of Certified Officers • Procedure 503.004, Volunteers • Employee files (current employees, new hires, and promotions) • Form DC2-854, Correctional Officer Supplemental Application and Willingness Questionnaire • Form DC2-827, Employment Verification • Form DC2-810B, Receipt for Rules, Procedure, and policies – New Employee • Form DC2-899, Supplemental Questionnaire and Applicant Release of Information for Non-Security Positions • Form DC2-8021, Criminal Record Review <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Human Resources (HR) Manager <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.17(a)</p> <p>The standard provision states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:</p> <p>(1) 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);</p> <p>(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The PAQ reflects that the agency prohibits hiring or promoting anyone who may have contact with inmates and enlisting the services of any contractor with the specified sexual misconduct history. Florida statute, Title XXXI, Chapter 435, Labor Employment Screening calls for ensuring persons subject to security background investigations have not been arrested for or found guilty of sexual misconduct including those specified by the standard provision. Form DC2-854, Correctional Officer Supplemental Application and Willingness Questionnaire is used to collect background investigation information on applicants for correctional officer. Question 13 asks if the applicant ever committed a crime, whether arrested or not and Question 16 asks directly about the sexual misconduct history specified in (a)(3) above. Form DC2-827, Employment Verification is used to document employment verification for new and current employees. The form calls for the supervisor or designee to contact prior employers for information about prospective employees, including substantiated allegations of sexual abuse and whether the prospective employee resigned during a pending investigation of alleged sexual abuse. The form is also used to document checks on current employees (presumably for promotions); it asks about open investigations, pending disciplinaries, and last three performance evaluations. Form DC2-899, Supplemental Questionnaire and Applicant Release of Information for Non-Security Positions is used to collect background information on applicants for non-security positions. Question 5 asks directly about the sexual misconduct history specified in (a)(3) above. A review of files of eight employees hired in the past 12 months confirms that the agency conducted criminal background records checks before hiring in all eight cases.</p> <p>The standard provision specifically forbids agencies from hiring or promoting anyone who may have contact with inmates or enlisting the services of any contractor who may have contact with inmates, who has engaged in the specified sexual</p>

misconduct. Although pre-employment live scans setup subsequent employee arrest and conviction notifications to the agency, the agency may not be aware if a correctional officer applicant, promotional employee, or prospective contractor ever engaged in the misconduct described in (a)(1) above without a background investigation in which the employee is required to answer that question directly. A candidate may have engaged in sexual abuse in either of the institutions specified in (a)(1) above; however, if the misconduct has not been reported, investigated, or prosecuted, no criminal records background check or check with prior employers would reveal the misconduct because there has never been a record of it. It is possible that only the candidate can answer that question. Not Form DC2-854, Form DC2-827, or Form DC2-899 ask correctional officer applicants, promotional employees, or non-security applicants directly if they ever “engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.” Form DC2-854, Form DC2-827, and Form DC2-899 do not support a determination of compliance with the standard provision.

115.17(b)

The standard provision requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The PAQ reflects that agency policy requires consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist a contractor. FAC 33-601.202, Use of Inmates in Public Works calls for the Warden or designee to consider any other factor that may impact the individual's ability to supervise inmates safely and effectively in public works programs but does not specify sexual harassment. Question 16 of the Correctional Officer Supplemental Application and Willingness Questionnaire asks if the applicant has ever been civilly or administratively adjudicated guilty of sexual harassment. The HR Manager confirmed that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates; he explained that the recruitment team contacts the previous agency for any documentation of misconduct, which is presented to the Warden for review, and if needed to the Regional Director for final review. One file review reflects that a prospective new employee worked at a correctional institution with another agency and that the pre-employment check included contact with that previous employer.

The Correctional Officer Supplemental Application and Willingness Questionnaire, the HR Manager interview, and the pre-employment check with the previous employer support a determination of compliance with the standard provision.

115.17(c)

The standard provision states that before hiring new employees who may have contact with inmates, the agency shall:

- (1) Perform a criminal background records check; and
- (2) 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.

The PAQ reflects that agency policy requires the prescribed background records checks and contacts before hiring new employees who may have contact with inmates; and that, in the past 12 months, 150 persons hired had criminal background records checks. Title XXXI, Chapter 435 requires a security background investigation as a condition of employment and the scope includes the criminal background records checks prescribed by the standard provision. Procedure 208.049, Background Investigation and Appointment of Certified Officers specifies the agency's background investigation procedures, which include the records checks and contacts prescribed by the standard provision. Questions 6 – 9 on Form DC2-854, Correctional Officer Supplemental Application and Willingness Questionnaire ask about prior law enforcement employment, including as a correctional officer. Form DC2-8021, Criminal Record Review is used for the hiring authority to review criminal records of prospective employees. Form DC2-827, Employment Verification is used to document employment verification for new employees. The HR Manager confirmed that the facility performs a criminal background records check and contacts all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during an investigation of such allegation. A random sample of eight files of personnel hired in the past 12 months reflect that in each case the agency conducted the prescribed pre-employment checks. One file review reflects that a prospective new employee worked at a correctional institution with another agency and that the pre-employment check included contact with that previous employer.

Chapter 435, Procedure 208.049, the HR Manager interview, Form DC2-854, Form DC2-827, Form DC2-8021, the eight files of personnel hired in the past 12 months, and the pre-employment check with the previous employer support a determination of compliance with the standard provision.

115.17(d)

The standard provision requires the agency to also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PAQ reflects that agency policy requires a criminal background records check before enlisting the services of a contractor who might have contact with inmates; and that, in the

past 12 months, there were eight contracts for services and criminal background records checks were conducted on all contract staff in all eight cases. Procedure 503.004, Volunteers, requires initial approval to include a background check on each volunteer using state and national criminal history records data bases and annual rechecks thereafter. The HR Manager confirmed that the facility performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PC confirmed that the agency conducts the same criminal background records check for prospective contractors as it does for prospective employees.

Procedure 503.004, the HR Manager interview, and the statement from the PC support a determination of compliance with the standard provision.

115.17(e)

The standard provision requires the agency to 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. The PAQ reflects that agency policy requires the prescribed checks or system for capturing such information for current employees; and that the agency utilizes LIVESCAN and has up-to-date information.

The agency did not identify any statute, policy, or procedure that references this standard provision. The HR Manager reported that the agency uses Live scan, which provides up-to-date information and reports subsequent employee arrests and convictions automatically. A random sample of 25 files of employees and contractors reflect that a pre-employment live scan was completed in each case.

The HR Manager interview and the 25 files reviewed support a determination of compliance with the standard provision.

115.17(f)

The standard provision requires the agency to 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The agency did not identify any statute, policy, or procedure that references this standard provision. In response to the AUDITOR's probe, the PC explained that applicants for employment complete documentation related to history of sexual abuse before reading and signing a section where they agree to comply with all agency policy; and that the form includes the agency's website address where employees have access to agency policy and procedures. The HR Manager reported that the agency/facility asks all applicants and employees who may have contact with inmates the three sexual misconduct questions in written applications or interviews for hiring; the AUDITOR asked if the questions are asked for promotions and in interviews or written self-evaluations conducted as part of reviews of current employees and the HR Manager stated that there is no process in which employees are required to answer the three questions after being hired. He explained that employees are informed of the continuing affirmative duty in preemployment paperwork, new employee orientation, and during annual in-service training.

The standard provision specifically requires agencies to ask all employees who may have contact with inmates directly about previous misconduct described in paragraph (a) in any interviews or written self-evaluations conducted as part of reviews of current employees. The HR Manager confirmed that supervisors issue employee copies of performance evaluations in person. It does not suffice to make employees aware that agency policy forbids the specified sexual misconduct; the standard provision specifically calls for the agency to ask employees directly about the sexual misconduct specified in (a) above as part of employee annual evaluations if such evaluations include interviews or written self-evaluations; this requires getting employees to provide responses to the three questions. The HR Manager interview and the PC's explanation do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

If supervisors meet with employees to issue employee copy of performance evaluation reports, in addition to having the employee provide written responses to the three sexual misconduct questions, supervisors should also obtain employee signatures acknowledging that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The hiring authority should retain copies of employee written responses to the three questions, acknowledgement of the continuing affirmative duty to disclose any such misconduct, and acknowledgement that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Such documented acknowledgement provides proof that the employee was aware of agency expectations in the event there is a need to defend against a claim of wrongful termination.

115.17(g)

The standard provision states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The PAQ reflects that the specified acts are grounds for termination under agency policy. FAC 60L-36.002, Conduct of Employees, calls for employees to "abide by the law and applicable rules and policies

and procedures,” and authorizes employee discipline, including dismissal, for violating such rules. Clarification from the PREA Consultant reflects that applicants are required to complete documentation that requires disclosure of any history of sexual abuse and sign documentation agreeing to comply with all FDC policies, rules, and regulations; the documentation includes a link to the agency’s website where all employees review agency policies, rules, and procedures. The HR Manager confirmed that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination; he stated that employees are informed during new employee orientation and during in-service training; he provided a blank copy of Form DC2-810B, Receipt for Rules, Procedure, and policies – New Employee, on which employees acknowledged receiving copies of rules, procedures, and policies and their responsibility to read and become familiar with Department rules.

FAC 60L-36.002, Form DC2-810B, the PREA Consultant’s clarification, and the HR Manager interview support a determination of compliance with the standard provision.

115.17(h)

The standard provision states that unless prohibited by law, the agency shall 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. The agency did not identify any statute, policy, or procedure that references this standard provision. The HR Manager confirmed that the facility provides 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.

The HR Manager interview supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.17(a) – The agency shall ensure all prospective new employees, promotional employees, and prospective contractors who may have contact with inmates answer the three sexual misconduct questions in 115.17(a) before being hired, promoted, or enlisted for services. By May 1, 2021, the agency/facility shall provide to the AUDITOR a list of all new hires, promotional employees, and contractors, who may have contact with inmates, who were hired, promoted, or enlisted in March or April 2021. For each new hire, promotional employee, and contractor on the list, the agency/facility shall provide to the AUDITOR documentation proving that he or she answered the three sexual misconduct questions before being hired, promoted, or enlisted at the facility.
- 115.17(b) – No corrective action required.
- 115.17(c) – No corrective action required.
- 115.17(d) – No corrective action required.
- 115.17(e) – No corrective action required.
- 115.17(f) – The agency shall ensure all applicants and employees who may have contact with inmates answer the three sexual misconduct questions in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of current employee performance evaluations. If employee performance evaluations do not currently include a written self-evaluation or interviews, the agency is not required to implement such practice to comply with this standard provision. By May 1, 2021, the facility shall provide to the AUDITOR, a list of all employees who received a performance evaluation in March or April 2021. For all employees who submitted a written self-evaluation or met with a supervisor as part of the performance evaluation process, the facility shall provide to the AUDITOR documentation to prove that the employee answered the three sexual misconduct questions.
- 115.17(g) – No corrective action required.
- 115.17(h) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.17(a) – The agency/facility provided a form with the three sexual misconduct questions and indicated that prospective employees and promotional employees will be required to answer the three questions and sign the form as part of the hiring and promotion process. The facility agreed to provide the documentation requested in the recommended corrective action to prove compliance. On June 4, 2021, the facility provided completed forms for all 19 new hires and the single promotional employee during the months of April and May 2021. On the form, each prospective employee and the promotional employee answered the three sexual misconduct questions and signed the form. The documentation provided reflects that the practice of having new hires and promotional employees answer the three sexual misconduct questions has been institutionalized and supports a determination of compliance with the standard provision.
- 115.17(f) – The agency/facility wishes to address the concern related to the standard provision with employees to allow the proposed evaluation process to work; and instead, offers to provide the requested documentation showing that staff randomly selected from current employee listing have been asked and answered the three sexual misconduct questions. The agency/facility reports that the employee evaluation process recommended will not work; that the

facility will have employees meet with supervisors who will have employees answer the three questions and informed of the continuing affirmative duty to disclose any such misconduct. The agency/facility provided a form with the three sexual misconduct questions and indicated that supervisors will meet with employees as part of the annual performance review process; under the process, employees will be required to answer the three questions and sign the form. By signing the form, employees acknowledge a continued affirmative duty to disclose any such misconduct and the form informs them that material omissions or providing materially false information shall be grounds for termination. The facility agreed to provide the documentation requested in the recommended corrective action to prove compliance. From the list of current employees, the AUDITOR randomly selected names and on June 10, 2021, the facility provided completed forms for 16 current employees; each form included the employee's response to the three questions, signature, and date. The documentation provided reflects that the practice of having current employees answer the three questions has been institutionalized. The facility shall ensure current employees answer the three questions as part of the performance review process or otherwise annually. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Staffing Plan
- Memorandum dated November 17, 2020, on Upgrades to Facilities and Technologies

PEOPLE INTERVIEWED

- Agency Head
- Warden

SITE REVIEW OBSERVATIONS

- Video monitoring system

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.18(a)

The standard provision states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not acquired a new facility or made substantial expansion or modification to existing facilities since the last PREA audit. The agency head stated that facility modification has always focused on providing safety for staff and inmates; that facilities must submit a request (via the chain of command) to the Regional Director regarding any renovation or new construction; that the request must include a description of the project, the program area of the facility, what the project is correcting or improving, justification for the project, and confirmation that it has been reviewed for PREA compliance. The review for PREA compliance ensures the construction will not create blind spots, obstruct lines of sight, or inhibit an inmate's ability to benefit from all aspects of PREA. The Warden indicated that there has been acquisition of a new facility or substantial expansion or modification of existing facilities since August 20, 2012, or the last PREA audit and explained that the facility's ability to protect inmates from sexual abuse was considered by installing and updating video monitoring system to assists in prevention, detection, and response related to PREA incidents. During the site review, the AUDITOR did not identify any new construction or new structural modifications at the facility and staff confirmed that there was no new construction.

The facility did not acquire any new construction nor did it make substantial expansion or modifications. The standard provision does not apply.

115.18(b)

The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the facility installed or updated its video monitoring system/electronic surveillance system. The staffing plan states that, in 2020, the facility installed video monitoring technology in all housing units to enhance sexual abuse prevention, detection, and response. A memorandum dated November 17, 2020, from the facility's Colonel provides a breakdown of the number of cameras at each location and the total number of cameras installed in housing units and in common areas. The agency head stated that in recent years the Department has focused resources on installing or updating video monitoring, electronic surveillance, and other monitoring technology; that video cameras have been installed in all housing units across the state; that many facilities have cameras in food service, laundry, and other commons areas; that the Department works with the legislature to obtain funding to enhance current video monitoring technology with the goal of having all areas of every facility under surveillance. He explained that video surveillance facilitates monitoring of inmate activity between security checks, allows staff to monitor multiple areas at once, and limits blind spots; that it helps with identifying suspicious inmate or staff activity and allows staff to actively monitor inmates who are deemed aggressive or potential perpetrators of sexual abuse; and that it assists the OIG with investigations and prosecutions. He added that the Department also has audio monitoring devices in the dormitories; that each dorm is equipped with an intercom system that is monitored from the officer's station, allowing officers to respond to situations such as sexual assaults if the victim calls out for help; that the audio monitoring system is operational statewide; and that it is especially important in administrative confinement dorms with two-man cells. The Warden indicated that the facility installed

or updated monitoring technology or electronic surveillance since August 20, 2012, or the last PREA audit and explained that the facility considered it to enhance its ability to protect inmates from sexual abuse because monitoring technology assists in prevention detection and response related to PREA incidents. During the site review, staff pointed out the locations of surveillance cameras and the AUDITOR assessed video monitoring stations for coverage of inmate access areas, blind spots, and potential cross-gender viewing. The facility did not have meeting minutes related to the installation of the video monitoring system.

The video monitoring system enhanced the facility's ability to protect inmates from sexual abuse by allowing security staff to monitor a greater range of inmate activity and inmate access areas from each monitoring station. The AUDITOR's assessment did not reveal any concerns with camera coverage, blind spots, or cross-gender viewing. The locations of surveillance cameras, the AUDITOR's inspection of the facility's video monitoring system, the Agency Head interview, and the Warden interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.18(a) – No corrective action required.
- 115.18(b) – No corrective action required.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1214 779" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, Sexual Misconduct Investigations • Uniform Evidence Protocol – Adult/Adolescent Forensic Sexual Assault Examination • A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents • Panhandle Forensic Nurse Specialist MOU (SAFE/SANE services) • Roxcy Bolton Rape Treatment Center MOU (advocacy services) • Roxcy Bolton Rape Treatment Center brochure • FDC Directive Dated January 14, 2021 • Miami-Dade PD Standard Operating Procedures for Sexual Battery • SANE Certificates (2) • Victim Services Practitioner certificates (3) • Incident reports (3) <p data-bbox="240 808 499 835">PEOPLE INTERVIEWED</p> <ul data-bbox="280 887 895 1016" style="list-style-type: none"> • PREA Compliance Manager • Security staff (random sample) • Representative from Roxcy Bolton Rape Treatment Center • Inmates who reported sexual abuse (4) <p data-bbox="240 1046 576 1072">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 1124 451 1151" style="list-style-type: none"> • None required <p data-bbox="240 1180 1406 1240">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1270 341 1296">115.21(a)</p> <p data-bbox="240 1330 1481 1957">The standard provision states that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ reflects that the OIG conducts administrative sexual abuse investigations; and that the Miami Dade Police Department conducts investigations of sexual battery only and follows the uniform evidence protocol. Procedure 108.015, Sexual Battery, Sexual Harassment, Sexual Misconduct Investigations includes steps to be taken by the Inspector responding to a sexual battery crime scene; the procedure calls for the inspector to coordinate access to the scene, collect physical evidence, conduct preliminary interviews of the victim and witnesses, ensure the victim receives medical treatment, offer a forensic medical examination, and ensure photographic documentation of the victim's injuries and evidence at the scene. The agency identified the Adult/Adolescent Forensic Sexual Assault Examination form as its uniform evidence protocol; the form includes detailed instructions for the examiner to document the examination protocols, including medical history, treatment and follow-up, assault description, assault circumstances, post assault activity, complete physical examination, photographs taken, evidence kit processing, etc. Security staff interviews reflect that the staff interviewed are aware of some components of the uniform evidence protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The most prevalent responses included securing the crime scene, ensuring the victim and perpetrator do not destroy evidence on their bodies, and collecting the evidence. Only six of 18 staff interviewed included forensic medical examinations in their responses. The AUDITOR asked who is responsible for sexual abuse investigation and 16 of 18 staff members said the OIG; however, although Miami-Dade PD is responsible for sexual battery investigations, only one staff member interviewed identified the local police.</p> <p data-bbox="240 1989 1485 2148">The agency's uniform evidence protocol includes the detail necessary to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. That detail includes collection of physical evidence at the scene, conducting preliminary interviews of the victim and witnesses, ensuring forensic medical examinations are conducted where indicated, photographic documentation of physical evidence at the scene, etc. Although security staff interviewed did not demonstrate an expert level knowledge of the uniform evidence protocol, their knowledge was sufficient to ensure the</p>

scene is secured and the evidence is protected pending arrival of the designated inspector and crime scene specialists. Procedure 108.015, the Adult/Adolescent Forensic Sexual Assault Examination form, and security staff interviews support a determination of compliance with the standard provision.

115.21(b)

The standard provision states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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. The PAQ reflects that the protocol does not have to be developmentally appropriate for youth because the facility does not house youthful offenders; and that the protocol was adapted from or otherwise based upon the most recent edition of the specified DOJ publication or similarly comprehensive and authoritative protocols developed after 2011. The Adult/Adolescent Forensic Sexual Assault Examination includes provisions for adolescent victims. The AUDITOR reviewed the USDOJ's publication and compared the agency's uniform evidence protocol to it; this comparison reflects that the agency's protocol is consistent with and likely adapted from the publication.

Procedure 108.015, the Adult/Adolescent Forensic Sexual Assault Examination form, and the comparison to the USDOJ publication support a determination of compliance with the standard provision.

115.21(c)

The standard provision requires the agency to 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the facility offers inmate victims of sexual abuse access to a forensic medical examination performed by a SAFE or SANE at the Roxcy Bolton Rape Treatment Center free of charge; that the facility documents its efforts to provide a SAFE or SANE; that if a SAFE or SANE is not available, a qualified medical practitioner performs the examination; and that, in the past 12 months, there were three forensic medical examinations all performed by a SAFE/SANE. Procedure 108.015 requires the inspector to request a forensic medical examination by a SANE if there is evidence of sexual battery on the victim and Procedure 602.053 specifies that forensic medical examinations are offered free of charge to the inmate victim. The Roxcy Bolton Rape Treatment Center brochure reflects that the center is hospital-based and staffed with SANEs who provide comprehensive examinations. The facility provided certificates reflecting that two nurses participated in a 40-hour SANE certification training, one in June 2008 and the other in April 2015. The SANE MOU is memorialized in an agency term contract between the FDC and Panhandle Forensic Nurse Specialist; the agreement is valid through July 2022 and the scope of services is outlined in the agency's request for proposal, which is attached to the agreement. During an interview, a representative from Roxcy Bolton Rape Treatment Center stated that the center is a hospital and confirmed that it conducts forensic medical examinations of inmate victims of sexual abuse at the facility. The representative was unable to provide any specifics about the number of examinations involving inmates from the facility during the previous 12 months. PREA Incidents PR-X463-20-0005, PREA PR-X463-20-0036, and PREA PR X463-20-0030, reflect that the alleged victim was transported to outside medical for examination. During interviews, two inmates who reported sexual abuse confirmed that they were taken to Roxcy Bolton Rape Treatment Center.

The agency offers victims of sexual abuse access to a forensic medical examination performed by at SANE at Roxcy Bolton Rape Treatment Center and the examination is performed free of charge to the inmate victim. If a SANE is not available, the facility has certified nurses to perform the examination. Procedure 108.015, Procedure 602.053, the Roxcy Bolton brochure, the SANE MOU, the interview with the Roxcy Bolton representative, the two inmate interviews, and the review of the three incident reports support a determination of compliance with the standard provision.

115.21(d)

The standard provision requires the agency to attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2) (C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The PAQ reflects that the agency attempts to make available a victim advocate from a rape crisis center, documents such efforts, and if a rape crisis center is not available, the agency uses a qualified staff member from a community-based organization, or a qualified agency staff member. Procedure 108.015 requires the inspector to verify that the victim receives the Sexual Abuse Awareness brochure,

is advised of her/his right to a victim advocate and crisis intervention, and to have the victim advocate present during the forensic examination and/or investigatory interview. Certificates of recognition reflect that the PC and the two PREA Consultants have been certified by the Florida Crime Prevention Training Institute as Victim Services Practitioners; the PC confirmed that this certification qualifies them to provide the advocacy services in question. The FDC and Roxcy Bolton Rape Treatment Center renewed an agreement for advocacy services for incarcerated victims of sexual assault; the agreement is valid through January 10, 2022, and reflects that FDC and Roxcy Bolton agreed to provide the services in a manner that aligns with the PREA Standards. The Roxcy Bolton Rape Treatment Center brochure reflects that services provided include the intervention and related assistance specified by the standard provision. During a telephone interview, a representative from Roxcy Bolton Rape Treatment Center confirmed that the center provides the prescribed victim advocacy services for inmate victims of sexual abuse at the facility pursuant to an MOU with the agency; she stated that the services are provided at the facility and over the phone; and that Language Line or bilingual staff are used to interpret for inmates with LEP. The PCM explained that inmates who report sexual abuse are provided contact information to call or write to Roxcy Bolton Rape Treatment Center; and that if the abuse is reported within the window of time that allows for collection of evidence, inmates are transported to the rape crisis center. During interviews, two inmates who reported sexual abuse claim they did not receive advocacy services; one confirmed that the facility provided the Roxcy Bolton brochure and claims to have requested a meeting with a Mental Health practitioner to no avail; the other claims a sergeant confiscated the Roxcy Bolton brochure, which was later returned by the PREA Auxiliary Member. One of three incident reports reviewed (0005) reflects that the inmate victim was given the brochure which includes information on advocacy services.

The agency always makes the prescribed services available to inmate victims of sexual abuse upon transport to Roxcy Bolton Center and by providing the brochure. Procedure 108.015, the certificates of recognition, the Roxcy Bolton agreement and brochure, the interviews with the Roxcy Bolton representative and the PCM, the interviews with the two inmates, and the review of the incident reports support a determination of compliance with the standard provision.

115.21(e)

The standard provision states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The PAQ reflects that if requested by the victim, the agency provides the prescribed victim advocacy for the events in question. Procedure 602.053 calls for inmate victims of sexual abuse to be given the Sexual Abuse Awareness brochure and advised of her/his right to the advocacy services prescribed by the standard provision. The services listed in the Roxcy Bolton Rape Treatment Center MOU and the Roxcy Bolton brochure include the services prescribed by the standard provision. The PCM indicated that victim advocates are screened and trained to provide the services prescribed by the standard provision. With respect to ensuring the rape crisis center meets the qualifications specified in (d) above, the PCM explained that a provider must be an individual who has been screened and received education concerning sexual assault and forensic examinations in general. Interviews with inmates who reported sexual abuse reflect that they did not specifically request the accompaniment even after receiving the brochure. The representative from Roxcy Bolton Rape Treatment Center confirmed that the center provides accompaniment if requested by the victim, and the brochure includes this service.

Procedure 602.053, the Roxcy Bolton Rape Treatment Center MOU and brochure, and interviews with the Roxcy Bolton representative and the PCM support a determination of compliance with the standard provision.

115.21(f)

The standard provision states that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The PAQ reflects that the Miami Dade Police Department is responsible for sexual battery investigations and that the agency requested that Miami Dade PD follow the requirements of paragraphs (a) through (e) of this section. The PC explained that there is not an MOU and that the state attorney would not accept a case for prosecution without an investigation completed by Miami Dade PD.

The standard provision requires agencies to request that outside investigating entities follow the requirements of paragraphs (a) through (e) of this section; therefore, the AUDITOR requested documentation of the agency's requested for Miami-Dade PD to follow the specified provisions. The PC provided Miami-Dade PD's Standard Operating Procedures for Sexual Battery; the AUDITOR reviewed the procedures and finds them consistent with the protocols specified in (a) through (e) of this section. She also provided an agency directive dated January 14, 2021, in which the agency announces that Miami-Dade PD is responsible for sexual battery investigations at FDC facilities in Miami-Dade County. The directive specifies that Miami-Dade PD's procedures follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and lists specific steps involved in the evidence collection process related to allegations of sexual battery of inmates at agency facilities in Dade-County. The information provided in the January 14, 2021, directive and the review of Miami-Dade PD's Standard Operating Procedures support a determination of compliance with the standard provision.

115.21(g)

The standard provision states that the requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

The AUDITOR is not required to audit this provision.

115.21(h)

The standard provision states that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The agency provided Victim Services Practitioner certificates issued by the Florida Crime Prevention Training Institute for the PC and two PREA Consultants. The PC confirmed that the training qualifies her and the PREA Consultants to serve as victim advocates.

The agency makes a victim advocate from Roxcy Bolton Center available to inmate victims of sexual abuse by providing the brochure and transporting them to the center. The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.21(a) – No corrective action required.
- 115.21(b) – No corrective action required.
- 115.21(c) – No corrective action required.
- 115.21(d) – No corrective action required.
- 115.21(e) – No corrective action required.
- 115.21(f) – No corrective action required.
- 115.21(g) – No corrective action required.
- 115.21(h) – No corrective action required.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Agency website • FDC Directive Dated January 14, 2021 • Incident reports • Investigative case files <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Sexual abuse investigators (OIG Inspector) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.22(a)</p> <p>The standard provision requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ reflects that the agency ensures the specified investigations are completed for all allegations of sexual abuse or sexual harassment; that, in the past 12 months, 64 allegations of sexual abuse or sexual harassment were received, 25 of which resulted in administrative investigations and 39 were referred for criminal investigation; and that some investigations are still on-going. Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations specifies the criteria for referring allegations of sexual harassment or sexual abuse against staff or inmates for investigation to facility management or to the OIG. Procedure 602.053 calls for the facility to conduct a PREA administrative security investigation, utilizing a PREA Investigative Report, DC6-2079, when an allegation is returned to management from the OIG. The Agency head confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; and he explained the process when the allegation is against a staff member, when it is sexual harassment against an inmate, when it is sexual abuse against an inmate, and the referral for criminal prosecution. The sexual abuse investigator confirmed that agency policy requires an investigation of all allegations of sexual abuse. Investigative case files reviewed reflect that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Procedure 108.015, Procedure 602.053, the Agency head interview, the sexual abuse investigator interview, and the investigative case files reviewed support a determination of compliance with the standard provision.</p> <p>115.22(b)</p> <p>The standard provision requires the agency to have in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The PAQ reflects that the agency has the policy in question, that all referrals for criminal investigation are documented, and that the policy is made publicly available through the agency's website. Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations specifies the criteria for referring allegations of sexual harassment or sexual abuse against staff or inmates for investigation to facility management or to the OIG. A visit to the agency's website confirms that Procedure 108.015 is published on the website. The Agency Head explained that the staff member receiving a report of sexual abuse notifies the Department's Emergency Action Center (EAC) and creates a record of the incident in the Management Information Notification System (MINS), which forwards the information to the OIG for review. The sexual abuse investigator confirmed that agency policy requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility refers allegations of sexual battery to Miami-Dade PD for investigation. Incident reports reviewed reflect that allegations of sexual</p>

abuse are referred for investigation to the OIG or to Miami-Dade PD.

Procedure 108.015, the Agency head interview, the sexual abuse investigator interview, the agency's website, the referrals to Miami-Dade PD, and the incident reports reviewed support a determination of compliance with the standard provision.

115.22(c)

The standard provision states that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The Miami-Dade Police Department is responsible for criminal investigations; Procedure 108.015 (published on the agency's website) specifies that "except pursuant to the terms of any valid MOU or protocol with any law enforcement agency," the OIG shall "be the primary investigative unit for all sexual misconduct allegations occurring on Department property." The AUDITOR requested clarification about the procedure published on the website and agency staff stated that both agencies follow Florida Statute when investigating.

Pursuant to the USDOJ FAQ seen here: <https://www.prearesourcecenter.org/frequently-asked-questions/regard-s-tandards-11521-11522-11534-and-11571-what-required-agencies> the audited agency must have in place, and publish on its website, a policy that makes explicit the responsibilities of both the audited agency and the external investigating entity.

While Procedure 108.015 explains in detail the responsibilities of the OIG in investigating allegations of sexual abuse, it does not explicitly explain the responsibilities of Miami-Dade PD or any other external investigating entities. Procedure 108.015 and the agency's website do not support a determination of compliance with the standard provision.

During the evidence review and corrective action phase, the PC provided an agency directive dated January 14, 2021, in which the agency reports that Miami-Dade PD is responsible for sexual battery investigations at FDC facilities in Miami-Dade County. The directive specifies that facility staff will perform first responder duties, that the OIG inspector will conduct an investigatory assist function to Miami-Dade PD, and that Miami-Dade PD is responsible for specified investigative steps. The responsibilities of the OIG are specified in Procedure 108.015 on the agency's website. On February 3, 2021, the agency posted the directive on its website and the AUDITOR verified the posting. Procedure 108.015, the January 14, 2021, directive, and the AUDITOR's verification of the posting on the website support a determination of compliance with the standard provision.

115.22(d)

The standard provision states that Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

115.22(e)

The standard provision states that Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.22(a) – No corrective action required.
- 115.22(b) – No corrective action required.
- 115.22(c) – No corrective action required. Corrected before interim audit report.
- 115.22(d) – No corrective action required.
- 115.22(e) – No corrective action required.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Employee training records (sign-in sheets, Employee Training Data) • PREA-001 Training lesson plan • Female Inmate/Offender lesson plans (Initial and Annual-2) • Moss Group video "Guidance on Cross Gender and Transgender Pat Searches" • Training PowerPoint <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Security staff (18) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.31(a)</p> <p>The standard provision requires the agency to train all employees who may have contact with inmates on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The PAQ reflects that the agency trains all employees who may have contact with inmates on all ten topics prescribed by the standard provision. Procedure 602.053, Prison Rape: Prevention, Detection, and Response requires all staff to be trained on all ten topics prescribed by the standard provision. The employee training lesson plan (PREA-001) includes all prescribed topics with corresponding PowerPoint slides. The facility provided 27 pages of employee sign-in sheets for PREA training provided between December 2019 and November 2020, as well as printouts of the computerized employee training data reflecting individual employee training data, which includes PREA training. All 18 security staff members interviewed confirmed that they received PREA training on the ten topics prescribed by the standard provision. The AUDITOR asked them to elaborate on some of the topics and staff displayed a general knowledge of key PREA topics listed above.</p> <p>Procedure 602.053, the PREA-001 training lesson plan with PowerPoint presentation, the sign-in sheets, the employee training data, and security staff interviews support a determination of compliance with the standard provision.</p> <p>115.31(b)</p>

The standard provision states that such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. The PAQ reflects that training is tailored to the gender of the inmates at the facility; that employees receive additional training if reassigned from facilities housing the opposite gender; and that staff receive annual PREA training tailored for working at both male and female institutions. Procedure 602.053 does not specify this requirement. The PREA-001 lesson plan includes topics related to working at facilities with inmates of the opposite gender, e.g.: cross-gender viewing, searches, housing unit announcements; etc. and uses the Moss Group video "Guidance on Cross Gender and Transgender Pat Searches." The Female Inmate/Offender lesson plan's training goal is to provide correctional staff and supervisors who have been recently assigned to institutions housing female inmates with a better understanding of the profile of the female offender and the impact gender differences have on behavior in an incarceration setting.

Procedure 602.053, the PREA-001 training lesson plan, the Female Inmate/Offender lesson plan, the sign-in sheets, and the employee training data support a determination of compliance with the standard provision.

115.31(c)

The standard provision states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The PAQ reflects that the agency provides employees who may have contact with inmates with the prescribed refresher information between trainings; and that the prescribed refresher training is provided annually. During interviews, security staff reported receiving PREA training annually, and the sign-in sheets reflect that the facility provides on-going PREA training throughout the year.

The facility provides annual PREA training as opposed to the biennial training required by the standard provision. Given the time since the implementation of the PREA standards and the facility's annual PREA training schedule, the AUDITOR finds that it is not likely the facility would have employees who have not received PREA training since the implementation of the standards in 2013. The sign-in sheets and security staff interviews support a determination of compliance with the standard provision.

115.31(d)

The standard provision requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received. The PAQ reflects that the agency documents employee understanding of training received through signature or electronic verification. The AUDITOR requested employee training affidavits and the agency provided sign-in sheets and electronic Employee Training Data, neither of which include employee acknowledgement of understanding the training received.

The sign-in sheets and the employee training data do not support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.31(a) – No corrective action required.
- 115.31(b) – No corrective action required.
- 115.31(c) – No corrective action required.
- 115.31(d) – The facility shall document, through employee signature or electronic verification, that employees understand the training they have received. By April 1, 2021, the facility shall provide to the AUDITOR employee acknowledgment, through signature or electronic verification, of understanding of any 115.31(a) or 115.15(f) PREA training provided to staff in February or March 2021. Should the facility require additional time to show institutionalization of the new practice, the facility shall notify the AUDITOR to facilitate agreement on a different date. Training affidavits similar to those used for interns, volunteers, and contractors are acceptable.

CORRECTIVE ACTION TAKEN

- 115.31(d) – The agency/facility proposes adding a statement to the test taken after training in which employees acknowledge with their signature that "My signature and successful test score are confirmation that I have understood the PREA training attended." The facility provided a list of employees who received PREA training between February 1 and February 22, 2021. For each of the 94 names on the list, the facility provided a memorandum in which the employee acknowledges through his or her signature understanding the training received on the specified date. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1034 510" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • PREA Training for Interns, Volunteers, and Contractors lesson plan • PREA Brochure for Interns, Volunteers, and contractors • Completed Training Affidavits for Interns, Volunteers, and contractors (3) <p data-bbox="240 539 499 566">PEOPLE INTERVIEWED</p> <ul data-bbox="284 618 890 645" style="list-style-type: none"> • Volunteers and contractors who have contact with inmates <p data-bbox="240 674 576 701">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 752 451 779" style="list-style-type: none"> • None required <p data-bbox="240 808 1406 871">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 900 344 927">115.32(a)</p> <p data-bbox="240 956 1493 1285">The standard provision requires the agency to ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ reflects that 238 volunteers and contractors who may have contact with inmates have been trained on the prescribed topics; the PREA Consultant explained that due to the pandemic, only 37 volunteers are currently authorized to enter the facility. Procedure 602.053 calls for the institution to ensure all contractors and volunteers receive the prescribed training. The "PREA Training for Interns, Volunteers, and Contractors" lesson plan includes the topics prescribed by the standard provision. The PREA Brochure for Interns, Volunteers, and Contractors provides the prescribed information to volunteers and contractors. Interviews with volunteers and contractors reflect that they received the prescribed training. The facility provided "Training Affidavits for Interns, Volunteers, and Contractors" for three nurses (contract staff) reflecting completion of the agency's "PREA Training for Volunteers and Contractors" in 2019.</p> <p data-bbox="240 1314 1398 1377">The three Training Affidavits for Interns, Volunteers, and Contractors support a determination of compliance with the standard provision.</p> <p data-bbox="240 1406 344 1433">115.32(b)</p> <p data-bbox="240 1462 1485 1727">The standard provision states that 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ reflects that the training is based on the services they provide and level of contact with inmates, and that contractors and volunteers have been notified of the zero-tolerance policy and how to report sexual abuse. The "PREA Training for Interns, Volunteer, and Contractors" lesson plan informs volunteers and contractors of the zero-tolerance policy and how to report. Interviews with volunteers and contractors reflect that the training received included the zero-tolerance policy and how to report allegations of sexual abuse.</p> <p data-bbox="240 1756 1477 1818">The lesson plan and the interviews with volunteers and contractors support a determination of compliance with the standard provision.</p> <p data-bbox="240 1848 344 1874">115.32(c)</p> <p data-bbox="240 1904 1493 2132">The standard provision requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The PAQ reflects that the agency maintains the specified documentation. The "PREA Training for Interns, Volunteer, and Contractors" lesson plan includes the "Training Affidavit for Interns, Volunteers, and Contractors" used for confirming with their signatures that they read and understood the contents of the PREA training; the facility provided two completed affidavits with signatures. The facility provided Training Affidavits for Interns, Volunteers, and Contractors for the three nurses (contract staff) reflecting completion of the agency's PREA Training for Volunteers and Contractors in 2019.</p>

The three Training Affidavits for Interns, Volunteers, and Contractors support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.32(a) – No corrective action required.
- 115.32(b) – No corrective action required.
- 115.32(c) – No corrective action required.

115.33	Inmate education
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Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Procedure 601.210, Inmate Orientation
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Procedure 604.101, Americans with Disabilities Act Provisions for Inmates
- PREA Brochure (English, Spanish, and Creole)
- Inmate handbook (English and Spanish)
- Zero-tolerance poster (English and Spanish)
- PREA Education Facilitator's Guide
- PREA Education video "What You Need to Know" (English and Spanish)
- Acknowledgement of Receipt of Orientation on PREA (English and Spanish)
- Classification Contact Logs
- Language Line MOU

PEOPLE INTERVIEWED

- Intake staff
- Inmates (random sample)
- Inmates with disabilities
- Inmates with LEP

SITE REVIEW OBSERVATIONS

- Zero-tolerance poster in housing units

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.33(a)

The standard provision states that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The PAQ reflects that inmates receive the specified information during intake and that 1288 or 100% of the 1288 inmates admitted to the facility during the past 12 months received the information. Procedure 601.210, Inmate Orientation and Procedure 602.053 call for inmates to receive the prescribed information during intake processing via the PREA Brochure. The PREA Brochure, the inmate handbook, the Zero Tolerance poster, and the PREA Education video "What You Need to Know" inform inmates of the zero-tolerance policy and how to report sexual abuse and sexual harassment. The classification Intake officer reported that the brochure is issued during intake orientation and that he informs inmates of the zero-tolerance policy and how to report during the intake orientation class. The PREA Education Facilitator's Guide calls for the facilitator to distribute the PREA brochure, read the zero-tolerance policy, and tell inmates how to report sexual abuse and sexual harassment. The AUDITOR observed the intake orientation class in which the classification/intake officer distributed the brochure and informed inmates of the zero-tolerance policy and how to report sexual abuse and sexual harassment. Inmate interviews reflect that the facility provides the prescribed information on the day of arrival. The AUDITOR interviewed 40 inmates and four or 10% reported not receiving the information on the day of arrival.

Procedure 602.053, Procedure 601.210, the PREA Brochure, the inmate handbook, the Zero Tolerance poster, the PREA Education Facilitator's Guide, the observation of the intake orientation class, the PREA Education video, the Intake officer interview, and inmate interviews support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

Upon completing PREA orientation, inmates sign an affidavit certifying that they were provided information orally and in writing including the agency's zero-tolerance policy and reporting sexual abuse/assault. The affidavit includes the date the information is provided to the inmate but not the date of admission to the facility. The standard provision calls for inmates to receive the prescribed information during the intake process, which normally occurs the day of arrival or shortly thereafter. To demonstrate compliance, the agency/facility should consider adding the date of admission to the facility to the affidavit;

with the date of admission, the affidavit would demonstrate that the inmate received the prescribed information on the date of arrival or shortly thereafter.

115.33(b)

The standard provision states that within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The PAQ reflects that, during the past 12 months, 1288 inmates remained at the facility for 30 days or more and 1288 or 100% received the comprehensive education on the prescribed topics within 30 days of intake. The Intake officer reported that inmates receive the prescribed PREA education by viewing the video and that they receive it the day of arrival. The PREA Education video provides education to inmates on all topics prescribed by the standard provision. The AUDITOR observed the PREA education facilitated by a classification officer in the Programs Building, verified that the prescribed information is provided, and that the video is played. The classification officer provided the PREA Education Facilitator's Guide which instructs the facilitator to inform inmates of the prescribed topics. Inmate interviews reflect that inmates view the video mostly on the day of arrival. The AUDITOR interviewed 40 inmates and all, but five, inmates received within the previous 12 months reported viewing the video within 30 days of arrival. A follow-up review of intake records of inmates who reported not receiving the education reflects that two of the five received the education, but one did not receive it within 30 days of arrival. The AUDITOR reviewed printouts of the computerized "Classification Contact Log" for ten inmates received at the facility during the past 12 months; the review reflects that nine or 90% received the prescribed education within 30 days of arrival; arrival dates were recorded by hand on the printouts. The Acknowledgement of Receipt of Orientation on PREA is used to document inmate receipt of PREA education.

The AUDITOR reviewed a few completed acknowledgement forms and was unable to make determinations of compliance with the 30-day timeline because the arrival date is not documented on the form. The standard provision requires PREA education within 30 days of arrival; if the date of arrival is not recorded, the form cannot be used to make compliance determinations on the prescribed timeline. The PREA Education video, the Intake officer interview, the observation of the PREA education, the PREA Education Facilitator's Guide, the review of Classification Contact Logs, and inmate interviews support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

On the acknowledgement form, the agency should consider recording arrival dates and having inmates sign and date for receipt of the brochure, which officially informs them in writing of the zero-tolerance policy and how to report. This would allow facilities to demonstrate (on one document) compliance with the requirement to informing inmates of the zero-tolerance policy and how to report during intake and compliance with the requirement to provide the PREA education within 30 days of intake.

115.33(c)

The standard provision states that current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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. The PAQ reflects that, during the past 12 months, all inmates were educated during the intake process; that there are no inmates who have not received the education; and that agency policy requires the prescribed education for inmates transferred to another facility, to the extent policies and procedures of the new facility differ from those of the previous facility. Procedure 601.210, Inmate Orientation, calls for inmates to receive the prescribed PREA education within five days of arrival at a reception center and 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. The Intake officer reported that inmates receive the prescribe PREA education by viewing the video on the day of arrival. Due to a mission change, the facility transferred hundreds of inmates to other facilities and received approximately 700 hundred inmates within a week or two of the onsite audit. The AUDITOR interviewed several of the new arrivals and they reported receiving the PREA education upon arrival at the facility.

Procedure 601.210, the Intake officer interview, and interviews with inmates recently received from other facilities support a determination of compliance with the standard provision.

115.33(d)

The standard provision requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ reflects that PREA education is available in formats accessible to all inmates including those with disabilities and limitations specified by the standard provision. Procedure 602.053 calls for inmates with disabilities to be advised of the zero-tolerance policy in accordance with resources outlined in Procedure 604.101 and lists closed captioning, large print material, and reading written materials to inmates among those resources. Procedure 604.101 provides a detailed list of accommodations for inmates with mobility, deafness or hard of hearing, and vision disabilities; it also includes in-person and

video sign language interpreter services, as well as telecommunication devices and text telephones for inmates with a hearing impairment. Procedure 602.053 calls for inmates with LEP to be advised of the zero-tolerance policy and includes the Department's translator lists and Language Line as available resources. The agency provided a purchase order for Language Line interpreter services department-wide valid from July 1, 2020, through June 30, 2021. The 14-page PREA Translator List provides names and phone numbers of staff at various facilities (including Dade CI) who provide sign language and spoken language assistance; languages include Spanish, Creole, German, Italian, Portuguese, Tagalog, etc. The facility provided the PREA brochure in Spanish and Creole, as well as the Zero-Tolerance poster and the inmate handbook in Spanish. The PREA Education Facilitator's Guide instructs the facilitator to identify inmates with disabilities and inmates with LEP before playing the video and to ensure reasonable accommodations needed for effective communication is provided. A review of inmate PREA education materials reflect that the acknowledgement form is provided in Spanish when necessary and the acknowledgement form provided by the Intake officer includes a statement about accommodation provided for inmates with disabilities during the PREA orientation class. Interviews with six inmates with disabilities, one with a cognitive disability and five with hearing impairment (one of whom also has a vision impairment), reflect that the facility has resources available to accommodate these disabilities. Resources include the Zero tolerance poster in large print and the tablet with access the handbook and view the PREA video. Inmates with hearing impairment indicated that the facility provides PREA information in formats accessible to them and the inmate with vision impairment reported that he is able to read the poster. An inmate with LEP reported that he viewed the PREA video in Spanish and that there were staff members who spoke his language. The education video is available in Spanish.

Procedure 602.053; Procedure 604.101; the translator list; the use of Language Line; the brochure in other languages; the handbook, the poster, and the video in Spanish; the PREA Education Facilitator's Guide; the poster in large print; the acknowledgement form with disabilities and accommodation provided; and the interviews with inmates with disabilities and the inmate with LEP support a determination of compliance with the standard provision.

115.33(e)

The standard provision requires the agency to maintain documentation of inmate participation in these education sessions. The PAQ reflects that the agency maintains the specified documentation. The agency/facility uses the acknowledgement form to document inmate participation in PREA education sessions and the AUDITOR reviewed a few completed forms.

The completed acknowledgement forms support a determination of compliance with the standard provision.

115.33(f)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The PAQ reflects that the agency ensures key information about the agency's PREA policies is available to inmates as specified by the standard provision. During the site review, the AUDITOR identified the Zero-tolerance poster conspicuously displayed in inmate access areas and inmates confirmed that they are issued a tablet on which they can view the PREA video.

The poster in inmate access areas and the issuance of the tablet support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.33(a) – No corrective action required.
- 115.33(b) – No corrective action required.
- 115.33(c) – No corrective action required.
- 115.33(d) – No corrective action required.
- 115.33(e) – No corrective action required.
- 115.33(f) – No corrective action required.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1422 512" style="list-style-type: none"> • PAQ • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Training curriculum - Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators • OIG Inspector training attendance report (sign-in sheets) • Employee Training Data for OIG Inspectors <p data-bbox="240 542 499 568">PEOPLE INTERVIEWED</p> <ul data-bbox="284 620 727 647" style="list-style-type: none"> • Sexual abuse investigator (OIG Inspector) <p data-bbox="240 676 576 703">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 754 451 781" style="list-style-type: none"> • None required <p data-bbox="240 810 1406 873">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 902 341 929">115.34(a)</p> <p data-bbox="240 958 1485 1288">The standard provision states that in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ reflects that agency policy requires the prescribed training for sexual abuse investigators. Procedure 108.015 calls for inspectors to receive training in conducting sexual abuse investigations in confinement settings in addition to the general training provided to all employees pursuant to § 115.31. The OIG Inspector responsible for sexual abuse investigations at the facility confirmed that she received training on conducting sexual abuse investigations in confinement settings. The agency provided several sign-in sheets reflecting that OIG inspectors received six hours of PREA training facilitated by the Moss Group in 2013 and the name of the inspector interviewed is highlighted on the sheet. Employee Training Data for two OIG Inspectors (including the inspector interviewed) reflect that they received specialized training in October 2016.</p> <p data-bbox="240 1317 1469 1379">Procedure 108.015, the inspector interview, the Employee Training Data, and the sign-in sheets support a determination of compliance with the standard provision.</p> <p data-bbox="240 1408 341 1435">115.34(b)</p> <p data-bbox="240 1464 1485 1697">The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Procedure 108.015 requires specialized training for inspectors to include the four topics prescribed by the standard provision. The training objectives of the investigator training lesson plan are specific to the PREA Standards and to conducting sexual abuse investigations in confinement settings. The curriculum outline lists five modules, and the prescribed topics are addressed in Modules 2, 3, and 4. The inspector confirmed that the training she received included the four topics prescribed by the standard provision.</p> <p data-bbox="240 1727 1485 1789">Procedure 108.015, the inspector interview, and the review of the lesson plan support a determination of compliance with the standard provision.</p> <p data-bbox="240 1818 341 1845">115.34(c)</p> <p data-bbox="240 1874 1437 2036">The standard provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PAQ reflects that the agency maintains documentation that investigators completed the mandated training and that 96 sexual abuse investigators completed the training. A training attendance report provided reflects that 14 OIG Inspectors received six hours of PREA training on September 17, 2013, and another six hours the following day.</p> <p data-bbox="240 2065 1222 2092">The training attendance report supports a determination of compliance with the standard provision.</p> <p data-bbox="240 2121 341 2148">115.34(d)</p>

The standard provision states that any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.34(a) – No corrective action required.
- 115.34(b) – No corrective action required.
- 115.34(c) – No corrective action required.
- 115.34(d) – No corrective action required.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Health Care Services Bulletin No. 15.03.36 • Centurion PREA training lesson plan • Health Care Services Staff roster • Training Affidavits for Interns, Volunteers, and Contractors (3) • Training certificates (3) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.35(a)</p> <p>The standard provision requires the agency to ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The PAQ reflects that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities; and that 126 or 100% of practitioners who work regularly at the facility received the mandated training. Procedure 602.053 and Health Care Services Bulletin No. 15.03.36 call for specialized training for medical and mental health practitioners and include the four topics prescribed by the standard provision. The 63-page Centurion PREA training lesson plan includes all four topics prescribed by the standard provision. Medical and Mental Health practitioners confirmed that they received specialized training and that the four prescribed topics were included.</p> <p>Procedure 602.053, Health Care Services Bulletin No. 15.03.36, the Centurion lesson plan, and Medical and Mental Health practitioner interviews support a determination of compliance with the standard provision.</p> <p>115.35(b)</p> <p>The standard provision states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The PAQ reflects that agency medical staff employed at the facility do not conduct forensic medical examinations and Medical and Mental Health practitioners confirmed that during the interview.</p> <p>Agency medical staff employed at the facility do not conduct forensic medical examinations. The standard provision does not apply.</p> <p>115.35(c)</p> <p>The standard provision requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The PAQ reflects that the agency maintains the documentation showing that practitioners received the mandated training. The facility provided a roster with the names of 56 staff from the Medical Department, four from Dental, and 28 from Mental Health with the names of two</p>

registered nurses from Medical and an advanced practice registered nurse from Mental Health highlighted. Certificates of completion provided reflect that the three nurses completed 1.25 hours of "Florida-Specific: PREA" training in 2020.

The three certificates of completion support a determination of compliance with the standard provision.

115.35(d)

The standard provision states that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. The facility provided "Training Affidavits for Interns, Volunteers, and Contractors" for the three nurses mentioned above reflecting completion of the agency's PREA training for contractors and volunteers in 2019.

The three Training Affidavits for Interns, Volunteers, and Contractors support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.35(a) – No corrective action required.
- 115.35(b) – No corrective action required.
- 115.35(c) – No corrective action required.
- 115.35(d) – No corrective action required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1023 512" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Risk-Assessment form: IBAS IRMS Assessment • Reassessment questions • Computerized classification contact logs (printouts) <p data-bbox="240 542 499 568">PEOPLE INTERVIEWED</p> <ul data-bbox="284 620 871 781" style="list-style-type: none"> • PC • PCM • Staff responsible for risk screening (classification officer) • Inmates (random sample) • Inmates who reported sexual abuse <p data-bbox="240 810 576 837">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 889 651 916" style="list-style-type: none"> • Risk-assessments/reassessments <p data-bbox="240 945 1406 1008">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1037 341 1064">115.41(a)</p> <p data-bbox="240 1093 1465 1391">The standard provision states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. Procedure 602.053 requires inmate risk assessment, within 72 hours of intake, for risk of being sexually abused or abusive towards other inmates. A classification officer responsible risk-assessments confirmed that she screens inmates upon admission for the specified risks. The AUDITOR interviewed 40 inmates, four did not provide a response on being asked the risk assessment questions; of the remaining 36, 25 or 69% reported being asked the risk assessment questions, and 11 or 31% reported not being asked the questions. A follow-up review of printouts of the agency's computerized "Classification Contact Log" revealed that the 11 inmates were screened.</p> <p data-bbox="240 1420 1422 1480">Procedure 602.053, the classification officer interview, the inmate interviews, and the follow-up review of the facility's computerized "Classification Contact Log" printouts support a determination of compliance with the standard provision.</p> <p data-bbox="240 1509 341 1536">115.41(b)</p> <p data-bbox="240 1565 1465 2029">The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that agency policy requires the risk screening within 72 hours of intake; and that 1288 or 100% of the 1288 inmates admitted in the past 12 months, who remained at the facility for 72 hours or more, were screened for risk of sexual victimization or abusiveness within 72 hours of intake. Procedure 602.053 requires inmate assessment with 72 hours of intake. The classification officer responsible for risk-assessments confirmed that inmates are screened within 72 hours of admission. Of the 40 inmates interviewed, 19 or 47.5% reported being asked the risk assessment questions the day of arrival or within 72 hours; others did not recall. The AUDITOR reviewed 17 printouts of classification contact logs with the inmate's admission date written-in; ten of the 17 or 59% reflect that the risk assessment was completed within 72 hours of admission to the facility; the other seven or 41% reflect that the risk assessment was not completed within the 72-hour timeline. The AUDITOR pointed out concerns with timely risk assessments and reassessments and facility leadership acknowledged that, due to the mission change, the facility admitted approximately 700 inmates over the previous week, which severely impacted the facility's ability to meet the prescribed timelines. The AUDITOR notes that only two of the seven untimely risk assessments were conducted on inmates admitted in January 2021; the other five untimely risk assessments were conducted in between 2018 and 2020.</p> <p data-bbox="240 2058 1492 2152">The computerized classification contact log reports the date and time of the risk assessment but not the date and time of arrival at the facility; the agency's risk assessment form neither includes the date and time of arrival at the facility nor the date and time of the risk assessment. Without dates and times, these documents cannot be used as stand-alone sources that</p>

demonstrate compliance with the prescribed 72-hour timeline for completing risk assessments. Inmate interviews, the review of classification contact logs, and facility leadership's acknowledgment of the impact the admission of 700 inmates over the previous week has on timely risk assessments do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The agency should consider recording date and time of admission to the facility and date and time of risk assessment on the form to allow facility staff to easily demonstrate compliance with the prescribed 72-hour timeline.

115.41(c)

The standard provision states that such assessments shall be conducted using an objective screening instrument. The PAQ reflects that an objective instrument is used for risk assessments. All inmates are asked the same questions from the screening instrument and the questions are structured to elicit a response as opposed to reliance on individual staff interpretations. Question 2 asks for the assessor's observation of the inmate's appearance; Questions 9 and 10 ask about the assessor's knowledge of the inmate or database/file information. All other questions elicit a response from the inmate.

The review of the facility's screening instrument supports a determination of compliance with the standard provision.

115.41(d)

The standard provision states that the intake screening shall 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;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The agency's IBAS IRMS Assessment form asks eight questions to assess an inmate's risk of sexual victimization: Questions 1, 2, 3, 5, 7, 9, 11, and 12, probe for information about sexual orientation, gender identity, the inmate's appearance and mannerisms, prior sexual victimization in or out of custody, and whether the inmate has been targeted for sex by other inmates. These questions probe for information needed to consider the criteria prescribed in Questions 7, 8, and 9 of the standard provision. The classification officer reported that inmate risk assessments consider all ten criteria prescribed by the standard provision in assessing an inmate's risk of sexual victimization. The AUDITOR observed one risk-assessment in which the classification officer explained the purpose for the AUDITOR's presence to the inmate before proceeding with the questions. She asked all questions on the form and recorded the inmate's answers, then she demonstrated how she obtains responses to Questions 1 – 6 of the standard provision from computerized criminal history data bases, from information gathered during the medical intake screening, and from her observations of the inmate during the interview. The criterion in Question 10 does not apply because the facility does not hold inmates detained solely for civil immigration purposes.

The IBAS IRMS Assessment form does not include questions that consider, at minimum, the criteria prescribed in Questions 1 – 6; however, the classification officer demonstrated how the screening process considers each of those criteria. The classification officer interview, the observation of an actual risk assessment, and the explanation of the process support a determination of compliance with the standard provision.

115.41(e)

The standard provision states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The IBAS IRMS Assessment form asks five questions to assess the inmate's risk of being sexually abusive towards other inmates. Questions 4, 6, 8, 10, and 13, probe for prior acts of sexual abuse in or out of custody

including arrests and convictions, and reviews arrest history that may suggest sexual violence. All five questions probe for information needed for considering criteria prescribed by the standard provision. The classification officer reported that inmate risk assessments consider all criteria prescribed by the standard provision in assessing an inmate's risk of being sexually abusive and demonstrated how each criterion is considered.

The form does not consider "prior convictions for violent offenses;" however, the classification officer demonstrated how criminal history data bases provide the information needed to include this consideration in risk assessments. The classification officer interview, the observation of an actual risk assessment, and the explanation of the process support a determination of compliance with the standard provision.

115.41(f)

The standard provision states that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the facility to conduct the reassessments prescribed by the standard provision and that of the 1288 inmates admitted to the facility during the past 12 months, who remained for 30 days or more, 1288 or 100% were reassessed within 30 days of arrival. Procedure 602.053 requires reassessment within 30 days of initial intake screening if additional information is received by the institution. The classification officer reported that she reassesses inmates within 30 days of arrival and provided a sheet with the three questions asked. The questions probe for changes since the initial risk assessment, changes related to sexual predation, and changes related to personal sexual safety concerns. Of the 40 inmates interviewed, 17 were either not yet due (less than 30 days since arrival), had been at the facility before PREA implementation, or did not recall; of the remaining 23, eight or 35% said "Yes" to being reassessed and 15 or 65% said "No." A follow-up review of the 15 who said "No" revealed reassessment dates for 11, six of whom were reassessed within 30 days and five whose reassessment exceeded the 30-day timeline. Adding the six who were reassessed to the eight who said "Yes" increases the compliance to 61%. As indicated in Subsection (b) above, facility leadership recognizes that the admission of 700 inmates during the previous week severely impacted classification officers' ability to meet the required timeline for reassessments.

Procedure 602.053 calls for reassessing within 30 days of initial intake screening if additional information is received by the institution. The standard provision calls for reassessing inmates within 30 days of arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. Because the facility has 72 hours to conduct the initial intake screening [115.41(b)], the initial intake screening date cannot be used as the benchmark date in determining the start of the 30-day count since arrival at the facility. The procedure conditions reassessment on receipt of additional information, where the standard provision and the USDOJ FAQ seen here <https://www.prearesourcecenter.org/frequently-asked-questions/standard-s-11541f-and-115241f-require-facility-reassess-inmates-residents> require reassessment of all inmates within 30 days of arrival based upon additional relevant information received since intake screening. Neither the reassessment form with the three questions nor the computerized classification contact log printouts includes the date of admission to the facility, which is required to determine compliance with the requirement to complete reassessments within 30 days of admission to the facility. The inmate interviews, the follow-up review of reassessments, and the recognition that the 700 inmates admitted over the previous week created a backlog on reassessments do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The agency should consider adding the date of arrival at the facility and the date of reassessment to the form; this would allow facilities to easily demonstrate compliance with the prescribed 30-day timeline for completing reassessments.

115.41(g)

The standard provision states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ reflects that the policy requires the facility to conduct the reassessments prescribed by the standard provision. Procedure 602.053 specifies the language of the standard provision verbatim. The classification officer reported that she reassesses an inmate's risk level due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. She explained that the PC forwards letters or messages with information that bears on the inmate's risk of sexual victimization or abusiveness to classification, and that incident reports with allegations of sexual abuse are forwarded to the classification supervisor. Of the four inmates who reported sexual abuse, two claimed a reassessment was not done after the abuse was reported, one said it was done, and the fourth had only been at the facility about one week. The AUDITOR requested post-allegation reassessments for inmates involved in four criminal investigation cases, including victims and alleged perpetrators: PREA #s, 20-0005, 20-0005, 20-0030, and 20-0036. Classification Contact Logs for these cases reflect that PREA assessments or reassessments were completed after the incidents; however, it is not always clear that assessments as opposed to re-assessments were triggered by the incidents in question.

Procedure 602.053, the classification officer interview, and the four classification contact logs support a determination of compliance with the standard provision.

115.41(h)

The standard provision states that inmates may not be 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. The PAQ reflects that the policy prohibits disciplining inmates for the reasons specified by the standard provision. Procedure 602.053 specifies that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, risk screening questions. The classification officer confirmed that inmates are not 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.

Procedure 602.053 and the classification officer interview support a determination of compliance with the standard provision.

115.41(i)

The standard provision requires the agency to implement 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. The agency did not identify a policy or procedure that references this provision.

The PC stated that to ensure privacy for sensitive information, at the facility level, the classification portion of the interview is computerized and accessed by classification staff on computers. She added that risk assessment is a classification-only function from which inmates are given a risk designation; that security staff are allowed access to risk assessment designations to inform housing and program decisions; and that they do not get access to risk assessments. The PCM explained that to protect sensitive information from exploitation, the agency limits access to inmate risk-screening information to classification staff. The classification officer reported that only classification officers, the Assistant Warden, and the Warden have access to inmate risk assessments.

Interviews with the PC, the PCM, and the classification officer support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.41(a) – No corrective action required.
- 115.41(b) – By June 15, 2021, the facility shall provide to the AUDITOR a list of all inmates admitted to the facility during the month of May 2021, who remained for 72 hours or more. The AUDITOR will randomly select approximately 20% of those inmates and forward that selection to the facility. The facility will provide risk assessments for all inmates selected; whether the facility provides computerized printouts or other document, the information provided shall include each inmate's admission date and time and the date and time of the risk assessment. If the facility is caught up with risk assessments and wishes to provide the information for an earlier month, the facility shall consult with the AUDITOR for concurrence.
- 115.41(c) – No corrective action required.
- 115.41(d) – No corrective action required.
- 115.41(e) – No corrective action required.
- 115.41(f) – By June 15, 2021, the facility shall provide to the AUDITOR a list of all inmates admitted to the facility during the month of April 2021, who remained for 30 days or more. The AUDITOR will randomly select approximately 20% of those inmates and forward that selection to the facility. The facility will provide reassessments for all inmates selected; whether the facility provides computerized printouts or other document, the information provided shall include each inmate's admission date and the date of the reassessment. If the facility is caught up with reassessments and wishes to provide the information for an earlier month, the facility shall consult with the AUDITOR for concurrence.
- 115.41(g) – No corrective action required.
- 115.41(h) – No corrective action required.
- 115.41(i) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.41(b) – The facility provided a list of all inmates admitted in February and March 2021 (approximately 450). The AUDITOR randomly selected 50 names and asked the facility to provide documentation demonstrating that risk assessments were conducted within 72 hours of arrival for 40 of the 50 inmates selected. The facility provided a list with arrival dates and times and risk assessments dates and times for 42 of the 50 inmates. In all but three cases, the risk assessments were completed within 72 hours of arrival; in the three cases, the time 72-hour frame was exceeded by a few hours. The documentation provided reflects that the practice of conducting risk assessments within 72 hours

of arrival has been institutionalized. The documentation provided supports a determination of compliance with the standard provision.

- 115.41(f) – The facility provided a list of all inmates admitted in February and March 2021 (approximately 450). The AUDITOR randomly selected 50 names and asked the facility to provide documentation demonstrating that reassessments were conducted within 30 days of arrival for 40 of the 50 inmates selected. The facility provided a list with arrival dates and reassessment dates for 42 of the 50 inmates. In all but one case, the reassessments were completed within 30 days of arrival; in the single case, the 30-day time frame was exceeded by one day. The documentation provided reflects that the practice of conducting reassessments within 30 days of arrival has been institutionalized. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1023 479" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • IBAS Factors & Score / Profile Comparison • Classification Contact Log <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 586 754 748" style="list-style-type: none"> • PREA Compliance Manager • PREA Coordinator • Classification officer • Inmates identified as transgender or intersex • Inmates identified as gay, or bisexual <p data-bbox="240 777 576 804">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 855 491 916" style="list-style-type: none"> • Housing unit tours • Inmate showers <p data-bbox="240 945 1406 1008">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1037 341 1064">115.42(a)</p> <p data-bbox="240 1093 1493 1691">The standard provision requires the agency to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.41 as prescribed by the standard provision. Procedure 602.053 calls for assigning inmates perceived to be vulnerable and inmates perceived to be predatory to housing and work programs consistent with custody level and medical status. A printout of the IBAS Factors & Score / Profile Comparison reflects that the agency uses codes in the system to identify inmates as predators or prey, potential predators, or potential prey, as well as high or moderate aggression risk, and high or moderate victimization risk. The system includes risk alerts that inform the actions specified by the standard provision and reports the inmate's custody, age, height, weight, medical status, mental health status, and other relevant classification data points used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PCM explained that risk-screening information is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The classification officer confirmed that risk screening information is used to inform housing, bed, work, education, and program assignments for the reasons specified by the standard provision and explained that housing officers only have access to the information needed for that purpose. A review of the classification contact log reflects that PREA assessments and reassessments are listed among dispositions along with "risk progress reviews."</p> <p data-bbox="240 1720 1469 1848">The classification data points reported in the IBAS Factors & Score / Profile Comparison for informing housing, bed, work, education, and program assignments include information collected during the §115.41 risk screening. Procedure 602.053, the IBAS Factors & Score / Profile Comparison, the PCM interview, the classification officer interview, and the review of the classification contact log support a determination of compliance with the standard provision.</p> <p data-bbox="240 1877 341 1904">115.42(b)</p> <p data-bbox="240 1933 1485 2161">The standard provision requires the agency to make individualized determinations about how to ensure the safety of each inmate. The PAQ reflects that the agency/facility makes the determinations prescribed by the standard provision. Procedure 602.053 calls for health care services screening during intake processing to assess an inmate's individualized medical and mental health needs; it also calls for classification screening within 72 hours of arrival to assess an inmate's risk of sexual victimization or sexual predation based upon individualized factors such as age, criminal record, history of sexual victimization or predation, etc. The classification officer reported that the Institution Classification Team (ICT) reviews the inmate's file, interviews the inmate, asks questions, and considers pertinent information to ensure determinations about the</p>

inmate's safety are individualized. A review of classification actions/decisions in the IBAS Factors & Score / Profile Comparison reflect that individualized case factors for each inmate are listed in the system and determinations are individualized.

Procedure 602.053, the review of the IBAS Factors & Score / Profile Comparison, and the classification officer interview support a determination of compliance with the standard provision.

115.42(c)

The standard provision states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex inmates on a case-by-case basis. Procedure 602.053 specifies the procedure for determining whether a transgender/intersex inmate should be housed at a male or female facility and calls for that determination, as well as housing and program assignments to be made on a case-by-case basis taking the inmate's safety and the security of the institution into consideration. The PCM confirmed that the agency considers, on a case-by-case basis whether placement will ensure a transgender inmate's health and safety and whether it would present management or security problems. The AUDITOR interviewed ten inmates identified as transgender, seven of whom reported that the facility asked questions about personal safety; one reported being asked about choice of male or female facility, and another about housing, work, and program assignments. The other three claim they have not been asked questions about personal safety by classification staff.

Procedure 602.053, the PCM interview, and the interviews with inmates identified as transgender support a determination of compliance with the standard provision.

115.42(d)

The standard provision states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. Procedure 602.053 calls for biannual classification assessment of transgender or intersex inmates including an interview and a review of housing, program, and work assignments to determine if there are necessary changes or threats to the inmate's safety. The PCM confirmed that the prescribed reassessments for transgender or intersex inmates are conducted twice each year; that threats experienced by the inmate is reviewed; and that the review is done with the inmate present. The classification officer confirmed that placement and programming assignments for each transgender or intersex inmate is reassessed, with the inmate present, at least twice each year to review any threats to safety experienced by the inmate and that the team looks at housing, cellmates, assignments, etc. The AUDITOR reviewed classification contact logs of five inmates identified as transgender; the logs include multiple classification dispositions listed as "Sexual Risk Indicator (SRI) reassessments" (the agency's PREA reassessment) and risk progress reviews; the logs reflect that more than one safety review is conducted during a six-month period.

Procedure 602.053, the PCM interview, the classification officer interview, and the classification contact log reviews support a determination of compliance with the standard provision.

115.42(e)

The standard provision states that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Procedure 602.053 specifies the language of the standard provision verbatim. The PCM confirmed that a transgender or intersex inmate's views are given serious consideration with respect to his or her personal safety. The classification officer confirmed that the views of transgender and intersex inmates with respect to their own safety is given serious consideration. The AUDITOR interviewed ten inmates identified as transgender, seven of whom reported that the facility asked questions about personal safety; one reported being asked about choice of male or female facility, and another about housing, work, and program assignments.

Procedure 602.053, the PCM interview, the classification officer interview, and interviews with inmates identified as transgender support a determination of compliance with the standard provision.

115.42(f)

The standard provision states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Procedure 602.053 specifies this provision. The PCM reported that transgender or intersex inmates are allowed to shower separately from other inmates by way of a memorandum from him and classification staff. The classification officer confirmed that inmates identified as transgender or intersex are given the opportunity to shower separately from other inmates. During interviews inmates identified as transgender reported hostilities and mistreatment at the hands of staff, including sergeants. Five of the ten inmates interviewed reported disregard for authorized transgender

shower procedures and three reported hostilities during searches, including searches in the presence of other inmates, pulling their pants up forcefully during pat-down searches, removal of the posted shower schedule, etc. During the site review, the AUDITOR identified single user showers in housing units with transgender inmates and a sheet of plywood has been installed to obstruct the view into first tier showers from the second tier on the opposite side.

More than 50% of the ten interviewees identified as transgender reported hostilities at the hands of security staff. The AUDITOR shared this information with the PCM and the PREA Consultant. The interviews with inmates identified as transgender does not support a determination of compliance with the standard provision.

115.42(g)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The agency did not identify a policy or procedure that references this provision. The PC stated that there is no consent decree for the FDC, and that the SRI questionnaire identifies the information required on an individual basis. The PCM reported that the facility is subject to a consent decree designating Dade CI with a mission to house inmates identified as gay, bisexual, transgender, or intersex. The ten inmates interviewed did not express a belief that they were placed in a housing unit designated solely for inmates identified as gay, bisexual, transgender, or intersex. At the start of the site review, the AUDITOR asked staff to identify any special program or classification of inmates housed in each housing unit before entering and staff did not identify any housing unit designated for inmates identified as gay, bisexual, transgender, or intersex. The audit compliance tool calls for reviewing title, status, and findings of any consent decree, legal settlement, or legal judgment requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. The PC confirmed that the facility is not under a consent decree for the reason in question.

The interviews with the PC, the PCM, and inmates identified as gay, bisexual, or transgender support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.42(a) – No corrective action required.
- 115.42(b) – No corrective action required.
- 115.42(c) – No corrective action required.
- 115.42(d) – No corrective action required.
- 115.42(e) – No corrective action required.
- 115.42(f) – The facility shall ensure inmates identified as transgender are given a legitimate opportunity to shower separately from other inmates according to documented authorization from the PCM and classification staff. The facility shall ensure units housing inmates identified as transgender comply with authorized shower schedules; additional USDOJ guidance is provided in the following FAQ <https://www.prearesourcecenter.org/frequently-asked-questions/standard-11542-use-screening-information-requires-transgender-inmates-be>. The facility shall also ensure inmates identified as gay, transgender, or bisexual are not subject to mistreatment or otherwise discrimination on the basis of sexual orientation or gender identity. By March 1, 2021, the facility shall provide to the AUDITOR a list of all inmates identified as transgender or gay along with an update on the facility's progress in ensuring compliance with authorized shower schedules and search procedures for this population.
- 115.42(g) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.42(f) – The facility provided the list of all inmates identified as transgender or diagnosed with gender dysphoria, a memorandum to each inmate on the list authorizing shower accommodations, and a new Chief of Security "Transgender Shower Accommodation" memorandum reiterating shower and pat-down search procedures for inmates identified as transgender. The facility also provided the shower accommodation memorandum issued by the previous Chief of Security last fall. Both memoranda call for inmates identified as transgender to be allowed access to showers after daily counts have been verified and before other inmates are released.

The documentation provided had been in place while the alleged incidents of disregard for authorized shower accommodations and search procedures were occurring. The recommended corrective action requested an update on the facility's progress in ensuring compliance with authorized shower schedules and search procedures for this population; this should specify actions taken by supervisors and managers to ensure and verify compliance with written directives, e.g.: Chief of Security or OIC checking with inmates about shower accommodations, speaking to security staff directly, monitoring for compliance with documented shower accommodations, etc.

The facility further provided the following documentation of its assessment of the treatment of inmates identified as

transgender:

- Formal counseling of employees alleged to have engaged in hostilities towards inmates identified as transgender
- Memoranda from an assistant warden to the Warden reporting monthly check-ins with inmates identified as transgender allowing them an opportunity to report problems
- Memorandum from a Major to the Assistant Warden reporting the viewing of video footage and observation of inmates identified as transgender making their way to the showers during count time
- Housing unit logs reporting the start and completion times of transgender/intersex shower accommodations throughout April 2021
- Memorandum from the PCM reporting that there have been no incident reports related to male staff conducting pat searches of transgender inmates during the current year.
- The documentation provided reflect that facility leadership took affirmative steps to address the concerns identified during the onsite audit; more importantly, inmates did not report any further problems with shower accommodations, searches, or other hostilities during the Assistant Warden check-ins. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.43	Protective Custody
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 1023 577" style="list-style-type: none"> • PAQ • FAC Chapter 33-602.220: Administrative Confinement • FAC Chapter 33-602.221: Protective Management • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Classification Contact Log for PREA allegation • Form DC6-229, Daily Record of Special Housing (3) • Incident reports (2) <p data-bbox="240 609 499 636">PEOPLE INTERVIEWED</p> <ul data-bbox="282 685 1206 779" style="list-style-type: none"> • Warden • Confinement sergeant • Inmates in segregated housing for risk of sexual victimization or who alleged sexual abuse <p data-bbox="240 810 576 837">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 887 363 913" style="list-style-type: none"> • None <p data-bbox="240 945 1406 1003">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1034 341 1061">115.43(a)</p> <p data-bbox="240 1093 1493 1621">The standard provision states that inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ reflects that the agency has a policy prohibiting the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless the prescribed assessment and determination has been made; and that in the past 12 months no inmates at risk of sexual victimization were held in involuntary segregated housing for one to 24 hours. Procedure 602.053 specifies the language of the standard provision but does not include the last sentence. The Warden stated that inmates at high risk of sexual victimization shall not be placed in involuntary administrative confinement unless the prescribed assessments are conducted; that if the assessment cannot be completed immediately, the facility may hold the inmate in such housing for less than 24 hours while completing the required assessment. The AUDITOR selected the names of five inmates placed in administrative confinement due risk of sexual victimization and requested case file documentation that shows compliance with all provisions of this standard. The facility provided Forms DC6-229, Daily Record of Special Housing for three inmates placed in administrative confinement for risk of victimization, one of which was not among the five requested. A review of these forms reflects that there is no documentation of the assessment of housing alternatives prescribed by the standard provision.</p> <p data-bbox="240 1653 1422 1747">The standard provision does not require documentation of the prescribed assessment; however, documenting it would establish a defensible record of compliance. Procedure 602.053 and the Warden interview support a determination of compliance with the standard provision.</p> <p data-bbox="240 1778 588 1805">AUDITOR RECOMMENDATIONS</p> <ul data-bbox="282 1854 1481 2051" style="list-style-type: none"> • The facility should consider documenting whether placement in administrative confinement due to risk of sexual victimization is voluntary or involuntary because applicability of the provisions of this standard depends on whether placement is involuntary. • The facility should consider documenting its assessment of all available housing alternatives before placing an inmate in administrative confinement due to risk of sexual victimization. This would establish a defensible record of compliance. <p data-bbox="240 2083 341 2110">115.43(b)</p>

The standard provision states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

Chapter 33-602.220: Administrative Confinement calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. The confinement sergeant reported that inmates in administrative confinement for the specified reason may still have access to programs and privileges but not education or work opportunities and that the facility documents the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. The Forms DC6-229 provided do not include the documentation prescribed by the standard provision. Incident reports related to two of the three inmates reflect that they were placed in administrative confinement pending PREA investigation after reporting sexual assaults committed by other inmates. The AUDITOR interviewed one of the inmate victims and he reported that he did not have access to programs, work, education, or privileges while in confinement. During the site review, the PCM pointed out that inmates still have access to law library, telephone, and recreation.

The standard provision specifically calls for inmates involuntarily placed in confinement due to risk of sexual victimization to have access to programs, privileges, education, and work opportunities to the extent possible; and where such opportunities are limited, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations; and Chapter 33-602.220 calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. The incident reports reflect that the two inmates were placed in confinement after reporting that another inmate sexually assaulted them and the corresponding Forms DC6-229 do not include documentation of the opportunities in question even though the upper right corner of Page 1 includes a field for documenting property and privilege restrictions and Page 2 requires "full and complete remarks" in various situations including for the ICT to document job assignment and privileges restricted and/or reinstated in fields provided at the bottom of the page. The incident reports, the Forms DC6-229, and the inmate interview do not support a determination of compliance with the standard provision.

115.43(c)

The standard provision states that the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ reflects that in the past 12 months, no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days. Chapter 33-602.220 calls for the ICT to review inmates placed in administrative confinement for release within 72 hours. The Warden confirmed that such inmates are placed in involuntary administrative confinement only until an alternative means of separation from likely abusers can be arranged; and that such an assignment does not ordinarily exceed 30 days. The confinement sergeant confirmed that the facility considers alternative means of protection from likely abusers for the purpose of having the inmate released from confinement to safe housing.

One inmate placed in confinement reported that he spent two to three months in confinement; however, according to the incident report and the Form DC6-229, the inmate was held in administrative confinement about 33 days. The other Form DC6-229 provided does not reflect that the inmate was released from administrative confinement and reflects that he was placed in confinement almost two months before the date on the incident report, suggesting the inmate would have been in confinement for a different reason when he reported the incident of sexual abuse.

One of the forms reflect that Classification staff documented three reviews including the review that released the inmate to the general inmate population. The other form reflects two classification reviews about two months after the placement date and about five days after the report of sexual abuse; this form will not be considered in the compliance determination because the reason for initial placement in confinement is not clear and may not have been resolved. Chapter 33-602.220, the Warden interview, the confinement sergeant interview, the incident report, and the Form DC6-229 that released the inmate support a determination of compliance with the standard provision.

115.43(d)

The standard provision states that if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the inmate's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The PAQ reflects that in the past 12 months no inmates at risk of sexual victimization were held in involuntary segregated

housing. Chapter 33-602.220 calls for the ICT to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision. One Form DC6-229 reflects that classification retained the inmate in confinement pending PREA investigation and acted to release him after 33 days. The other form reflects classification reviews about two months after initial placement in confinement and that the facility acted to retain the inmate in confinement. One inmate reported that he was released after his abuser was transferred.

The standard provision specifically calls for the facility to document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged, and Chapter 33-602.220 calls for the ICT to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision. The facility documented the reasons the two inmates were held in confinement but did not document the reason why alternative means of separation could not be arranged; if this information is documented elsewhere, the facility did not provide that documentation even though the AUDITOR requested documentation that proves compliance. The documentation on the Forms DC6-229 does not support a determination of compliance with the standard provision.

115.43(e)

The standard provision states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The PAQ reflects that if such housing assignment is made, the facility affords the inmate the 30-day reviews prescribed by the standard provision. Chapter 33-602.220: Administrative Confinement and Chapter 33-602.221: Protective Management require the ICT to interview an inmate in protective management at least every 30 days and prepare an assessment report documenting the basis for protection, what has transpired since the last report, the decision concerning continued protection, and the basis for that decision. The confinement sergeant reported that there is a review within 72 hours and that Mental Health practitioners conduct weekly reviews. The inmate interviewed stated that there were two ICT reviews and that he was released after the abuser was transferred. The Form DC6-229 includes documentation of a review approximately 28 days after placement and a second review five days later in which staff acted to release him from confinement. The other form reflects two classification reviews about two months after the placement date and about five days after the report of sexual abuse.

One inmate was held in segregated housing just over 30 days and there was a review within 30 days of placement; the other inmate's case will not be considered during the determination of compliance. Chapter 33-602.220, Chapter 33-602.221, the confinement sergeant interview, the inmate interview, and the reviews documented on the Form DC6-229 support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.43(a) – No corrective action required.
- 115.43(b) – Whenever an inmate is placed in involuntary administrative confinement for risk of sexual victimization and the inmate is retained in confinement following the initial review, the facility shall document the opportunities (if any) that have been limited, the duration of the limitation, and the reasons for such limitations. By May 15, 2021, the facility shall provide to the AUDITOR a list of all inmates placed and retained involuntarily in administrative confinement due to risk of sexual victimization during the months of March and April 2021. The AUDITOR will select inmates on the list and ask the facility to provide the documentation required by the standard provision.
- 115.43(c) – No corrective action required.
- 115.43(d) – Whenever involuntary assignment to confinement housing is made pursuant to paragraph (a) of this section, the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. By May 15, 2021, the facility shall provide to the AUDITOR a list of all inmates placed involuntarily in administrative confinement due to risk of sexual victimization during the months of March and April 2021, who have been assigned to such housing. The AUDITOR will select inmates on the list and ask the facility to provide the documentation required by the standard provision.
- 115.43(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.43(b) – The PCM issued a memorandum reporting that during the months of March and April 2021, the facility did not place an inmate in confinement involuntarily due to risk of sexual victimization. The requirement to document deviations from the treatment inmates receive in general population does not apply solely to inmates retained in confinement due to risk of sexual victimization. Chapter 33-602.220: Administrative Confinement calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. The facility may provide documentation of compliance with the specified provision of Chapter 33-602.220 to demonstrate institutionalization of the practice of documenting the actions required by the standard provision. Is the facility able to provide the documentation for other inmates placed

and retained in administrative confinement? The PC provided two Reports of Protective needs assessment, DC234A, one for an inmate placed in protective needs assessment at Dade CI and the other from a different facility. The reports are printouts from what appears to be an agency computerized system. The report for the inmate at Dade CI reflects that the inmate was placed in protective confinement and during the initial review, the ICT acted to retain the inmate in confinement pending investigation. Neither the initial review nor any subsequent review included documentation of the treatment of the inmate or deviations from that of the general population. The report does not address privileges (e.g.: visiting, phone calls, email, etc.) retained or denied; access to work, education, or other programs; access to personal property; access to exercise, etc. Chapter 33-602.220 and the standard provision call for documentation of any limitation/deviation to these programs and activities because such limitations constitute deviations in treatment from that of the general population. On June 3, 2021, the facility provided two "Reports of Administrative Confinement" with ICT initial reviews (one for an inmate placed in confinement May 28, 2021, and the other for an inmate placed in confinement May 30, 2021). In both cases, the ICT acted to retain the inmates in confinement for protection needs from special management cases, documented the change in work assignment, visiting, and access to telephone, as well as access to canteen, legal material, and library services while in confinement. The reports specify the opportunities that have been limited; they reflect that the limitations were imposed due to placement in confinement, and that the limitations will remain in place while the inmates are assigned to confinement. The documentation provided reflects that the practice of documenting the deviations in treatment from that of the general population has been institutionalized and supports a determination of compliance with the standard provision.

- 115.43(d) – The PCM issued a memorandum reporting that during the months of March and April 2021, the facility did not place an inmate in confinement involuntarily due to risk of sexual victimization. Chapter 33-602.220 calls for the ICT to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision. Is the facility able to provide documentation of compliance with the specified provision of Chapter 33-602.220 (for other inmates retained in confinement) as evidence of institutionalization of the practice of documenting assessments similar to those required by the standard provision? The inmate placed in protective needs assessment was released prior to the 30-day time frame or the point in time where the prescribed formal assessment and evaluation would have been required. On June 4, 2021, the facility provided two "Reports of Administrative Confinement" with ICT initial reviews (one for an inmate placed in confinement May 26, 2021, and the other for an inmate placed in confinement May 30, 2021). In both cases, the ICT acted to retain the inmates in confinement for protection needs from special management cases, documented the ICT's interview of each inmate, the basis for confinement, the decision to continue confinement, and the basis for that decision. Neither inmate was placed in confinement due to risk of sexual victimization; therefore, the specific documentation required by the standard provision did not apply; however, the facility documented the assessment and evaluation prescribed by Chapter 33-602.220, which includes an assessment similar to that required by the standard provision. The facility shall take steps to ensure the practice of documenting the assessment prescribed by the standard provision (including the reason why no alternative means of separation can be arranged) for inmates retained in confinement due to risk of sexual victimization is institutionalized.

CORRECTIVE ACTION APPROVED

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Inmate education video • Inmate handbook • PREA Brochure • Zero Tolerance poster • Gulf Coast Children’s Advocacy Center MOU • Reports received (verbal, written, third party, and anonymous reports) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Security staff (random sample) • Inmates (random sample) • Representative from Gulf Coast Children’s Advocacy Center <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Statements from inmates • PREA posters in housing units • Test of outside entity reporting system <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.51(a)</p> <p>The standard provision requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PAQ reflects that the agency established procedures that allow multiple ways for inmates to report sexual abuse as specified by the standard provision. Procedure 602.053 lists multiple methods for inmates to report sexual abuse including verbally to staff, volunteers, or contractors; calling a hotline; submitting an inmate request; filing a grievance; third party reporting; email to the OIG; etc. Interviews with security staff reflect that inmates have multiple ways to report sexual abuse, including using the hotline, to family or friend, telling an officer or a supervisor, etc. Inmate interviews reflect that they are aware of multiple reporting methods, including the hotline, telling staff, sending a request form, writing to the Warden, etc. During the site review, the AUDITOR noted the zero-tolerance poster displayed in all housing units and brief conversations with inmates reflect that they are aware of multiple reporting options. The PREA Consultant called the hotline and the AUDITOR was able to verify that messages can be left for the OIG. The Zero Tolerance poster, the PREA Brochure, the inmate handbook, and the education video inform inmates about multiple methods of reporting sexual abuse, sexual harassment, or retaliation, including telling a staff member, calling the hotline, reporting to an outside entity, submitting an inmate request, filing a grievance, etc.</p> <p>Procedure 602.053, security staff interviews, inmate interviews, the zero-tolerance poster with reporting information, the OIG hotline, the PREA Brochure, the inmate handbook, and the education video support a determination of compliance with the standard provision.</p> <p>115.51(b)</p> <p>The standard provision requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The PAQ reflects that the agency provides at least one way for inmates to report sexual abuse to an outside entity as specified by the standard provision; and that the agency does not hold inmates solely for civil immigration purposes. Procedure 602.053 lists Gulf Coast Children’s Advocacy Center as an outside entity inmates can call to report sexual abuse at the facility; it provides a phone number, as well as a four-digit</p>

hotline number for inmates to call. The MOU with Gulf Coast Children's Advocacy Center specifies that the contractor is responsible for providing a free outside reporting hotline for inmates to report sexual abuse and/or sexual harassment; and that upon obtaining the inmate's consent, the victim advocate will immediately forward the reported information to the Warden and the Department's Contract Manager via email. The outside reporting service applies statewide, and the contract is valid through February 28, 2023. The PCM reported that the facility provides a PREA hotline for inmates to report sexual abuse as prescribed by the standard provision; that procedures enable the outside entity to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request; that PREA allegations are reported to the OIG, logged into the agency's management information system, and reported to the EAC; and that inmates are informed of this reporting option during orientation. Ten of 40 inmates interviewed are aware of the option to report to an outside public or private entity, several of these ten inmates are aware of the information on the poster. Of the 40 inmates, 21 know about reporting anonymously. The handbook, the PREA Brochure, and the Zero Tolerance poster tell inmates about this reporting option and provide dialing instructions for reaching Gulf Coast by phone; also, the poster provides the mailing address for the benefit of inmates in administrative confinement, and the handbook informs inmates that calls to the advocacy center are not recorded. The PREA Consultant called Gulf Coast Children's Advocacy Center from a dedicated inmate phone in a housing unit and the AUDITOR spoke with a representative who confirmed that Gulf Coast accepts reports from inmates at the facility and forwards the reports to the facility commander. The facility provided an incident report in which the inmate victim reported sexual abuse by calling the hotline and the hotline service forwarded the inmate's allegation to the shift supervisor.

The MOU does not specify that inmates can remain anonymous upon request; however, the representative confirmed that inmates can remain anonymous upon request. While only about 25% inmates interviewed are aware of this reporting option, the facility's efforts to disseminate this information to the inmate populace is well noted. Procedure 602.053, the test call to Gulf Coast, the incident report on the call to the hotline, the PCM interview, the MOU with Gulf Coast, the handbook, the PREA Brochure, and the Zero Tolerance poster support a determination of compliance with the standard provision.

115.51(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating staff to accept reports of sexual abuse as prescribed by the standard provision. Procedure 602.053 specifies the agency's reporting protocol and requires staff to accept anonymous reports, document them, and report them to the OIG. The handbook, the PREA Brochure, and the Zero Tolerance poster tell inmates about these methods of reporting sexual abuse to a staff member. Security staff interviews reflect that staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document verbal reports. Inmate interviews reflect that they are aware of reporting methods, particularly reporting to staff, and using the hotline. The facility provided five examples of staff documentation of inmate reports of sexual abuse, including verbal, written, third party, and anonymous reports.

Procedure 602.053, the handbook, the PREA Brochure, the Zero Tolerance poster, staff interviews, inmate interviews, and the documentation of reports received support a determination of compliance with the standard provision.

115.51(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ reflects that the agency established procedures for staff to privately report sexual abuse and sexual harassment of inmates by informing any supervisor or administrator as soon as possible and that staff are informed of the procedure annually during In-Service PREA training and via the employee handbook. Procedure 602.053 specifies that staff may privately report sexual abuse and sexual harassment of inmates to any supervisor or administrator.

Security staff identified multiple methods of reporting privately including to a supervisor, to the OIC, to the Assistant Warden, calling headquarters, and using the hotline.

Procedure 602.053 and security staff interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.51(a) – No corrective action required.
- 115.51(b) – No corrective action required.
- 115.51(c) – No corrective action required.
- 115.51(d) – No corrective action required.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1023 645" style="list-style-type: none"> • PAQ • FAC 33-103.006 Formal Grievance – Institution or Facility Level • FAC 33-103.011 Time Frames for Inmate Grievances • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Inmate handbook • Form DC1-303, Request for Administrative Remedy or Appeal • The agency’s website • Grievances alleging sexual abuse (3) • Offender Management Comments (screen-print) <p data-bbox="240 674 499 701">PEOPLE INTERVIEWED</p> <ul data-bbox="280 752 667 815" style="list-style-type: none"> • Inmate grievance coordinator • Inmates who reported sexual abuse <p data-bbox="240 844 576 871">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 922 451 949" style="list-style-type: none"> • None required <p data-bbox="240 978 1406 1041">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1070 341 1097">115.52(a)</p> <p data-bbox="240 1126 1493 1323">The standard provision states that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The PAQ reflects that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Rule 33-103.006 Formal Grievance – Institution or Facility Level lists grievances alleging sexual abuse among the types of grievances that may be filed directly with the reviewing authority. The Inmate grievance coordinator confirmed that the agency has administrative procedures to address inmate grievances regarding sexual abuse.</p> <p data-bbox="240 1352 695 1379">The agency is not exempt from this standard.</p> <p data-bbox="240 1408 341 1435">115.52(b)</p> <p data-bbox="240 1464 592 1491">The standard provision states that:</p> <ol data-bbox="240 1520 1458 1861" style="list-style-type: none"> (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency’s ability to defend against an inmate lawsuit on the grounds that the applicable statute of limitations has expired. <p data-bbox="240 1890 1493 2152">The PAQ reflects that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time and that an inmate is required to use an informal grievance process or otherwise attempt to resolve with staff. Rule 33-103.006 Formal Grievance – Institution or Facility Level lists grievances alleging sexual abuse among the types of grievances for which the informal level may be bypassed. The PREA Consultant stated that the standard was misinterpreted and that the provision of Rule 33-103.006 is correct. The Inmate grievance coordinator confirmed that inmates are not required to use an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The PREA section of the inmate handbook includes information on submitting a grievance to report sexual abuse. Form DC1-303, Request for Administrative Remedy or Appeal informs inmates that the form is used for filing</p>

a formal grievance at the institution level as well as for filing appeals to the Secretary in accordance with Rule 33-103.006.

Rule 33-103.006, Form DC1-303, the PREA Consultant's clarification, the grievance coordinator interview, and the review of the inmate handbook support a determination of compliance with the standard provision.

115.52(c)

The standard provision requires the agency to ensure that:

(1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

The PAQ reflects that agency policy and procedure allows an inmate to file a grievance without having to submit it to the staff member who is the subject of the complaint and does not require the grievance to be submitted to that staff member for response. Rule 33-103.006 Formal Grievance – Institution or Facility Level forbids instructing inmates to file a grievance alleging sexual abuse to the individual who is the subject of the complaint and specifies that grievances of this nature shall not be referred to the subject of the complaint. The Inmate grievance coordinator confirmed that an inmate may submit a grievance alleging sexual abuse without having to submit it to a staff member who is the subject of the complaint and that such grievance is not referred to the staff member who is the subject of the complaint. The inmate handbook does not inform inmates of this provision; however, it refers them to Rule 33-103.

Rule 33-103.006 and the grievance coordinator interview support a determination of compliance with the standard provision.

115.52(d)

The standard provision states that:

(1) The agency issues 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.

(2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the inmate may consider the absence of a response to be a denial at that level.

The PAQ reflects that agency policy and procedure requires a decision on the merits of a grievance alleging sexual abuse within the time frame prescribed by the standard provision; that, in the past 12 months, there have been six grievances filed alleging sexual abuse; that, in the past 12 months, six grievances alleging sexual abuse reached a final decision within 90 days of being filed; that there were no requests for extensions because a final decision was not reached within 90 days; and that an inmate is always notified in writing when the agency files for an extension and informed of the date a decision will be made. Rule 33-103.011 requires the reviewing authority to respond to a formal grievance within 20 calendar days of receipt; provides that the inmate has 15 days to appeal the response; and requires the agency to respond to the appeal within 30 calendar days of receipt. These time frames amount to less than the 90 days prescribed by the standard provision. The Inmate grievance coordinator confirmed that at any level of review, an inmate may consider the absence of a response to be a denial at that level and proceed to the next level of review. Two of the four inmates-who-reported-sexual-abuse interviewed indicated that they filed a grievance; one said the responses were timely and the other indicated that he filed a grievance few days earlier; thus, the response was not yet due at the time of the interview. A review of three grievances alleging sexual abuse reflects that the facility provided responses within a few days of receiving the grievances.

Rule 33-103.011, the grievance coordinator interview, the three grievances reviewed, and the inmates-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.

115.52(e)

The standard provision states that:

(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

(2) 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.

(3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The PAQ reflects that agency policy allows third parties specified in the standard provision to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of inmates; that where an inmate declines such assistance, the agency documents the inmate's decision; and that, in the past 12 months, there were no grievances filed by inmates alleging sexual abuse in which the inmate declined third-party assistance. Rule 33-103.006 allows third parties specified in the standard provision to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of inmates; requires inmates to agree to either allow the grievance to proceed or request for it to be stopped but does not specifically require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; and requires documentation of the inmate's decision if the inmate declines to have the request processed on his or her behalf. The agency's website provides a link to PREA Instructions on Filing a Third-Party Grievance, which informs members of the public that they are allowed to file a grievance alleging sexual abuse on behalf of an inmate. Instructions direct members of the public to a link that leads to the Third-Party Grievance form, which must be completed and sent to the warden at the facility housing the inmate; another link leads to a page with names, addresses, phone numbers, and fax numbers for each institution; on this page, there is a link to each institution's webpage, which provides phone numbers and a link to send emails to the warden.

Rule 33-103.006 and the agency's website support a determination of compliance with the standard provision.

115.52(f)

The standard provision states that:

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ reflects that the agency has a policy and established procedures for filing an emergency grievance alleging substantial risk of imminent sexual abuse; that the procedure includes the timelines specified by the standard provision; and that no such grievance has been received in the past 12 months. Rule 33-103.006 allows inmates to file an emergency grievance alleging that he or she is subject to a substantial risk of imminent sexual abuse; requires the prescribed response within the specified time frames and the required documentation; and calls for the institution to take immediate corrective action but does not specifically call for the grievance to be forwarded to a level of review at which immediate corrective action may be taken. The Inmate grievance coordinator confirmed that the agency has procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse and that the procedures work as specified in (2) above. An inmate at the facility filed emergency grievance 2001-463-231 alleging sexual abuse committed by his cellmate; a stamp on the grievance reflects that it was received by the facility on January 30, 2020. The facility's written response dated January 30, 2020, informs the inmate that the grievance is not considered a grievance or reprisal or retaliatory in nature and that there is no reason for bypassing previous levels of review.

The standard provision specifically requires the initial response and final agency decision to document whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The response was timely and provided by someone with the authority to take immediate action; however, the inmate included graphic detail in his allegation of sexual abuse by his cellmate and requested single cell housing, thus making the case for a claim of substantial risk of imminent sexual abuse. The response did not address the allegation of sexual abuse; and it did not include the facility's determination of whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The response to the grievance does not support a determination of compliance with the standard provision.

115.52(g)

The standard provision states that the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ reflects that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith and that, in the past 12 months, one inmate was disciplined for filing a grievance alleging sexual abuse in bad faith. Procedure 602.053 specifies that an inmate shall be

subject to discipline when it is determined that the inmate filed a PREA report in bad faith, i.e.: knowingly filed a false report. The Inmate grievance coordinator did not know of a scenario in which the agency may discipline an inmate for filing a grievance alleging sexual abuse. A screen-print of Offender Management Comments provided reflects that an inmate faced disciplinary action after reporting to staff that another inmate raped him several times; the alleged victim later told staff his allegations were false and that he just wanted a bed-move because he had issues with the alleged perpetrator.

The inmate's acknowledgement that he filed the grievance to secure a bed move because he had issues with the alleged abuser appear to substantiate that he filed the grievance in bad faith. Procedure 602.053, the grievance coordinator interview, and the Offender Management Comments support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.52(a) – No corrective action required.
- 115.52(b) – No corrective action required.
- 115.52(c) – No corrective action required.
- 115.52(d) – No corrective action required.
- 115.52(e) – No corrective action required.
- 115.52(f) – The facility shall ensure initial responses to emergency grievances alleging a substantial risk or imminent sexual abuse include the facility's determination of whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. By June 1, 2021, the facility shall provide to the AUDITOR initial responses to all grievances received between February 15, 2021, and May 15, 2021, alleging a substantial risk of imminent sexual abuse. If the facility does not receive any such grievances during the specified period, the facility shall notify the AUDITOR and provide a description of specific measures taken to ensure compliance with the requirements of the standard provision.
- 115.52(g) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.52(f) – The Warden reported via memorandum that no emergency grievances or grievances alleging a substantial risk of imminent sexual abuse have been received during the specified period. The memorandum includes a description of the measures taken to ensure compliance with the requirements of the standard provision; specifically, the new measure calls for the grievance coordinator to immediately notify the OIC upon receiving an emergency grievance requiring a determination of substantial risk of imminent sexual abuse. The OIC will have the inmate escorted to the Captain's office to provide a statement to the OIC about any imminent risk of sexual abuse. The OIC will notify the Warden or Duty Warden and a determination will be made of whether there is a substantial risk of imminent sexual abuse. The grievance response will inform the inmate of the Warden or Duty Warden's determination with regard to a substantial risk of imminent sexual abuse and any action taken in response to the emergency grievance. The facility's proposed action if implemented would satisfy the requirement of the standard provision; however, the memorandum to the AUDITOR does not implement the new procedure. The AUDITOR requests a copy of any written directive from the Warden to facility staff implementing the new procedure. The PC provided a memorandum from the Warden to relevant staff announcing the new procedure. The Warden's memorandum implements the new procedure and supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1023 546" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • PREA Brochure • Zero-Tolerance Poster • Inmate handbook • Roxcy Bolton Rape Treatment Center (MOU) <p data-bbox="240 573 499 600">PEOPLE INTERVIEWED</p> <ul data-bbox="280 651 895 748" style="list-style-type: none"> • Inmates (random sample) • Inmates who reported sexual abuse • Representative from Roxcy Bolton Rape Treatment Center <p data-bbox="240 775 576 801">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 853 699 916" style="list-style-type: none"> • Confidentiality of inmate access • Site where inmates are allowed access <p data-bbox="240 943 1406 1005">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1032 344 1059">115.53(a)</p> <p data-bbox="240 1093 1493 1487">The standard provision requires the facility to 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ reflects that the facility provides the access prescribed by the standard provision, as well as mailing addresses and phone numbers (including toll-free hotline numbers where available) for service providers, in as confidential a manner as possible; and that the agency does not house persons detained solely for civil immigration purposes. The agency did not identify a policy or procedure that references this provision. The handbook informs inmates about the tollfree number to reach external reporting and about the advocacy hotline; however, there is no reference to emotional support services for survivors of sexual abuse. The PREA Brochure specifies "victim advocate information" and provides telephone dialing instructions and mailing address for Roxcy Bolton Rape Treatment Center; however, there is no reference to emotional support services for survivors of sexual abuse.</p> <p data-bbox="240 1496 1453 1559">The Zero-Tolerance poster informs inmates of the availability of emotional support services for survivors of sexual abuse through Roxcy Bolton Rape Treatment Center and provides telephone dialing instructions and a mailing address.</p> <p data-bbox="240 1565 1493 1924">Responsibilities listed in the Roxcy Bolton Rape Treatment Center MOU include providing 24/7 rape crisis hotline staffed by certified advocates and providing a mailing address for inmate victims to send correspondence. A representative of Roxcy Bolton Rape Treatment Center confirmed that the center provides emotional support services to survivors of sexual abuse at the facility pursuant to an MOU with the agency; that the center insisted on confidentiality during initial negotiations with the agency; and that inmates reach out to the center using the hotline or by mail. Of the 40 inmates interviewed 14 indicated that knew of outside services for dealing with sexual abuse; of the 14, three had some idea about the kind of services, five know how to contact the services if needed, five know phone calls are free, and four know they can reach providers anytime. One inmate who reported sexual abuse said he did not receive advocacy services, and another said he did not call Roxcy Bolton Rape Treatment Center. During the site review, the PREA Consultant reached Roxcy Bolton Center from inmate telephones and the AUDITOR was able to speak to a representative who confirmed the services available to inmate survivors of sexual abuse.</p> <p data-bbox="240 1955 1477 2085">Interviews reflect that inmates are generally not aware of the services in question; the AUDITOR notes, however, that the poster provides the information prescribed by the standard provision and that it is displayed in all inmate housing units. The zero-tolerance poster, the Roxcy Bolton Rape Treatment Center MOU, and the test call to Roxcy Bolton Center during the site review support a determination of compliance with the standard provision.</p> <p data-bbox="240 2112 344 2139">115.53(b)</p>

The standard provision requires the facility to 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. The PAQ reflects that the facility informs inmates, prior to giving them access to outside support services, of the extent to which communications will be monitored; and of mandatory reporting laws governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency did not identify a policy or procedure that references this provision. The handbook informs inmates that phone calls to the advocacy hotline are confidential, "except information that requires mandatory reporting, such as if you intend to harm yourself or someone else;" and that such calls are not recorded. Neither the PREA Brochure nor the poster provide the prescribed information to inmates. The representative from Roxcy Bolton Rape Treatment Center confirmed that victim advocates inform inmates of the limitations of confidentiality and about mandatory reporting laws at the beginning of their phone calls. Four of the 40 inmates interviewed know whether phone calls to victim advocates are monitored or recorded and four said they are aware of mandatory reporting laws. Interviews with inmates who reported sexual abuse reflect that they are generally not aware of these two issues.

The handbook and the Roxcy Bolton Rape Treatment Center interview support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The agency and the facility provide PREA information to inmates via written materials such as the handbook, the brochure, and the poster; however, each document provides different pieces of information about emotional support services available to survivors of sexual abuse. The agency/facility should consider providing all required information in each document to ensure clarity and consistency in the information provided to inmates about these services. Written materials should inform inmates that:

1. Emotional support services are available to survivors of sexual abuse by contacting Roxcy Bolton Rape Treatment Center, a local advocacy center
2. Survivors can communicate confidentially with a victim advocate from Roxcy Bolton Rape Treatment Center by mail at the address provided, or by telephone by dialing the four-digit number provided
3. Conversations with victim advocates are not monitored or recorded by any agency or facility staff member or device
4. Victim advocates are mandatory reporters under Florida law; therefore, they are required to report any danger to clients or to others, as well as abuse, neglect, or exploitation of children or vulnerable adults.

Items 1 & 2 are required under Subsection (a) above and Items 3 & 4 are required under Subsection (b). No written material provided by the agency/facility includes all four items above.

115.53(c)

The standard provision requires the agency to 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The PAQ reflects that the agency/facility maintains MOUs with community service providers for the services in question and copies of the agreement. The agency/facility maintains copies of the Roxcy Bolton Rape Treatment Center (MOU).

The copy of the Roxcy Bolton Rape Treatment Center MOU supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.53(a) – No corrective action required.
- 115.53(b) – No corrective action required.
- 115.53(c) – No corrective action required.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 943 479" style="list-style-type: none"> • PAQ • Agency website • Public Instructions on Filing a Grievance Alleging Sexual Abuse • Citizen Complaint form <p data-bbox="242 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 586 451 613" style="list-style-type: none"> • None required <p data-bbox="242 642 576 669">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 721 451 748" style="list-style-type: none"> • None required <p data-bbox="242 777 1406 837">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 866 341 896">115.54(a)</p> <p data-bbox="242 925 1469 1256">The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ reflects that the agency/facility provides a method to receive third-party reports of inmate sexual abuse; that the agency/facility distributes publicly information on how to report on behalf of inmates; and that the agency's website has the proper information on filing a third-party grievance on sexual abuse or sexual harassment. The agency's website provides a link to PREA Instructions on Filing a Third-Party Grievance, which informs members of the public that they are allowed to file a grievance alleging sexual abuse on behalf of an inmate. Instructions direct members of the public to a link that leads to the Third-Party Grievance form, which must be completed and sent to the warden at the facility housing the inmate; another link leads to a page with names, addresses, phone numbers, and fax numbers for each institution; on this page, there is a link to each institution's webpage, which provides phone numbers and a link to send emails to the warden.</p> <p data-bbox="242 1285 1493 1850">The USDOJ's response to an FAQ on this standard (found here) https://www.prearesourcecenter.org/frequently-asked-questions/how-must-agencies-distribute-publicly-information-how-third-parties-can-says, in relevant part, "it is not sufficient for the public to have the general ability to utilize generalized agency contact information (such as a main contact number) to make such a report. Rather, the specific methods to make such reports must be readily available and reasonably conspicuous to the public." The agency's method (published here) http://www.dc.state.fl.us/PREA/instructions.html requires the person making the report to download the grievance form, complete it, check the agency's website to find the address of the institution, and mail the completed form to that institution. It is not clear how long it takes for a report of sexual abuse, received in the mail on a grievance form, to reach security staff or investigators; but certainly, there are more efficient methods available on the website, such as placing a phone call or sending an email to reach institution officials who can respond immediately and investigate allegations reported by concerned members of the public. The spirit of PREA is represented throughout the standards; that is, suspected sexual abuse must be reported immediately to facilitate the response protocols prescribed by the standards. The option for a third-party reporter to complete a grievance form, search for the institution's address, and mail the form to the institution is cumbersome at best and involves unnecessary delays in getting the information to security responders and investigators; this makes it inconsistent with the spirit of PREA to immediately report, respond to, and investigate allegations of sexual abuse. Every agency/facility seeking compliance with the PREA standards has a critical interest in prompt reporting of suspected sexual abuse; thus, a cumbersome third-party reporting process defeats that goal.</p> <p data-bbox="242 1879 1485 2141">Another matter of concern is the path to PREA information from the agency's home page. Even with the benefit of knowing the agency's webpage includes PREA information, on first visit to the home page, the AUDITOR had difficulty finding PREA information because a visitor to the page must select unrelated links on two different pages before getting to the agency's PREA information. A member of the public visiting the agency's homepage would not find any indication of third-party reporting protocols on that page. A link to PREA information should be conspicuously displayed on the agency's home page to make the path to third party reporting "readily available and reasonably conspicuous to the public" as specified in the FAQ. Receiving timely reports of suspected sexual abuse from any source is of critical importance to agency and facility's efforts to ensure sexual safety of people in its custody; therefore, the goal should be to make it as easy as possible for members of</p>

the public to report suspected sexual abuse to designated officials who can ensure prompt security response. The visit to the agency's webpage does not support a determination of compliance with the standard provision.

The AUDITOR discussed the concern with the PC during the onsite audit and the next day the agency's website was updated to include a "Prison Rape Elimination Act" link on the home page. The AUDITOR verified that this link leads to the page with all agency PREA information. The updated homepage supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The agency should reconsider the third-party grievance process as specified on the website; instead of sending the form through the regular mail, the agency should explore the prospect of sending the form electronically to the institution.

RECOMMENDED CORRECTIVE ACTIONS

- 115.54(a) – No corrective action required. Corrected before interim audit report.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1453 613" style="list-style-type: none"> • PAQ • Chapter 415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Incident/investigative case files (5) • Form DC4-663, Consent to Mental Health Evaluation or Treatment • State mandatory reporting law • Centurion training lesson plan <p data-bbox="240 642 499 669">PEOPLE INTERVIEWED</p> <ul data-bbox="284 721 625 848" style="list-style-type: none"> • Warden • PREA Coordinator • Medical and Mental Health staff • Security staff (random sample) <p data-bbox="240 878 576 904">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 956 451 983" style="list-style-type: none"> • None required <p data-bbox="240 1012 1406 1072">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1102 341 1128">115.61(a)</p> <p data-bbox="240 1160 1493 1554">The standard provision calls the agency to 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding sexual abuse, retaliation, and staff neglect or violation of responsibilities as specified by the standard, provision. Procedure 602.053 calls for employees, volunteers, and contractors, to promptly report any knowledge, suspicion, or information regarding the specified incidents. Security, Medical, and Mental Health staff interviews reflect that all staff are required to report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. A review of five incident/investigative case files reflects that staff report allegations of sexual abuse.</p> <p data-bbox="240 1585 1474 1646">Procedure 602.053, security staff interviews, Medical/Mental Health staff interviews, and the incident/investigative case files reviewed support a determination of compliance with the standard provision.</p> <p data-bbox="240 1677 341 1704">115.61(b)</p> <p data-bbox="240 1736 1481 1928">The standard provision states that apart from reporting to designated supervisors or officials, staff shall not reveal 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. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the reasons specified by the standard provision. Procedure 602.053 specifies the language of the standard provision. Security staff interviews reflect that staff would not share information about an incident of sexual abuse with people who do not need to know.</p> <p data-bbox="240 1960 1386 1986">Procedure 602.053 and security staff interviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 2018 341 2045">115.61(c)</p> <p data-bbox="240 2076 1461 2136">The standard provision states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the</p>

practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The agency did not identify any policy or procedure that includes a reference to the standard provision. The Centurion training lesson plan includes the requirement to inform inmates, at the initiation of services and periodically throughout treatment, of the practitioner's duty to report and the limitations of confidentiality. Medical and Mental Health staff confirmed that practitioners inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. The AUDITOR requested documentation of the practice of informing inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services and the facility provided ten completed Forms DC4-663, Consent to Mental Health Evaluation or Treatment. This form is used for mental health practitioners to inform inmates of the limits of confidentiality at the initiation of services; the form informs inmates that revelations of any intent to harm themselves or others or of any information that threatens the safety of individuals, or the security of the facility will be reported to institutional authorities.

The standard provision specifically calls for medical and mental health practitioners to inform inmates of their duty to report (allegations of sexual abuse), and the limitations of confidentiality, at the initiation of services. The intent is for inmates to know they cannot (for example) seek medical treatment for injuries related to sexual battery at a confinement facility and expect the practitioner to keep it confidential; thus, the standard requires medical and mental health practitioners to provide this forewarning to inmate patients at the initiation of services to ensure inmate patients are aware that any disclosure of sexual abuse in a confinement facility to a practitioner will be reported to law enforcement. Form DC4-663 satisfies the requirement of the standard provision; however, it appears the form is used only by mental health practitioners. The AUDITOR included the language of the standard provision in the request and the facility did not provide documentation showing that medical practitioners provide the required forewarning to inmate patients at the initiation of services. The facility's response to the request does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The standard does not require inmates to sign acknowledging the forewarning provided by practitioners; therefore, practitioners could find a method of documenting in the inmate's health record that they informed the inmate of their duty to report and the limitations of confidentiality or they could have inmate patients sign an acknowledgement form. In any event, the intent is for each practitioner to ensure his or her patient is aware of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. A one-time notification to inmates during intake does not satisfy the requirement of the standard provision because inmates would likely forget over time. The language of the standard provision places the burden on practitioners to ensure their inmate patients are informed; the burden is not on inmates to remember.

115.61(d)

The standard provision states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The agency did not identify any policy or procedure that includes a reference to the standard provision. Florida Statutes Chapter 415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults lists criminal justice employees and law enforcement as mandatory reporters. The Warden stated that under the specified circumstances, the facility would report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The PC explained that if the victim is under age 18, outside law enforcement is notified and the incident is reported to the OIG; that for vulnerable adults the OIG is contacted; and that the incident is reported to the Department of Children and Families as mandated by Florida Statute.

Chapter 415.1034, the Warden interview, and the PC interview support a determination of compliance with the standard provision.

115.61(e)

The standard provision requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Procedure 602.053 requires all staff, volunteers and contractors to report all allegations of sexual abuse and sexual harassment to the OIG. The Warden explained that an incident report is generated, and staff complete the notification process via MINS and the EAC. A review of incident/investigative case files reflect that staff complete the specified notification process and that investigations are completed; the AUDITOR also reviewed a screen print of a completed MINS Incident Report.

The MINS notification process forwards the report of sexual abuse to the OIG. Procedure 602.053, the Warden interview, the MINS Incident Report, and the review of incident/investigative case files support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.61(a) – No corrective action required.
- 115.61(b) – No corrective action required.
- 115.61(c) – If not yet in place, medical practitioners shall inform inmates of their duty to report (allegations of sexual

abuse), and the limitations of confidentiality, at the initiation of services. Documentation of this practice is strongly recommended to ensure a defensible record of compliance is maintained. By April 1, 2021, the facility shall provide to the AUDITOR proof that medical practitioners inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

- 115.61(d) – No corrective action required.
- 115.61(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.61(c) – The AUDITOR provided a poster in English and Spanish that advises inmates of the practitioner's duty to report and limitations of confidentiality, recommended displaying the poster in inmate consultation areas, and that practitioners direct inmate patient's attention to the poster and ask them to read and acknowledge understanding; where the inmate does not understand, the practitioner would explain the forewarning in simple English and document that the inmate was advised of the notification requirements. On June 11, 2021, the facility provided a photo of the poster displayed in medical and mental health areas and four Chronological Records of Health Care with practitioner documentation of inmate-patient education about the PREA notification requirements during appointments on May 10 and May 14, 2021. The documentation provided reflects that the practice of informing inmates of the practitioner's duty to report and limitation of confidentiality during appointments has been institutionalized and supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1046 445" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Offender Management Comments, Record # 20200318141046320200285 <p data-bbox="242 472 499 501">PEOPLE INTERVIEWED</p> <ul data-bbox="284 553 616 649" style="list-style-type: none"> • Agency Head • Warden • Security staff (random sample) <p data-bbox="242 676 576 705">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 754 451 784" style="list-style-type: none"> • None required <p data-bbox="242 810 1406 873">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 900 343 929">115.62(a)</p> <p data-bbox="242 958 1485 1489">The standard provision states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The PAQ reflects that the agency/facility responds as prescribed by the standard provision upon learning that an inmate is at substantial risk of imminent sexual abuse; that, in the past 12 months, there were no such determinations; and that the facility would respond immediately if there was any such determination. Procedure 602.053 specifies that employees are subject to discipline, up to and including termination for failing to report or take immediate action regarding fear of or actual sexual abuse. The Agency Head stated that staff will be responsible for separating the inmate from the potential abuser, interviewing him or her about the situation, and referring him or her to medical and/or mental health; that, if necessary, the inmate will be rehoused or transferred to another facility; and that the inmate may request placement in Protective Management (PM), which would require placement in administrative confinement pending investigation. The Warden stated that inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Interviews of 18 correctional officers and sergeants reflect that they will move an inmate to safety immediately if they learn that inmate is at substantial risk of imminent sexual abuse. Offender Management Comments record # 20200318141046320200285 reflects that an officer reviewing grievances noted that an inmate alleged in a grievance that he had been sexually assaulted in his cell and that he feared for his life. The record reflects that the inmate was escorted to the OIC's office and interviewed by the shift supervisor.</p> <p data-bbox="242 1518 1465 1581">Procedure 602.053, the Agency Head interview, the Warden interview, security staff interviews, and the specified Offender Management Comments support a determination of compliance with the standard provision.</p> <p data-bbox="242 1610 687 1639">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1688 724 1718" style="list-style-type: none"> • 115.62(a) – No corrective action required.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1257 544" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Notification emails (4) • Documentation of notifications • Incident report (MINS reporting) <p data-bbox="240 573 499 600">PEOPLE INTERVIEWED</p> <ul data-bbox="284 651 443 712" style="list-style-type: none"> • Agency Head • Warden <p data-bbox="240 741 576 768">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 819 451 846" style="list-style-type: none"> • None required <p data-bbox="240 875 1406 936">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 965 344 992">115.63(a)</p> <p data-bbox="240 1021 1493 1317">The standard provision states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ reflects that the agency has a policy requiring the response prescribed by the standard provision; that, in the last 12 months, the facility received 18 such allegations and sent 18 warden-to-warden email notifications; that the PREA incident is reported immediately pursuant to the agency's reporting procedures; and that all documentation is forwarded to the facility where the incident occurred. Procedure 602.053 calls for the warden at the receiving institution to notify the warden at the sending institution of the alleged sexual abuse. Four emails provided reflect that the Warden of Dade CI emailed notification of an inmate's PREA allegation to the Warden of the other facility with the incident report attached and requested confirmation that the email was received.</p> <p data-bbox="240 1346 1302 1373">Procedure 602.053 and the four emails support a determination of compliance with the standard provision.</p> <p data-bbox="240 1402 344 1429">115.63(b)</p> <p data-bbox="240 1458 1493 1626">The standard provision states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ reflects that agency policy requires the facility head to provide notification as soon as possible but no later than 72 hours after receiving the allegation. Procedure 602.053 calls for the notification to be completed within 72 hours of receiving the allegation. Emails dated September 11, 2020, and September 25, 2020, reflect that the Warden of Dade CI emailed notification to the Warden of the other facility on the day the allegation was received.</p> <p data-bbox="240 1655 1257 1682">Procedure 602.053 and the emails support a determination of compliance with the standard provision.</p> <p data-bbox="240 1711 344 1738">115.63(c)</p> <p data-bbox="240 1767 1477 1895">The standard provision requires the agency to document that it has provided such notification. The PAQ reflects that the agency/facility documents that the notification was provided within 72 hours of receiving the allegation. Procedure 602.053 calls for the notification to be documented on a Form DC 6-210 and entered into MINS for appropriate handling; the agency did not provide the form. A review of four emails provided reflect that the notifications in question are documented.</p> <p data-bbox="240 1924 1302 1951">Procedure 602.053 and the four emails support a determination of compliance with the standard provision.</p> <p data-bbox="240 1980 344 2007">115.63(d)</p> <p data-bbox="240 2036 1461 2141">The standard provision states that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ reflects that agency or facility policy requires all allegations received from other facilities or agencies to be investigated; and that, in the past 12 months, Dade CI received</p>

three Warden-to-Warden notifications. Procedure 602.053 requires the receiving institution, where the abuse is alleged to have occurred, to make the required notifications (including the MINS notification process) and documented on a DC 6-210. Procedure 108.015 calls for all allegations of sexual abuse to be investigated and specifies the criteria for referring allegations to facility management or to the OIG. The Agency Head explained that a report of sexual abuse received from another facility or agency requires notification to the facility where the incident is alleged to have occurred or to the OIG; and that the staff member receiving the report notifies the Department's EAC and creates a record of the incident in MINS, which forwards the information to the OIG for review. The Warden stated that the Warden at the receiving institution shall notify the Warden at the sending institution within 72 hours of receiving the allegation and that the notification is documented and reported according to agency reporting procedures. The facility provided a September 11, 2020, incident report reflecting that MINS was initiated following an inmate's report of sexual abuse at another facility. The facility did not provide any notifications received from other facilities.

The MINS notification completed by the receiving facility forwards the report of sexual abuse to the OIG for investigation. Procedure 602.053, Procedure 108.015, the Agency Head interview, and the Warden interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.63(a) – No corrective action required.
- 115.63(b) – No corrective action required.
- 115.63(c) – No corrective action required.
- 115.63(d) – No corrective action required.

115.64	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 1023 448" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Incident reports (10) <p data-bbox="240 474 499 501">PEOPLE INTERVIEWED</p> <ul data-bbox="282 555 735 654" style="list-style-type: none"> • Security Staff (random sample) • Non-Security Staff First Responder • Inmates who Reported a Sexual Abuse (4) <p data-bbox="240 680 576 707">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 757 451 784" style="list-style-type: none"> • None required <p data-bbox="240 810 1406 873">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 900 343 927">115.64(a)</p> <p data-bbox="240 958 1469 1021">The standard provision states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol data-bbox="240 1048 1492 1384" style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p data-bbox="240 1415 1485 1944">The PAQ reflects that the agency has a first responder policy for allegations of sexual abuse; that the policy requires the first security staff responder to take the actions prescribed by the standard provision; that, in the past 12 months, there were 35 allegations that an inmate was sexually abused; that of these allegations, the first security staff responder separated the victim and abuser on six occasions; that in none of these allegations, staff were notified within a time period that allowed for collection of physical evidence; that in three of these allegations the first security staff responder preserved and protected the crime scene until evidence could be collected and requested that the alleged victim not take any actions that could destroy evidence; and that there were no incidents where the first security staff responder ensured that the alleged abuser not take any actions that could destroy physical evidence. Procedure 602.053 requires the first security staff member who responds to the report to perform all four steps prescribed by the standard provision. Of 18 security staff interviewed, 16 included the four steps in their first responder duties to an incident of sexual abuse of an inmate; one did not include step (2) above and the other did not include steps (3) and (4). The facility reported that there was no actual security staff first responder. Of the four interviews with inmates who reported sexual abuse one inmate confirmed that the security first responder performed the four steps, and another reported that the security first responder separated him from the abuser. The four steps were not required in the other two cases. The AUDITOR reviewed ten incident reports and there were no incidents in which security staff responded to an actual crime scene with the victim and the perpetrator present; thus, the security responder steps were not required.</p> <p data-bbox="240 1975 1465 2038">Procedure 602.053, security staff interviews, and inmate-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 2065 343 2092">115.64(b)</p> <p data-bbox="240 2123 1485 2150">The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to</p>

request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two steps prescribed by the standard provision; that in the past 12 months, a non-security staff member acted as first responder on one occasion and performed both steps prescribed by the standard provision. Procedure 602.053 requires the first non-security staff member who responds to the scene to perform the two steps prescribed by the standard provision. The AUDITOR interviewed the non-security staff first responder and learned that he reported an allegation of sexual abuse but did not respond to an actual incident of sexual abuse. Interviews with inmates who reported sexual abuse did not identify any non-security staff first responder. The review of incident reports is documented in subsection (a) above.

Procedure 602.053 supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.64(a) – No corrective action required.
- 115.64(b) – No corrective action required.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Dade CI Coordinated institutional response plan <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.65(a)</p> <p>The standard provision requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PAQ reflects that the facility developed a written institutional plan to coordinate actions specified by the standard provision. The Dade CI Coordinated institutional response plan was issued by the Warden and specifies notification protocols, first staff responder responsibilities prescribed in §115.64, Shift Supervisor or Chief of Security responsibilities, responding Inspector responsibilities, special instructions if the Sexual Abuse Response Team (SART) is activated, medical response protocols, and documentation requirements. The Warden confirmed that the facility has a coordinated response plan that specifies the roles of the specified staff first responders and that the plan is implemented as signed-off by the Warden of the facility.</p> <p>The Warden interview and the review of the facility's coordinated institutional response plan support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.65(a) – No corrective action required.

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 1174 412" style="list-style-type: none"> • PAQ • Agreement Between the State of Florida and the Florida Police Benevolent Association <p data-bbox="240 443 499 470">PEOPLE INTERVIEWED</p> <ul data-bbox="282 519 445 546" style="list-style-type: none"> • Agency Head <p data-bbox="240 577 576 604">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 654 451 680" style="list-style-type: none"> • None required <p data-bbox="240 712 1406 775">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 801 341 828">115.66(a)</p> <p data-bbox="240 860 1485 1254">The standard provision states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits 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. The PAQ reflects that the agency/facility entered into or renewed collective bargaining agreement since the implementation of the PREA standards or since the last PREA audit. The Agency Head stated that the Department has a standing collective bargaining agreement with the Police Benevolent Association (PBA) since 2016; that the Department is authorized under Florida Statutes to dismiss or suspend any permanent status employee for any cause; that the Department does not have permanent post assignments and does not allow post-bidding; and that shift supervisors assign staff to their posts and are authorized to redirect staff to posts that do not include inmate contact. Article 7, Discipline and Discharge, of the Agreement Between the State of Florida and the Florida Police Benevolent Association allows the agency to reassign an employee pending the outcome of an investigation. The agreement is valid 2017 - 2020.</p> <p data-bbox="240 1285 1481 1411">The State entered into agreement with the PBA and not only does the agreement not include the limitation specified by the standard provision; it affirmatively allows the agency to reassign an employee pending the outcome of an investigation. The interview with the Agency Head and the agreement with the PBA support a determination of compliance with the standard provision.</p> <p data-bbox="240 1442 341 1469">115.66(b)</p> <p data-bbox="240 1500 1490 1662">The standard provision states that nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p data-bbox="240 1693 764 1720">The AUDITOR is not required to audit this provision.</p> <p data-bbox="240 1751 687 1778">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="282 1827 724 1890" style="list-style-type: none"> • 115.66(a) – No corrective action required. • 115.66(b) – No corrective action required.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Documentation of protective measures (Incident reports)
- Documentation of monitoring activities (computerized monitoring log)
- Reports of retaliation and agency response

PEOPLE INTERVIEWED

- Agency Head
- Warden
- Staff member charged with monitoring retaliation
- Inmates placed in segregated housing for risk of sexual victimization
- Inmates who reported sexual abuse

SITE REVIEW OBSERVATIONS

- None required

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.67(a)

The standard provision states that the agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation. The PAQ reflects that the agency has a policy to protect inmates and staff who report sexual abuse or cooperate with investigations from retaliation by other inmates or staff and identifies a PREA Auxiliary Staff Member (correctional officer) as the person charged with monitoring for possible retaliation. Procedure 602.053 calls for retaliation monitoring for inmates or staff who report sexual abuse; requires training on the rights of staff and inmates to be free from retaliation; and requires prompt reporting of any knowledge or suspicion of retaliation. During the onsite phase, the Auxiliary Staff Member reported that the PCM is responsible for retaliation monitoring of employees.

Procedure 602.053 and the statement from the Auxiliary Staff Member support a determination of compliance with the standard provision.

115.67(b)

The standard provision requires the agency to 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. Procedure 602.053 does not specifically list protection measures. The Agency Head stated that Facilities deploy numerous measures, including housing changes, program changes, and changes in work assignments; that, if warranted, an inmate may be transferred to another Department facility in order to protect him/her from retaliation; that staff monitor such inmates for retaliation and conduct periodic status checks; that inmates are offered emotional support services provided by local rape crisis centers; and that a staff member is monitored for retaliation and is afforded the ability to change post or transfer to another facility. The Warden stated that she takes protective 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. The staff member charged with monitoring retaliation (auxiliary staff member) reported that she monitors inmates who report sexual abuse or cooperate with investigations for retaliation; and, that protective measures include housing changes, removing the alleged aggressor from contact with the victim, and emotional support services. She works with the PCM, the classification supervisor, the housing officer, and with Mental Health staff for the protective measures. Interviews with two inmates who were placed in confinement for risk of sexual victimization and with four inmates who reported sexual abuse reflect that they feel safe at the facility; some inmates confirmed protective measures, such as transferring a potential abuser and security staff remaining vigilant. The auxiliary staff member provided three incident reports documenting protective measures; the reports reflect that inmate reports of

retaliation are documented, reported to classification, elevated to the Chief of Security, and that notification procedures are implemented when the circumstances dictate.

Incident reports reviewed reflect that the facility places inmates at risk of sexual victimization in protective confinement if there is no other housing that provides protection; an inmate who reported sexual abuse stated that a potential abuser was transferred after he reported a past incident with that potential abuser. The Agency Head interview, the Warden interview, the auxiliary staff member interview, interviews with inmates placed in confinement for risk of sexual victimization, the incident reports on protective measures, and interviews with inmates who reported sexual abuse support a determination of compliance with the standard provision.

115.67(c)

The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors, for 90 days, the conduct or treatment of inmates or staff for any changes that may suggest possible retaliation by inmates or staff; that the agency acts promptly to remedy such retaliation, which indicates that there was a deviation from policy, for which an incident report is submitted and the allegation is referred to the OIG; that monitoring continues beyond 90 days if there is indication of a need to continue; and that, in the past 12 months, the facility had nine incidents of retaliation. Procedure 602.053 calls for at least 90 days of retaliation monitoring with at least three contact status checks to occur within the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation; and specifies that monitoring will include a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor, as well as periodic status checks. The Warden stated that monitoring is continued for another 90-day period if retaliation is suspected, and that staff is reassigned for safety if necessary. The auxiliary staff member reported that retaliation monitoring starts when she is informed of the allegation; that she looks for changes that may suggest retaliation, such as facial expression, body language, etc.; that she reviews disciplinaries for dispositions that may suggest retaliation, as well as housing and program changes; that she monitors for 90 days; and that another 90-day period is initiated if retaliation is suspected. Printouts of a computerized monitoring log reflect that monitoring staff interview inmates about every 30 days and document whether the inmate reports retaliation. In all cases in which an inmate reported retaliation, there is a follow-up report generated a few minutes later documenting that the inmate stated he had not experienced retaliation.

Procedure 602.053, the Warden interview, the auxiliary staff member interview, and the review of the computerized monitoring log support a determination of compliance with the standard provision.

115.67(d)

The standard provision states that in the case of inmates, such monitoring shall also include periodic status checks. Procedure 602.053 includes status checks among monitoring activities. The auxiliary staff member reported that she checks for housing and program changes, and disciplinary dispositions that may suggest retaliation. The computerized monitoring log includes documentation of these status checks.

Procedure 602.053, the auxiliary staff member interview, and the review of the computerized monitoring log support a determination of compliance with the standard provision.

115.67(e)

The standard provision states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The agency did not identify a policy or procedure that references this provision. The Agency Head stated that the agency would take the protection measures he described in Subsection (b) above and monitor the inmate or staff member targeted for retaliation for up to 90 days. The Warden stated that the protection measures specified above are taken if any other individual who cooperates with an investigation fears retaliation. The facility did not identify any other individual who cooperated with an investigation and expressed a fear of retaliation.

The Agency Head interview and the Warden interview support a determination of compliance with the standard provision.

115.67(f)

The standard provision states that an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.67(a) – No corrective action required.
- 115.67(b) – No corrective action required.
- 115.67(c) – No corrective action required.
- 115.67(d) – No corrective action required.
- 115.67(e) – No corrective action required.
- 115.67(f) – No corrective action required.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- FAC Chapter 33-602.220: Administrative Confinement
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Forms DC6-229, Daily Record of Special Housing
- Incident Reports (5)

PEOPLE INTERVIEWED

- Warden
- Confinement sergeant
- Inmates placed in segregated housing after alleging sexual abuse

SITE REVIEW OBSERVATIONS

- None

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.68(a)

The standard provision states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The PAQ reflects that the agency has a policy prohibiting the placement of inmates who allege sexual abuse in involuntary segregated housing without the assessments and the determination required under 115.43; that, in the past 12 months, the facility has not housed any inmates in involuntary segregated housing for one to 24 hours or for longer than 30 days for the reason in question; and that if involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. Chapter 33-602.220: Administrative Confinement calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. It also calls for the ICT to review inmates placed in administrative confinement for release within 72 hours; to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision; and interview an inmate in protective management at least every 30 days and prepare an assessment report documenting the basis for protection, what has transpired since the last report, the decision concerning continued protection, and the basis for that decision. Procedure 602.053 specifies the language of the standard provision. The Warden stated that inmates who alleged sexual abuse are not placed in involuntary administrative confinement without the prescribed assessments; that if the assessment cannot be completed immediately, the facility may hold the inmate in such housing for less than 24 hours while completing the required assessment; that such inmates are placed in involuntary administrative confinement only until an alternative means of separation from likely abusers can be arranged; and that such an assignment does not ordinarily exceed 30 days. She described a situation in which an inmate who alleged sexual abuse was placed in confinement for safety and his placement was later updated to protective housing when it was determined that the housing was necessary to separate him from his abuser. The confinement sergeant reported that inmates in administrative confinement for the specified reason may still have access to programs and privileges but not education or work opportunities; that the facility documents the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations; that the facility considers alternative means of protection from likely abusers in an effort to have the inmate removed from confinement; that there is a review within 72 hours of placement; and that Mental Health practitioners conduct weekly reviews. An inmate who had been placed in administrative confinement after reporting sexual abuse stated that he did not have access to any programs, privileges, or assignments; that he spent two to three months in confinement; that there were two ICT reviews; and that he was released after the abuser was transferred. Incident reports PREA PR-X463-20-0059, PREA PR-X463-20-0014, PREA PR-X463-20-0036, PREA PR X463-20-0030, and PREA PR X463-20-0047 reflect that inmates were placed in administrative confinement after alleging sexual abuse and none of the reports include the prescribed assessment of housing alternatives. The AUDITOR reviewed Forms DC6-229, Daily Record of Special Housing for two inmates placed in administrative confinement after reporting sexual abuse and the reviews reflect that there is no documentation of the prescribed assessment of housing alternatives, or the prescribed documentation of the opportunities that have been limited. The facility documented the prescribed 30-day reviews and reasons the two inmates

were held in confinement but did not document the reason why alternative means of separation could not be arranged.

Pursuant to 115.43(b), inmates involuntarily placed in confinement due to risk of sexual victimization shall have access to programs, privileges, education, and work opportunities to the extent possible; and where such opportunities are limited, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. Chapter 33-602.220 calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. Subsection 115.43(d) calls for the facility to document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged, and Chapter 33-602.220 calls for the ICT to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision. The incident reports reflect that the two inmates were placed in confinement after reporting that another inmate sexually assaulted them and the corresponding Forms DC6-229 do not include documentation of the opportunities in question even though the upper right corner of Page 1 includes a field for documenting property and privilege restrictions and Page 2 requires "full and complete remarks" in various situations including for the ICT to document job assignment and privileges restricted and/or reinstated in fields provided at the bottom of the page. The facility documented the reasons the two inmates were held in confinement but did not document the reason why alternative means of separation could not be arranged; if this information is documented elsewhere, the facility did not provide that documentation to prove compliance. The Forms DC6-229, the incident reports, and the inmate interview do not support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.68(a) – Whenever an inmate is placed in involuntary administrative confinement for protection after alleging sexual abuse and the facility acts to retain the inmate in confinement following the initial review, the facility shall document the opportunities (if any) that have been limited, the duration of the limitation, and the reasons for such limitations; the facility shall also document the basis for any concern for the inmate's safety and the reason why no alternative means of separation can be arranged. By May 15, 2021, the facility shall provide to the AUDITOR a list of all inmates placed and retained involuntarily in administrative confinement, after reporting sexual abuse, during the months of March and April 2021. The AUDITOR will select inmates on the list and ask the facility to provide the documentation required by the standard provision.

CORRECTIVE ACTION TAKEN

- 115.68(a) – The PCM issued a memorandum reporting that during the months of March and April 2021, the facility did not place an inmate in confinement involuntarily due to risk of sexual victimization. The requirement to document deviations from the treatment inmates receive in general population does not apply solely to inmates retained in confinement due to risk of sexual victimization. Chapter 33-602.220: Administrative Confinement calls for the treatment of inmates in administrative confinement to be as near to that of the general population as such assignment permits and requires documentation of any deviations. The facility may provide documentation of compliance with the specified provision of Chapter 33-602.220 to demonstrate institutionalization of the practice of documenting the actions required by the standard provision. Is the facility able to provide the documentation for other inmates placed and retained in administrative confinement? Chapter 33-602.220 calls for the ICT to interview inmates held in administrative confinement for more than 30 days and prepare a formal assessment and evaluation report detailing the basis for confinement, the decision to continue confinement, and the basis for that decision. Is the facility able to provide documentation of compliance with the specified provision of Chapter 33-602.220 (for other inmates retained in confinement) as evidence of institutionalization of the practice of documenting assessments similar to those required by the standard provision?
- On June 3, 2021, the facility provided two "Reports of Administrative Confinement" with ICT initial reviews (one for an inmate placed in confinement May 28, 2021, and the other for an inmate placed in confinement May 30, 2021). In both cases, the ICT acted to retain the inmate in confinement for protection needs from special management cases, documented the change in work assignment, visiting, and access to telephone, as well as access to canteen, legal material, and library services while in confinement. The reports specify the opportunities that have been limited; they reflect that the limitations were imposed due to placement in confinement, and that the limitations will remain in place while the inmates are assigned to confinement. The documentation provided reflects that the practice of documenting the deviations in treatment from that of the general population has been institutionalized and supports a determination of compliance with the standard provision.
- On June 4, 2021, the facility provided two "Reports of Administrative Confinement" with ICT initial reviews (one for an inmate placed in confinement May 26, 2021, and the other for an inmate placed in confinement May 30, 2021). In both cases, the ICT acted to retain the inmates in confinement for protection needs from special management cases, documented the ICT's interview of each inmate, the basis for confinement, the decision to continue confinement, and the basis for that decision. Neither inmate was placed in confinement due to risk of sexual victimization; therefore, the specific documentation required by the standard provision did not apply; however, the facility documented the

assessment and evaluation prescribed by Chapter 33-602.220, which includes an assessment similar to that required by the standard provision. The facility shall take steps to ensure the practice of documenting the assessment prescribed by the standard provision (including the reason why no alternative means of separation can be arranged) for inmates retained in confinement for risk of sexual victimization is institutionalized.

CORRECTIVE ACTION APPROVED

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1259 544" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Dade CI Coordinated institutional response plan • Sexual abuse Investigator training records • Investigative case files <p data-bbox="240 573 499 600">PEOPLE INTERVIEWED</p> <ul data-bbox="280 651 740 813" style="list-style-type: none"> • Sexual abuse investigators (OIG Inspector) • Inmates who reported sexual abuse • Warden • PC • PCM <p data-bbox="240 842 576 869">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 920 451 947" style="list-style-type: none"> • None required <p data-bbox="240 976 1409 1039">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1068 341 1095">115.71(a)</p> <p data-bbox="240 1124 1453 1321">The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative agency investigations. The agency did not identify a policy or procedure that references to this provision. The OIG Inspector confirmed that investigations are initiated immediately upon receiving an allegation of sexual abuse. A review of sexual abuse investigative case files reflects that investigations are initiated promptly after receiving allegations of sexual abuse.</p> <p data-bbox="240 1350 1453 1413">The inspector interview and the review of investigative case files support a determination of compliance with the standard provision.</p> <p data-bbox="240 1442 341 1469">115.71(b)</p> <p data-bbox="240 1498 1489 1727">The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Procedure 108.015 requires specialized training for inspectors to include the four topics prescribed in § 115.34. The training objectives of the investigator training lesson plan are specific to the PREA Standards and to conducting sexual abuse investigations in confinement settings. The curriculum outline lists five modules, and the prescribed topics are addressed in Modules 2, 3, and 4. The OIG Inspector confirmed that she received the prescribed training and added that it included dealing with inmates, storing evidence, etc. Sexual abuse Investigator training records reflect that the inspector interviewed received the prescribed training.</p> <p data-bbox="240 1756 1476 1818">Procedure 108.015, the inspector interview, the investigator training lesson plan, and investigator training records support a determination of compliance with the standard provision.</p> <p data-bbox="240 1848 341 1874">115.71(c)</p> <p data-bbox="240 1904 1489 2132">The standard provision requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Procedure 108.015 and the Dade CI Coordinated institutional response plan requires the responding inspector to perform the tasks specified by the standard provision but do not specifically call for reviewing prior complaints and reports involving the suspected perpetrator. The inspector described the first steps in an investigation as ensuring inmates are separated; gathering and preserving evidence; interviewing the alleged victim, alleged perpetrator, and witnesses; notifying</p>

Miami-Dade PD; reviewing prior complaints and reports involving the alleged perpetrator; etc. She provided examples of direct and circumstantial evidence, including clothing, reviewing phone calls, reviewing electronic surveillance, deoxyribonucleic acid (DNA) evidence, etc. and indicated that the review of prior complaints and reports is not typically documented in investigative reports. Investigative case files reviewed include documentation of interviews of victims, perpetrators, and witnesses, description of evidence, and review of surveillance video.

Procedure 108.015, the Dade CI Coordinated institutional response plan, the inspector interview, and the review of investigative case files support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The OIG should consider documenting inspector review of prior complaints and reports of sexual abuse involving the suspected perpetrator; this would provide documented proof of compliance with the standard provision.

115.71(d)

The standard provision states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The agency did not identify a policy or procedure that references to this provision. The inspector confirmed that when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether such interviews could be an obstacle for subsequent criminal prosecution and indicated that Miami-Dade PD would likely be the lead in these instances. The investigative case files reviewed did not include any cases in which such consultation may have been required.

The inspector interview supports a determination of compliance with the standard provision.

115.71(e)

The standard provision states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Procedure 108.015 forbids the investigating inspector from asking the victim to submit to a polygraph examination but does not include a reference to the credibility assessment prescribed by the standard provision. The inspector stated that she judges the credibility of an alleged victim, suspect, or witness based upon their statements not their status as an inmate or staff member; and she confirmed that under no circumstances would she require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with inmates who reported sexual abuse did not reveal any such requirement by investigators. Investigative case files reviewed did not reveal use of a polygraph examination or other truth-telling device.

Procedure 108.015, the inspector interview, the inmates-who-reported-sexual-abuse interviews, and the review of investigative case files support a determination of compliance with the standard provision.

115.71(f)

The standard provision states that administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Procedure 108.015 requires a parallel administrative investigation to a criminal investigation when the allegations include probable cause of violations of policy, rule, or procedure, and requires inspectors to include an effort to determine whether staff actions or failures to act contributed to the abuse but does not include a reference to the provisions specified in Item (2) above. The inspector confirmed that administrative investigations include the specified efforts and that her reports include a description of physical and testimonial evidence and reasonings behind credibility assessments and investigative facts. Investigative case files reviewed for the most part included investigative facts and findings and summary of interviews.

Procedure 108.015, the inspector interview, and the review of investigative case files support a determination of compliance with the standard provision.

115.71(g)

The standard provision states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency did not identify a policy or procedure that references to this provision. The inspector confirmed that

criminal investigations are documented and include a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence where feasible. Investigative case files reviewed confirmed that criminal investigations are documented in investigative reports that include a description of physical, testimonial, and documentary evidence.

The inspector interview and the review of investigative case files support a determination of compliance with the standard provision.

115.71(h)

The standard provision states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ reflects that substantiated allegations of conduct that appears to be criminal are referred for prosecution and that no such cases have been referred for prosecution since August 20, 2012 or since the last audit. The agency did not identify a policy or procedure that references to this provision. The inspector reported that cases are referred for prosecution when substantiated allegations include conduct that appears to be criminal. The case files reviewed did not include any cases referred for criminal prosecution.

Some criminal investigations are still underway and decisions on the criminality of conduct may be pending. The inspector interview and the review of investigative case files support a determination of compliance with the standard provision.

115.71(i)

The standard provision requires the agency to retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ reflects that the agency retains the written reports in question for the prescribed period. Procedure 602.053 calls for retaining the specified records for ten years after the date of initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. The AUDITOR did not review case files with older cases.

Procedure 602.053 calls for retaining the specified records for the incarceration period of the victim where the standard provision calls for retaining them for as long as the alleged abuser is incarcerated.

AUDITOR RECOMMENDATION

The agency should consider reviewing the language of Procedure 602.053 relating to the retention schedule for written reports of administrative and criminal investigations.

115.71(j)

The standard provision states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Procedure 108.015 includes this provision. The inspector reported that investigations continue to completion even after departure of the alleged abuser or victim from employment or control of the facility or the agency. Case files reviewed did not reveal any investigations terminated for the specified reasons.

The inspector interview and the review of investigative case files support a determination of compliance with the standard provision.

115.71(k)

The standard provision states that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The AUDITOR is not required to audit this provision.

115.71(l)

The standard provision states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency did not identify a policy or procedure that references to this provision. Interviews with the Warden and the inspector reflect that the OIG assists and cooperates with Miami-Dade PD and keeps the facility informed. The PC explained that the OIG contacts the Office of the State Attorney for Sexual Battery allegations originated in Miami-Dade County facilities (Dade, Homestead, Everglades, and South Reception Center); however, all other allegations that meet the definitions set forth in the federal rule are investigated by the OIG, which is a neutral investigating entity of the Department. The PCM stated that the facility remains informed through emails and other communication tactics.

Interviews with the Warden, the PC, the PCM, and the inspector support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.71(a) – No corrective action required.
- 115.71(b) – No corrective action required.
- 115.71(c) – No corrective action required.
- 115.71(d) – No corrective action required.
- 115.71(e) – No corrective action required.
- 115.71(f) – No corrective action required.
- 115.71(g) – No corrective action required.
- 115.71(h) – No corrective action required.
- 115.71(i) – No corrective action required.
- 115.71(j) – No corrective action required.
- 115.71(k) – No corrective action required.
- 115.71(l) – No corrective action required.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 454 239">Auditor Discussion</p> <hr/> <p data-bbox="242 271 774 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 869 448" style="list-style-type: none"> • PAQ • Inspector General Directive 2.005, Investigations - Other • Procedure 108.003, Investigative Process <p data-bbox="242 472 502 501">PEOPLE INTERVIEWED</p> <ul data-bbox="284 551 742 580" style="list-style-type: none"> • Sexual abuse investigators (OIG Inspector) <p data-bbox="242 607 582 636">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 685 454 714" style="list-style-type: none"> • None required <p data-bbox="242 741 1412 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 833 343 862">115.72(a)</p> <p data-bbox="242 889 1492 1189">The standard provision states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ reflects that the agency imposes a standard of a preponderance of the evidence or lower standard of proof to substantiate allegations of sexual abuse. Inspector General Directive 2.005, Investigations – Other, defines “Sustained” as a finding in an administrative case in which a preponderance of the evidence exist to suggest the subject’s behavior or action did occur. Procedure 108.003’s definition of “Sustained” ties the terminology to a finding in an administrative investigation based upon a preponderance of the evidence. The inspector confirmed that a preponderance of the evidence is the standard used to substantiate an allegation of sexual abuse and that she documents that standard. The list of the facility’s sexual abuse investigations did not include any substantiated allegations.</p> <p data-bbox="242 1216 1476 1281">Procedure 108.003, the OIG directive, and the inspector interview support a determination of compliance with the standard provision.</p> <p data-bbox="242 1308 694 1337">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1386 726 1415" style="list-style-type: none"> • 115.72(a) – No corrective action required.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Investigative case files • Completed Inmate Notification Administration Investigation Outcome - DC6-2080 (8) • Inmate Notification Administration Investigation Outcome - DC6-2081- Inmate Notification (PREA) • MINS Incident report 0001021972 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • Sexual abuse investigators (OIG Inspector) • Inmates who reported sexual abuse <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.73(a)</p> <p>The standard provision states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ reflects that the agency has a policy that requires the notification in question; that the agency/facility completed eight investigations in the past 12 months; and, that eight inmates were notified verbally or in writing of the results of the investigation. Procedure 602.053 requires the notification prescribed by the standard provision and Procedure 108.015 calls for the inspector to allow the victim to review the final investigative report and provide a statement as to the accuracy of the report. The agency/facility provided a completed Inmate Notification form DC6-2080 reflecting that an inmate received written notification of the outcome of the administrative PREA investigation; the form includes the PREA investigation number, the date and time of the notification, the signature of the employee giving notification, and the inmate's signature and date. The Warden confirmed that inmate victims of sexual abuse are notified whether the allegation is substantiated, unsubstantiated, or unfounded via the form DC6-2080. The inspector confirmed that agency procedures require the notification in question and that the OIG notifies inmate victims in writing. Inmates who reported sexual abuse indicated that they have not received notification; however, the list of investigations reflect that their cases are not finalized; some of their investigations are listed as suspended. Where the investigation has been finalized, the investigative case files reviewed include documentation of the notification in question.</p> <p>Procedure 602.053, the completed inmate notification forms, the Warden interview, the inspector interview, and the investigative case files reviewed support a determination of compliance with the standard provision.</p> <p>115.73(b)</p> <p>The standard provision states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The PAQ reflects that the standard provision does not apply because the agency is responsible for the investigations in question; that, in the past 12 months, there were seven investigations completed by an outside agency; and that seven inmate-victims were notified verbally or in writing. The agency did not identify a policy or procedure that references to this provision. The facility provided completed Forms DC6-2080 for the seven investigations referenced in the PAQ.</p> <p>The completed Forms DC6-2080 support a determination of compliance with the standard provision.</p> <p>115.73(c)</p> <p>The standard provision states that following an inmate's allegation that a staff member has committed sexual abuse against</p>

the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse committed by a staff member; that, in the past 12 months, there was an unsubstantiated allegation against a staff member; that the agency informed the inmate of the events specified by the standard provision; and that no cases were closed with substantiated findings. Procedure 602.053 only requires inmate notification whenever the employee is no longer "Assigned to the Facility" or "Employed with the Department. The agency provided a blank Form DC6-2081 and MINS Incident report 0001021972 documenting the incident; the report reflects that the OIG closed the case as unsubstantiated because the alleged victim did not provide incident date and time and did not identify the staff member in question or witnesses. None of the inmates interviewed alleged sexual abuse committed by a staff member. None of the investigative case files reviewed involved allegations against a staff member.

If the alleged staff abuser has not been identified, none of the staff member events specified by the standard provision could have taken place. Form DC6-2081 informs the inmate victim of the two staff member events specified in Procedure 602.053; however, three of the four staff member events listed in the standard provision are not included on the inmate notification form DC6-2081. The AUDITOR asked the inspector about notification to inmate victims of the four staff member events, and she stated that notification would be done by the Warden's designee or the OIG. The absence of cases requiring the notifications in question supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The agency and/or the OIG should consider revising Procedure 602.053 and Form DC6-2081 to include notification to inmate victims whenever any of the four staff member events specified by the standard provision occurs. Notification to inmates who allege sexual abuse committed by a staff member could come-up short of compliance with the standard provision if staff comply with Procedure 602.053 and rely on Form DC6-2081 for notifications to inmate victims of relevant staff member events.

115.73(d)

The standard provision states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse committed by another inmate. Procedure 108.015 requires the notifications prescribed by the standard provision. Inmates who reported sexual abuse indicated that they have not received notification; a review of the list of investigations reflect that there are no finalized investigations related to any of the inmates interviewed; most of the respective investigations are suspended. The facility provided one completed notification form and the form did not include the fields to inform the inmate victim if either of the two events specified by the standard provision occurred.

The inmate notification form DC6-2080 informs inmates of the outcome of administrative investigations; the two inmate abuser events specified by the standard provision apply to criminal investigations. The agency did not identify a form used to provide notification to inmate victims of the two perpetrator events specified by the standard provision. Procedure 108.015 supports a determination of compliance with the standard provision.

115.73(e)

The standard provision states that all such notifications or attempted notifications are documented. The PAQ reflects that agency policy requires these notifications to be documented; and that in the past 12 months the agency provided eight notifications, all of which were documented. Procedure 602.053 calls for notifying the inmate of the outcome of the investigation via an "Inmate Notification Administration Investigation Outcome" DC6-2080. The facility provided eight written notifications to inmate victims.

Procedure 602.053 and the written notifications support a determination of compliance with the standard provision.

115.73(f)

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.73(a) – No corrective action required.
- 115.73(b) – No corrective action required.
- 115.73(c) – No corrective action required.
- 115.73(d) – No corrective action required.
- 115.73(e) – No corrective action required.
- 115.73(f) – No corrective action required.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1023 479" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 208.039, Employee Counseling and Discipline • Chapter 33-208.003 <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 586 451 613" style="list-style-type: none"> • None required <p data-bbox="240 642 576 669">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 721 451 748" style="list-style-type: none"> • None required <p data-bbox="240 777 1406 840">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 869 341 896">115.76(a)</p> <p data-bbox="240 925 1490 1153">The standard provision states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ reflects that staff is subject to disciplinary sanctions including termination for violating the sexual abuse or harassment policies. Procedure 602.053 specifies that staff found guilty of sexual abuse or sexual harassment of an inmate will be disciplined as outlined in Chapter 33-208.003, Range of Disciplinary Actions, up to and including termination. Chapter 33-208.003 includes the "Range of Disciplinary Action," a matrix that lists specific offenses and the penalties (from written reprimand to dismissal) for the first through the fourth occurrence. Violations of the agency's sexual abuse or sexual harassment policies will likely fall within one or more of the listed offenses.</p> <p data-bbox="240 1182 1398 1245">Procedure 602.053, Chapter 33-208.003, and the absence of employee violations of agency sexual abuse or sexual harassment policies support a determination of compliance with the standard provision.</p> <p data-bbox="240 1274 341 1301">115.76(b)</p> <p data-bbox="240 1330 1461 1491">The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that, in the past 12 months, no facility staff member violated agency sexual abuse policy; and that no staff member has been terminated or resigned in lieu or termination for violating the sexual abuse policy. The Range of Disciplinary Actions does not specify engaging in sexual abuse of an inmate; however, such behavior could fall within conduct for which the matrix lists dismissal as penalty.</p> <p data-bbox="240 1520 1445 1583">Chapter 33-208.003 and the absence of staff engaging in sexual abuse or sexual harassment support a determination of compliance with the standard provision.</p> <p data-bbox="240 1612 341 1639">115.76(c)</p> <p data-bbox="240 1668 1490 1933">The standard provision states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. The PAQ reflects that the specified sanctions are 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; and that, in the past 12 months, no facility staff has been disciplined short of termination for violating agency sexual abuse or sexual harassment policy. Chapter 33-208.003 specifies that the severity of penalties may vary depending upon the frequency and nature of a particular offense and the circumstances surrounding each case.</p> <p data-bbox="240 1962 1445 2024">Chapter 33-208.003 and the absence of staff violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) support a determination of compliance with the standard provision.</p> <p data-bbox="240 2054 341 2080">115.76(d)</p> <p data-bbox="240 2110 1453 2136">The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or</p>

resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ reflects that the agency reports terminations or resignations in lieu of termination as prescribed by the standard provision and that in the past 12 months no facility staff member has been reported to law enforcement or to licensing bodies following termination or resignation in lieu of termination for violating the sexual abuse policy. The agency did not identify any policy or procedure that includes a reference to the requirement of the standard provision.

The absence of a need to report terminations for violations of agency sexual abuse or sexual harassment policies supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.76(a) – No corrective action required.
- 115.76(b) – No corrective action required.
- 115.76(c) – No corrective action required.
- 115.76(d) – No corrective action required.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1023 448" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 205.002, Contract Management <p data-bbox="242 474 499 504">PEOPLE INTERVIEWED</p> <ul data-bbox="284 553 389 582" style="list-style-type: none"> • Warden <p data-bbox="242 609 576 638">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 687 451 716" style="list-style-type: none"> • None required <p data-bbox="242 743 1406 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 833 343 862">115.77(a)</p> <p data-bbox="242 889 1484 1120">The standard provision states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ reflects that agency policy requires the restricted contact with inmates and the reporting prescribed by the standard provision, and that in the past 12 months no facility contractors or volunteers have been reported to law enforcement or to licensing bodies for violating the sexual abuse policy. Procedure 602.053 includes all requirements of the standard provision. Procedure 205.002, Contract Management authorizes the Department to terminate a contract for failure to comply with the Department's PREA policies and procedures.</p> <p data-bbox="242 1146 1473 1209">Procedure 602.053, Procedure 205.002, and the absence of the need to report any contractor to law enforcement agencies or to licensing bodies for engaging in sexual abuse support a determination of compliance with the standard provision.</p> <p data-bbox="242 1236 343 1265">115.77(b)</p> <p data-bbox="242 1292 1489 1523">The standard provision states that the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ reflects that the facility takes appropriate remedial measures and considers the action prescribed by the standard provision. The agency did not identify any policy or procedure that includes a reference to the language of the standard provision. The Warden stated that a contractor who engages in sexual abuse is prohibited from contact with inmates; is reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies; that the facility always prohibits further contact with inmates; and that the facility enforces termination as a remedial measure.</p> <p data-bbox="242 1550 1461 1612">The Warden interview and the absence of a need to impose remedial measures on contractors for violating agency sexual abuse policies support a determination of compliance with the standard provision.</p> <p data-bbox="242 1639 687 1668">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1718 724 1787" style="list-style-type: none"> • 115.77(a) – No corrective action required. • 115.77(b) – No corrective action required.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • FAC 33-601.301 Inmate Discipline – General Policy • FAC 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Listing of PREA investigations • Unsubstantiated allegations • Inmate Handbook <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.78(a)</p> <p>The standard provision states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The PAQ reflects that inmates are subject to disciplinary action pursuant to a formal disciplinary process for the reason specified by the standard provision and that in the past 12 months there were no administrative findings or criminal findings of guilt of inmate-on-inmate sexual abuse at the facility. FAC 33-601.301 Inmate Discipline specifies that inmate violation of department rules shall be corrected through the disciplinary process; and FAC 33-601.314 lists "Sexual battery or attempted sexual battery" and "Sex acts or unauthorized physical contact involving inmates" in its rules of prohibited conduct.</p> <p>FAC 33-601.301 and FAC 33-601.314 support a determination of compliance with the standard provision.</p> <p>115.78(b)</p> <p>The standard provision states that sanctions shall be 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. The agency did not identify any policy or procedure that includes a reference to the language of the standard provision. The Warden confirmed that inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; and, that sanctions are 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. The facility's listing of PREA investigations does not include any substantiated allegations.</p> <p>The Warden interview and the listing of PREA investigations support a determination of compliance with the standard provision.</p> <p>115.78(c)</p> <p>The standard provision states that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Procedure 602.053 calls for the disciplinary report review process to consider whether mental disabilities or mental illness contributed to the behavior when an inmate is found guilty of sexual abuse. The Warden confirmed that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Procedure 602.053 and the Warden interview support a determination of compliance with the standard provision.</p>

115.78(d)

The standard provision states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The PAQ reflects that the facility offers the therapy in question and considers whether to require the offending inmate's participation as a condition of access to programming or other benefits. The agency did not identify any policy or procedure that includes a reference to the requirement of the standard provision. Mental health staff confirmed that the facility offers therapy, counseling, or other interventions for the reasons prescribed by the standard provision; that the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits; and that participation is not mandatory.

The interview with mental health staff supports a determination of compliance with the standard provision.

115.78(e)

The standard provision states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines inmates for sexual conduct with staff only under the specified circumstances. FAC 33-601.314 lists "Sexual battery or attempted sexual battery" and "Sex acts or unauthorized physical contact involving inmates" as prohibited conduct. The facility's listing of PREA investigations does not include any substantiated allegations.

FAC 33-601.314 and the listing of PREA investigations support a determination of compliance with the standard provision.

115.78(f)

The standard provision states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ reflects that the agency prohibits disciplinary action for a report of sexual abuse made in good faith as specified by the standard provision. The agency did not identify any policy or procedure that includes a reference to the standard provision. The AUDITOR reviewed four unsubstantiated allegations and found no evidence of disciplinary action against the inmates who reported sexual abuse.

The review of unsubstantiated allegations supports a determination of compliance with the standard provision.

115.78(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between inmates, disciplines inmates for such activity, and deems such activity to be sexual abuse only if it was coerced. FAC 33-601.314 lists "Sexual battery or attempted sexual battery" and "Sex acts or unauthorized physical contact involving inmates" in its rules of prohibited conduct. The inmate handbook tells inmates that Department policy and the law prohibits sexual behavior between inmates.

FAC 33-601.314 and the review of the inmate handbook support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.78(a) – No corrective action required.
- 115.78(b) – No corrective action required.
- 115.78(c) – No corrective action required.
- 115.78(d) – No corrective action required.
- 115.78(e) – No corrective action required.
- 115.78(f) – No corrective action required.
- 115.78(g) – No corrective action required.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information
- Form DC4-642B, Mental Health Screening Evaluation
- Form DC4-642J, Inpatient Mental Health Screening Evaluation

PEOPLE INTERVIEWED

- Staff responsible for risk screening (Classification officer)
- Medical and Mental Health staff
- Inmates who disclosed sexual victimization

SITE REVIEW OBSERVATIONS

- None

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.81(a)

The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The PAQ reflects that all inmates who disclose prior sexual victimization during screening are offered the prescribed follow-up meeting; that the meetings are offered within 14 days of intake screening; that, in the past 12 months, 29% of inmates who disclosed prior victimization were offered a follow-up meeting; and that medical and mental health staff maintain secondary materials.

Procedure 602.053 calls for offering the meeting prescribed by the standard provision, to inmates who disclose prior sexual victimization, within the specified time frame. Form DC4-642B, Mental Health Screening Evaluation is used to refer inmates to Mental Health Services for evaluation, and Form DC4-642J, Inpatient Mental Health Screening Evaluation is used to document mental health screening evaluation of inmates in inpatient level of care, such as inmates in the facility's Mental Health Unit. The classification officer reported that inmates who disclose prior sexual victimization during intake screening are offered a meeting with a medical and/or mental health practitioner the same day. Two of three inmates who disclosed prior sexual victimization during screening reported not receiving a follow-up meeting with a medical or mental health practitioner and the third said he was already in mental health housing and was offered a meeting with a practitioner. The facility provided a list of 29 inmates who disclosed prior sexual victimization; the AUDITOR randomly selected six names on the list and requested documentation that the inmates were offered a meeting with a medical or mental health practitioner within 14 days of intake screening; the AUDITOR requested the intake screening date for each inmate selected to verify that the meeting was offered within the prescribed timeline. The facility provided completed Forms DC4-642B and DC4-642J for several inmates including two of those selected; however, no intake screening dates were provided.

The standard provision specifically calls for inmates who disclose prior sexual victimization to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake screening. Form DC4-642B provides the date of the mental health evaluation but not the date of intake or risk screening. Without risk screening date, the facility is unable to demonstrate compliance with the 14-day timeline. Form DC4-642J includes "Date Admitted;" however, it is not clear whether that is the date the inmate is admitted to inpatient mental health care or the date of risk screening pursuant to § 115.41. In any event, none of the forms provided reflect that the mental health evaluation was offered within 14 days of "Date Admitted."

The documentation provided and the interviews with inmates who disclosed sexual victimization does not support a determination of compliance with the standard provision.

115.81(b)

The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The PAQ reflects that

the facility is a prison and all inmates whose screening indicate that they previously perpetrated sexual abuse are offered the prescribed follow-up meeting; that the meetings are offered within 14 days of intake screening; that, in the past 12 months, zero percent of inmates who previously perpetrated sexual abuse were offered a follow-up meeting; and that medical and mental health staff maintain secondary materials documenting compliance. Procedure 602.053 calls for offering the meeting prescribed by the standard provision, to inmates who previously perpetrated sexual abuse, within the specified time frame.

The classification officer stated that if screening indicates that an inmate previously perpetrated sexual abuse an incident report is prepared and forwarded to the Mental Health Department. The PREA Consultant reported that during the previous 12 months, risk screening did not identify any inmates who previously perpetrated sexual abuse.

Procedure 602.053, the classification officer interview, and the statement from the PREA Consultant support a determination of compliance with the standard provision.

115.81(c)

The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is not a jail.

The standard provision does not apply.

115.81(d)

The standard provision states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PAQ reflects that the information in question is not strictly limited to medical and mental health practitioners and that it is shared with other staff only as necessary for the specified reasons. Procedure 602.053 calls for the information in question to be limited to medical and mental health practitioners and other staff, as necessary for the reasons specified by the standard provision. Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information is used to obtain an inmate's written consent to release specified medical records information for law enforcement, investigation, and prosecution purposes; the facility uses this form to obtain an inmate's authorization before disclosing his or her medical information to Miami-Dade PD for sexual battery investigations. The facility provided completed forms for five inmates on the list of inmates who reported sexual abuse at the facility.

Procedure 602.053 and the completed Forms DC4-711B support a determination of compliance with the standard provision.

115.81(e)

The standard provision states that medical and mental health practitioners shall 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. The PAQ reflects that medical and mental health practitioners obtain informed consent from inmates under the specified circumstances. Procedure 602.053 calls for health care practitioners to obtain the specified consent if the information in question is obtained during screening or services and requires documentation of the informed consent on the form DC6-210. Medical and Mental Health staff confirmed that informed consent is obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting and that the consent is documented in the mental health section of the health record. The facility did not provide a sample of the documentation.

Procedure 602.053 and the medical/mental health staff interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.81(a) – If not yet in place, the facility shall ensure inmates who disclose prior sexual victimization during intake risk screening are offered a meeting with a medical or mental health practitioner within 14 days of their risk screening. It is strongly recommended that the facility employ some method of showing compliance with this standard provision. By April 1, 2021, the facility shall provide to the AUDITOR a list of all inmates who disclosed prior sexual victimization during risk screening in March 2021. The AUDITOR will select inmates on the list and request documentation of compliance for the inmates selected.
- 115.81(b) – No corrective action required.
- 115.81(c) – No corrective action required.
- 115.81(d) – No corrective action required.
- 115.81(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.81(a) – The facility provided a list of five inmates who disclosed prior sexual victimization during intake screening, two in February, one in March, and two in April 2021; the list includes the date of the initial intake risk screening or SRI and the date of the follow-up mental health screening evaluation or MHSRI. For each inmate on the list, the facility provided two screenshots of the computerized classification contact log; one screenshot shows the SRI date and the other shows the MHSRI date. For each inmate, the facility also provided the corresponding mental health screening evaluation form with the date specified on the list and on the screenshot. In each of the five cases provided, the MHSRI was completed 14 days or less from the date of the SRI. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1117 479" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Form DC4-683M, Office of Health Care Services Alleged Sexual Battery Protocol • Incident reports <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 586 667 680" style="list-style-type: none"> • Medical and Mental Health staff • Inmates who reported sexual abuse • Security Staff (random) <p data-bbox="240 710 576 736">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 788 557 815" style="list-style-type: none"> • Medical treatment facility <p data-bbox="240 844 1406 904">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 934 341 960">115.82(a)</p> <p data-bbox="240 990 1497 1487">The standard provision states that inmate victims of sexual abuse shall 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. The PAQ reflects that victims of sexual abuse receive the prescribed access to treatment and services; that the scope of such services is determined as specified by the standard provision; and that medical and mental health practitioners maintain secondary materials related to the facility's response to an allegation. Procedure 602.053 calls for the medical response prescribed by the standard provision. Form DC4-683M, Office of Health Care Services Alleged Sexual Battery Protocol is used to record detailed information related to medical response to allegations of sexual abuse at the facility. Medical and Mental Health staff confirmed that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services; and that the nature and scope is determined by medical and mental health practitioners according to their professional judgment. The services in question did not apply to two of four inmates interviewed because there was no physical contact with alleged perpetrators; the other two inmates who reported sexual abuse confirmed that they received timely medical and mental health services; one even reported that he was transported to Roxcy Bolton Rape Treatment Center. During the site review the AUDITOR toured the medical treatment facility. Incident reports reviewed reflect that inmate victims of sexual abuse were seen by medical practitioners at the facility.</p> <p data-bbox="240 1516 1445 1612">Procedure 602.053, Form DC4-683M, the medical and mental health staff interview, the site review observations, the inmates-who-reported-sexual-abuse interviews, and the incident reports reviewed support a determination of compliance with the standard provision.</p> <p data-bbox="240 1641 341 1668">115.82(b)</p> <p data-bbox="240 1697 1489 1928">The standard provision states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Procedure 602.053 specifies the language of the standard provision. There were no security or non-security staff first responder interviews; however, random staff interviews reflect that security staff would respond as prescribed by the standard provision. The two inmates mentioned in (a) above verified that security staff took steps to protect them. Incident reports reviewed reflect that inmate victims of sexual abuse were seen by medical practitioners at the facility.</p> <p data-bbox="240 1957 1449 2018">Procedure 602.053, security staff interviews, the inmates-who-reported-sexual-abuse interviews, and the incident reports reviewed support a determination of compliance with the standard provision.</p> <p data-bbox="240 2047 341 2074">115.82(c)</p> <p data-bbox="240 2103 1493 2130">The standard provision states that inmate victims of sexual abuse while incarcerated shall 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. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the timely information and access prescribed by the standard provision. Procedure 602.053 specifies the language of the standard provision. Medical and Mental Health staff confirmed that inmate victims of sexual abuse while incarcerated are offered timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The two inmates mentioned in (a) above verified that they were tested for sexually transmitted infections.

Procedure 602.053, the medical and mental health staff interview, and the inmates-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.

115.82(d)

The standard provision states that treatment services shall be 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. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Procedure 602.053 specifies the language of the standard provision. The two inmates mentioned in (a) above verified that they did not have to pay for treatment related to the incident of sexual abuse.

Procedure 602.053 and the inmates-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.82(a) – No corrective action required.
- 115.82(b) – No corrective action required.
- 115.82(c) – No corrective action required.
- 115.82(d) – No corrective action required.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Form DC4-683M, Office of Health Care Services Alleged Sexual Battery Protocol <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Medical and Mental Health staff • Inmates who reported sexual abuse <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Medical treatment facility <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.83(a)</p> <p>The standard provision requires the facility to 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. The PAQ reflects that the facility offers medical and mental health treatment under the circumstances specified by the standard provision. Procedure 602.053 calls for the evaluation and treatment specified by the standard provision. During the site review, the AUDITOR toured the medical facility and viewed treatment areas.</p> <p>Procedure 602.053 and the site review observations support a determination of compliance with the standard provision.</p> <p>115.83(b)</p> <p>The standard provision states that the evaluation and treatment of such victims shall 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. Procedure 602.053 includes the requirement of the standard provision, except the requirement for "treatment plans." Medical and Mental Health staff confirmed that evaluation and treatment for inmate victims of sexual abuse include follow-up services, treatment plans, and referrals for continued care after leaving the facility. Form DC4-683M includes fields for documenting follow-up services, treatment plans, and referrals for continued care. One of two inmates who reported sexual abuse and required treatment services verified that medical practitioners discussed follow-up services but was not sure about other services; the other inmate stated that he was taken to Roxcy Bolton Rape Treatment Center but could not verify the services in question.</p> <p>Procedure 602.053, the medical and mental health staff interview, Form DC4-683M, and one inmate-who-reported-sexual-abuse interview support a determination of compliance with the standard provision.</p> <p>115.83(c)</p> <p>The standard provision requires the facility to provide such victims with medical and mental health services consistent with the community level of care. Procedure 602.053 calls for medical and mental health treatment to be consistent with the community level of care. Medical and Mental Health staff confirmed that medical and mental health services for inmate victims are consistent with community level of care.</p> <p>Procedure 602.053 and the medical and mental health staff interview support a determination of compliance with the standard provision.</p> <p>115.83(d)</p> <p>The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that the facility does not house female inmates and the standard provision does not apply. Dade CI is an all-male facility. The PCM confirmed that the facility does not house transgender men.</p> <p>The standard provision does not apply.</p>

115.83(e)

The standard provision states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The PAQ reflects that the facility does not house female inmates and the standard provision does not apply. Dade CI is an all-male facility. The PCM confirmed that the facility does not house transgender men.

The standard provision does not apply.

115.83(f)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the prescribed tests. Procedure 602.053 requires treatment to be offered to the victim, as appropriate, along with sexually transmitted disease education. Form DC4-683M includes fields for documenting testing for sexually transmitted infections. The two inmates who reported sexual abuse and required medical treatment verified that they were tested for sexually transmitted infections.

Procedure 602.053, Form DC4-683M, and the inmates-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.

115.83(g)

The standard provision states that treatment services shall be 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. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Procedure 602.053 specifies the language of the standard provision. The two inmates mentioned in (b) above verified that they did not have to pay for treatment related to the incident of sexual abuse.

Procedure 602.053 and the inmates-who-reported-sexual-abuse interviews support a determination of compliance with the standard provision.

115.83(h)

The standard provision states that all prisons shall 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. The PAQ reflects that the facility is a prison and it attempts to conduct a mental health evaluation of all known inmate on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Procedure 602.053 calls for the prescribed treatment for inmate on-inmate abusers within 60 days of learning of such abuse history. Mental Health staff confirmed that a mental health evaluation of all known inmate-on-inmate abusers is conducted within 60 days of learning of such abuse history; and that such inmates are offered treatment when deemed appropriate by mental health practitioners.

Procedure 602.053 and the mental health staff interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.83(a) – No corrective action required.
- 115.83(b) – No corrective action required.
- 115.83(c) – No corrective action required.
- 115.83(d) – No corrective action required.
- 115.83(e) – No corrective action required.
- 115.83(f) – No corrective action required.
- 115.83(g) – No corrective action required.
- 115.83(h) – No corrective action required.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1101 510" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Form DC6-2076, Sexual Abuse Incident Review-Facility Investigation Summary • Completed Forms DC6-2076 • Investigative case files <p data-bbox="240 539 499 566">PEOPLE INTERVIEWED</p> <ul data-bbox="280 618 592 712" style="list-style-type: none"> • Warden • PREA Compliance Manager • Incident Review Team <p data-bbox="240 741 576 768">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 819 451 846" style="list-style-type: none"> • None required <p data-bbox="240 875 1406 938">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 967 344 994">115.86(a)</p> <p data-bbox="240 1023 1493 1352">The standard provision requires the facility to 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. The PAQ reflects that the facility conducts sexual abuse incident reviews under the circumstances specified by the standard provision; and that, in the past 12 months, nine criminal and/or administrative investigations substantiated or unsubstantiated allegations of sexual abuse at the facility. Procedure 602.053 requires sexual abuse incident reviews at the conclusion of every sexual abuse investigation and specifies that such review is not required if the allegation is unfounded. Form DC6-2076, Sexual Abuse Incident Review-Facility Investigation Summary is used to document incident reviews and the agency/facility provided a Form DC6-2076 completed for a review of an August 10, 2020, incident. A review of six investigative case files reflects that the facility conducts incident reviews at the conclusion of sexual abuse investigations where the allegation is substantiated or unsubstantiated.</p> <p data-bbox="240 1382 1358 1408">Procedure 602.053 and the case file reviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 1438 344 1464">115.86(b)</p> <p data-bbox="240 1494 1445 1520">The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1527 1493 1724">The PAQ reflects that the facility completes the incident review within 30 days of concluding the investigation and that, in the past 12 months, nine incident reviews were conducted within 30 days of completing investigations where the allegation was substantiated or unsubstantiated. Procedure 602.053 requires sexual abuse incident reviews to be completed within 30 days of concluding the investigation. Of the six case files reviewed, two reflect that the incident review was conducted within 30 days of concluding the investigation and the other four reflect that the incident reviews were conducted more than 30 days after the investigation concluded.</p> <p data-bbox="240 1753 1461 1848">The Form DC6-2076 does not include a field for recording the date the investigation concluded to facilitate verification that the review was completed within the prescribed time frame. The case files reviewed do not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1877 576 1904">AUDITOR RECOMMENDATION</p> <p data-bbox="240 1933 1414 1995">The agency/facility should consider recording the date the investigation concluded on the Form DC6-2076 to facilitate verification that the review was completed within the prescribed 30-day time frame.</p> <p data-bbox="240 2024 344 2051">115.86(c)</p> <p data-bbox="240 2080 1493 2143">The standard provision states that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PAQ reflects that the review team is composed as</p>

prescribed by the standard provision. Procedure 602.053 specifies that the team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor, and calls for the team to obtain input via reports from line supervisors, investigators, and medical or mental health practitioners; however, Form DC6-2076 includes signature blocks for Chief of Security, PCM (Assistant Warden), and the Warden. The Warden confirmed that the team includes upper-level management with input from supervisors, investigators, and medical or mental health practitioners; and, that reviews are conducted within 30 days of concluding substantiated or unsubstantiated investigations. The six case files reviewed reflect that the team is composed of upper-level management officials; however, there is no documentation of input from line supervisors, investigators, and medical or mental health practitioners.

The standard provision does not specifically require incident review reports to document input from line supervisors, investigators, and medical or mental health practitioners; therefore, the absence of such documentation does not preclude a determination of compliance. Procedure 602.053, the Warden interview, and case file reviews support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The facility should consider documenting any input provided by line supervisors, investigators, and medical or mental health practitioners during incident reviews and explaining how the input provided informed the team's findings and recommendations.

115.86(d)

The standard provision states that the review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The PAQ reflects that the facility prepares a report of the incident review findings, including but not limited to determinations made pursuant to (d)(1) - (d)(5) above and any recommendations for improvement, and submits the report to the facility head and the PCM. Procedure 602.053 calls for completing the Form DC6-2076 as part of the incident review and for the team to, at minimum, include in the review items (2) through (6) above. The procedure does not specifically require the team to consider Item (1) above; calls for preparing a report with recommendations on a monthly basis; and for submitting the report to the PC as opposed to the PCM. Form DC6-2076 includes fields for documenting all considerations, examination, and assessments prescribed by the standard provision. The Warden stated that following completion of the incident review, the report is reviewed by the PCM and emailed to the PREA Office; that the team considers 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 was motivated or otherwise caused by other group dynamics at the facility; and that the team reviews the staffing plan, tours the area and assesses whether monitoring technology should be installed. The PCM confirmed that the facility conducts incident reviews at the conclusion of every substantiated or unsubstantiated sexual abuse investigation; that the review team prepares a report of its findings explaining whether the review identified a need for change in policy or practice, whether the allegation was motivated by discrimination, whether physical barriers contributed to the incident, and whether staffing levels or monitoring technology should be augmented in the area where the incident occurred.

He confirmed that incident review reports are forwarded to him; that trends of similar allegations are noted involving story lines within inmate needs for protection; and that he takes action to make improvements to the facility's physical plant or technology if the report raises such concern. The AUDITOR interviewed the PCM and the Chief of Security as representatives of the incident review team; the team confirmed that it conducts reviews within 30 days of the conclusion of investigations where the allegation is substantiated or unsubstantiated; that the team considers the dynamics specified in (d) (1) and (d)(2) above; that the team examines the area and conducts the assessments specified in (d)(3) – (d)(5) above, which identified that cameras do not have pan-tilt-zoom capability; and that the team prepares a report of its findings with the determinations specified in (d)(6) and forwards the report to the facility head and to the PC.

The incident review reports include the documentation prescribed by the standard provision. Procedure 602.053, the incident review reports, and interviews with the Warden, the PCM, and the incident review team support a determination of compliance with the standard provision.

115.86(e)

The standard provision requires the facility to implement the recommendations for improvement or shall document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations or documents its reasons for not doing so. The agency did not identify a policy or procedure that references this provision. Form DC6-2076 includes a field for documenting the reasons if the facility is unable to implement the recommendations of the team. The incident review reports did not reflect any failure to implement incident review recommendations.

The incident review reports support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.86(a) – No corrective action required.
- 115.86(b) – The facility shall ensure incident reviews are ordinarily conducted within 30 days of the conclusion of investigations where the allegation is substantiated or unsubstantiated. By April 15, 2021, the facility shall provide to the AUDITOR a list of all sexual abuse investigations concluded during the months of February and March 2021 where the allegation is substantiated or unsubstantiated; the list shall include conclusion dates for each investigation. The AUDITOR will select investigations randomly and request the corresponding incident review reports (Form DC6-2076) to verify that the reviews were conducted within the prescribed 30-day timeframe.
- 115.86(c) – No corrective action required.
- 115.86(d) – No corrective action required.
- 115.86(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.86(b) – The agency/facility provided a list of four unsubstantiated sexual abuse investigations concluded during the months of January, February, and March 2021; the list includes the conclusion date for each investigation. For each of the four investigations, the facility provided a completed Form DC6-2076 reflecting that an incident review was conducted within 30 days of the conclusion of that investigation. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 1257 577" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations • Sample aggregated data • Form SSV-IA, Survey of Sexual Victimization – Substantiated Incident Form (Adult) • Form SSV-2, Survey of Sexual Victimization – State Prison Systems Summary Form • 2019 FDC PREA Corrective Action Plan <p data-bbox="240 609 499 636">PEOPLE INTERVIEWED</p> <ul data-bbox="282 685 389 779" style="list-style-type: none"> • Warden • PC • PCM <p data-bbox="240 810 576 837">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 887 408 913" style="list-style-type: none"> • Case files <p data-bbox="240 945 1406 1008">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1039 341 1066">115.87(a)</p> <p data-bbox="240 1097 1477 1191">The standard provision requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PAQ reflects that the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p data-bbox="240 1196 1493 1456">Procedure 602.053 charges the PC with responsibility for compiling and reporting data related to PREA incidents using the Form SSV-IA, Survey of Sexual Victimization – Substantiated Incident Form (Adult) and the Form SSV-2, Survey of Sexual Victimization – State Prison Systems Summary Form. Each form is a standardized instrument with a set of definitions. The PC indicated that the incident-based sexual abuse data can be found on the agency's website in the annual reports. The annual reports in question include a matrix that reports "Inmate-on-inmate sexual abuse," "Inmate-on-inmate sexual harassment," "Staff-on-inmate sexual misconduct," and "Staff-on-inmate sexual harassment." In addition, for each of these four data points, the matrix reports the number of substantiated, not substantiated, unfounded, and ongoing investigations, as well as grand totals for each.</p> <p data-bbox="240 1487 1034 1514">The Form SSV-2 provides definitions for five behaviors (data points) as follows:</p> <p data-bbox="240 1545 421 1572">Inmate-on-inmate</p> <ul data-bbox="282 1621 635 1715" style="list-style-type: none"> • 1. Nonconsensual sexual acts • 2. Abusive sexual contact • 3. Sexual harassment <p data-bbox="240 1747 399 1774">Staff-on-inmate</p> <ul data-bbox="282 1823 603 1886" style="list-style-type: none"> • 4. Staff sexual misconduct • 5. Staff sexual harassment <p data-bbox="240 1917 1493 2047">The PC explained that the agency combines Nonconsensual Sexual Acts and Abusive Sexual Contact into Inmate-on-Inmate Sexual Abuse. The standard provision calls for accurate data collection; if two data points with different definitions are combined into one data point, the resulting data is not an accurate collection of either. The data reported in the agency's the annual report and the statement from the PC do not support a determination of compliance with the standard provision.</p> <p data-bbox="240 2078 341 2105">115.87(b)</p> <p data-bbox="240 2136 1477 2163">The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ</p>

reflects that the agency aggregates its data at least annually. The agency did not identify any policy or procedure that includes a reference to the standard provision. The PC indicated that the aggregated data can be found on the agency's website, referring to the matrix in the annual report.

The standard provision requires agencies to aggregate data at least annually; the most recent aggregated data is for 2019; the agency has not provided aggregated data for 2020. For the reasons explained in Subsection (a) above, the aggregated data published in the agency's annual report is not accurate. The data reported in the agency's the annual report and the statement from the PC do not support a determination of compliance with the standard provision.

115.87(c)

The standard provision states that the incident-based data collected shall 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.

The PAQ reflects that the standardized instrument includes the specified data. Procedure 602.053 holds the PC responsible for the compilation and reporting of data related to PREA incidents, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using Forms SSV-1A and SSV-2. Procedure 108.015 calls for the Inspector General to cause an SSV-1A form to be completed in any case where an allegation (criminal or administrative) of sexual abuse, sexual battery, sexual misconduct, sexual harassment, or other PREA event investigated by the OIG, is sustained and the victim is an inmate. The agency provided a completed Form SSV-2 used to report data for 2018.

The agency publishes completed Forms SSV-2 on its website; the most recent is for 2018. The completed Form SSV-2 suggests that the agency's incident-based data includes at a minimum, the data necessary to answer all questions from the most recent version of the form; however, the incident-based data reported in the annual report does not accurately report all five behaviors defined in the most recent version of the form. The incident-based data reported in the agency's annual reports does not support a determination of compliance with the standard provision.

115.87(d)

The standard provision requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ reflects that the agency maintains, reviews, and collects data as specified by the standard provision. Procedure 602.053 holds the PC responsible for the compilation and reporting of data related to PREA incidents but does not include the requirement to review the data or the source documents from which the data is to be compiled. Case files reviewed at the facility reflect that incident reports of sexual abuse and sexual harassment are reported to relevant stakeholders via MINS; the Warden and the PCM reported that incident review reports are forwarded to the PC; and the PC confirmed that the agency reviews data collected and aggregated pursuant to this standard.

Procedure 602.053, case files reviewed at the facility, and interviews with the Warden, the PCM, and the PC support a determination of compliance with the standard provision.

115.87(e)

The standard provision requires the agency to also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The PAQ reflects that the agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates; that data from private facilities complies with SSV reporting regarding content; and that Dade CI does not contract for confinement of inmates. The agency did not identify any policy or procedure that includes a reference to the standard provision. The 2019 FDC PREA Corrective Action Plan on the agency's website reflects that the incidents reported to the OIG include those from seven privately operated facilities; the corrective action plan reports incident-based data for calendar year 2019.

The standard provision calls for the agency, not the facility, to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency contracts with private facilities for confinement of its inmates; therefore, it is required to obtain incident-based data and aggregated data from those facilities. The data reported in the annual reports include data from private facilities with which the agency contracts for confinement of its inmates and the PC confirmed that private facility data is included. The annual reports and the statement from the PC support a determination of compliance with the standard provision.

115.87(f)

The standard provision states that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PAQ reflects that the agency provided prior year data to the DOJ upon request. The agency did not identify any policy or procedure that includes a reference to the standard provision. The PC reported that the DOJ has not requested previous-calendar-year data. The DOJ has not requested agency data.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.87(a)/(c) – The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Since the agency uses Form SSV-2, the agency shall ensure its incident-based data collected includes all five behaviors defined in Form SSV-2. By April 15, 2021, the agency shall provide to the AUDITOR its revised data collection protocol.
- 115.87(b) – The agency shall ensure its aggregated data includes all five data points in the most recent version of Form SSV2. By April 15, 2021, the agency shall provide to the AUDITOR its revised aggregated data.
- 115.87(d) – No corrective action required.
- 115.87(e) – No corrective action required.
- 115.87(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.87(a)/(c) – The agency published its 2020 corrective action plan dated April 14, 2021; the plan appears on the agency's website, reports data collected for all facilities under the agency's direct control, and reports data for all five behaviors listed on the most recent version of Form SSV2.
- 115.87(b) – The agency provided its aggregated incident-based sexual abuse data and the data reports on all five behaviors listed on Form SSV2.

CORRECTIVE ACTION APPROVED

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1023 544" style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • FDC 2019 PREA Corrective Action Plan • Dade CI 2019 PREA Facility Corrective Action Plan (CAP) • Annual reports • Agency website <p data-bbox="240 573 499 600">PEOPLE INTERVIEWED</p> <ul data-bbox="284 651 592 745" style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance Manager <p data-bbox="240 775 576 801">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 853 451 880" style="list-style-type: none"> • None required <p data-bbox="240 909 1406 969">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 999 344 1025">115.88(a)</p> <p data-bbox="240 1055 1457 1155">The standard provision states that the agency shall 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:</p> <ol data-bbox="240 1178 1414 1328" style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 1357 1489 2152">The PAQ reflects that the agency reviews data collected and aggregated for the specified reasons and prepares the prescribed annual reports of its findings from the sources specified by the standard provision. Procedure 602.053 specifies that the data will be utilized as specified by the standard provision. The Dade CI 2019 PREA Facility Corrective Action Plan reflects that the agency reviewed the facility's data for calendar year 2018; assessed the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; and did not identify any notable deficiencies in operations or physical plant. The plan considers additional video monitoring, how additional staffing could assist in preventing sexual victimization, and explains changes implemented to improve its internal processes. The Dade CI 2019 plan is not identified as an annual report. The FDC 2019 PREA Corrective Action Plan published on the agency's website reflects that the agency reviewed data for 50 major institutions, including their satellite facilities, seven privately operated facilities, and individuals supervised under probation; that the agency assessed the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; and that the agency took five corrective actions. The FDC 2019 PREA CAP is identified as an annual report and includes specific examples of changes implemented and an assessment of their effectiveness in improving the agency's sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head stated that sexual abuse data is collected annually and utilized to complete the Survey of Sexual Victimization; that data is collected from all facilities that house Department inmates; and that the data is reviewed by the PC who completes a report of the findings and any potential corrective action. He explained that the information is used to identify deficiencies or areas of concern, and to promote better policy and practice; for example, if a high incidence of sexual abuse reports is identified at a specific location, the Department may increase video monitoring in the area, or limit the number of inmates assigned, or increase security rounds. The PC confirmed that the agency reviews data collected and aggregated pursuant to §115.87 for the reasons prescribed by the standard provision; that all issues and incidents are reviewed in all areas for data; and that corrective action is taken annually at the Departmental level based upon the issue. She also confirmed that the agency prepares annual reports for each facility, and for the agency as a whole, based upon the findings from the data review; and that an agency-wide corrective action plan is prepared annually and published on the agency's website. The PCM reported that during the agency's review of data collected and aggregated, the</p>

facility and facility's data play a role in identifying problem areas, taking corrective action on an ongoing basis, and preparing the prescribed annual reports.

The agency reviews incident-base data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; and the data review process includes the three actions prescribed by the standard provision. Although two data points were combined into one, the agency's review still includes all required data and there is no evidence that combining the two data points affected the agency's ability to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training or to take the three actions derived from the review of the data. Procedure 602.053, the agency's annual report, the facility's corrective action plan, and the interviews with the Agency Head, the PC, and the PCM support a determination of compliance with the standard provision.

115.88(b)

The standard provision states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ reflects that the annual report includes the specified comparison and assessment. Procedure 602.053 calls for the annual report to include the specified comparisons but does not specifically require the prescribed assessment. The Dade CI 2019 Facility CAP reports number of allegations Substantiated, Not Substantiated, Unfounded, and Ongoing investigations for "Inmate-on-inmate abuse," "Inmate-on-inmate harassment," "Staff-on-inmate abuse," and "Staff-on-inmate harassment" and compares the 2017 numbers to the 2018 numbers. The FDC 2019 PREA CAP compares the same data points identified in the Dade CI report, except that it uses data from all facilities operated by the agency and from privately operated facilities and compares 2018 and 2019 data. Both reports include an assessment of the agency's progress in addressing sexual abuse and a comparison of current year's data with that of prior years; however, neither report includes a comparison of current year's corrective actions with those from prior years.

While the agency's annual report compares current and prior year data, the comparison does not include the five data points derived from the SSV2 or comparison of current year corrective actions with those from prior years. The agency's data comparisons and annual reports do not support a determination of compliance with the standard provision.

115.88(c)

The standard provision states that the agency's report shall be 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. The PAQ reflects that the agency makes its annual report readily available to the public through its website and that the report is approved by the agency head. The agency did not identify any policy or procedure that includes a reference to the standard provision. The Agency Head confirmed that he approves the agency's annual report; and that it is made available to the public on the agency's website. The FDC 2019 PREA CAP appears on the agency's website with the agency head's signature.

Of concern is the path to PREA information from the agency's home page. Even with the benefit of knowing the agency's webpage includes PREA information, on first visit to the home page, the AUDITOR had difficulty finding PREA information because a visitor to the page must select unrelated links on two different pages before getting to the agency's PREA information. A member of the public visiting the agency's homepage would not find any indication of information related to sexual abuse data on that page. A link to PREA information should be conspicuously displayed on the homepage to make the path to the annual reports "readily available and reasonably conspicuous to the public." The path to the agency's annual report does not support a determination of compliance with the standard provision.

The AUDITOR discussed the concern with the PC during the onsite audit and the next day the agency's website was updated to include a "Prison Rape Elimination Act" link on the home page. The AUDITOR verified that this link leads to the page with all agency PREA information including the agency's annual report. The updated homepage supports a determination of compliance with the standard provision.

115.88(d)

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The PAQ reflects that the annual report is written such that there is no need to redact information; however, the agency has that ability if needed. The agency did not identify any policy or procedure that includes a reference to the standard provision. The PC stated that the agency's annual report is published on the website without redactions. Annual reports published on the agency's website do not include any personal identifiers or other material which, if published, would present a clear and specific threat to the safety and security of a facility.

The annual reports published on the agency's website and the PC interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.88(a) – No corrective action required.
- 115.88(b) – The agency shall ensure the current year and prior year data comparison in its annual reports includes all five data points derived from the Form SSV2, as well as a comparison of the current year's corrective actions with those from prior years. By April 15, 2021, the agency shall provide to the AUDITOR a revised version of its most recent corrective action plan with all comparisons required by the standard provision.
- 115.88(c) – No corrective action required. Corrected before the interim audit report.
- 115.88(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.88(b) – The published 2020 corrective action plan reports data for all five behaviors listed on the SSV2 and includes a comparison of current year corrective actions with those of prior year. The plan discusses changes in the number of reported cases between prior year to current year and attributes the increase to changes in reporting protocols to the OIG. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Agency website • Publicly available sexual abuse data • Historical sexual abuse data since August 20, 2012 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PREA Coordinator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.89(a)</p> <p>The standard provision requires the agency to ensure that data collected pursuant to § 115.87 are securely retained. The PAQ reflects that the agency ensures incident-based and aggregated data are securely retained. The agency did not identify any policy or procedure that includes a reference to the standard provision. The PC stated that the data is maintained on a server in Central Office where only PREA Office staff have access.</p> <p>The PC interview supports a determination of compliance with the standard provision.</p> <p>115.89(b)</p> <p>The standard provision requires the agency to 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. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually through its website. The agency did not identify any policy or procedure that includes a reference to the standard provision. The agency published agency-wide (all facilities combined) sexual abuse aggregated data on its website but not all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts.</p> <p>The standard provision specifically calls for the agency to 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; this entails publishing each facility's incident-based sexual abuse data. Only agency-wide (all facilities combined) aggregated data is published on the agency's website. The review of the agency's website does not support a determination of compliance with the standard provision.</p> <p>115.89(c)</p> <p>The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public. The agency did not identify any policy or procedure that includes a reference to the standard provision. A review of the agency's publicly available sexual abuse data reflects that there are no personal identifiers.</p> <p>The review of the agency's publicly available sexual abuse data supports a determination of compliance with the standard provision.</p> <p>115.89(d)</p> <p>The standard provision requires the agency to 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. Procedure 602.053 calls for case investigation records, including but not limited to, any criminal investigation, administrative investigation, medical</p>

evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery to be retained by the agency for ten years after the date of the initial collection. The agency's website includes completed Forms SSV-2 dating to 2012.

Procedure 602.053 and the visit to the agency's website support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.89(a) – No corrective action required.
- 115.89(b) – The agency shall 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. The agency shall inform the AUTIDOR when aggregated sexual abuse data for all facilities under its direct control and private facilities with which it contracts is readily available to the public through its website.
- 115.89(c) – No corrective action required.
- 115.89(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.89(b) – The agency published incident-based sexual abuse aggregated data for each facility under its direct control on its website. For each of the five behaviors on the SSV2, the aggregated data reports number of "Substantiated," "Not substantiated," "Unfounded," and "Ongoing" investigations at each facility under the agency's direct control. The data published on the agency's website supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.401 (a)</p> <p>The standard provision states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency's website reflects that 29 of 57 facilities were audited during the first cycle; that all 57 facilities were audited during the second cycle; and, that 26 facilities to date have been audited during the third cycle, which ends on August 20, 2022.</p> <p>This is informational only and does not impact the over-all compliance determination for the standard.</p> <p>115.401 (b)</p> <p>The standard provision states that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The PREA standards apply to five facility types: adult prisons, jails, lockups, community confinement facilities, and juvenile facilities. The agency operates adult prisons; the PC reported that the agency does not operate community confinement facilities. The agency operates only one type of facility, and it is not clear whether a third (or 19 facilities) were audited each year of the second audit cycle; however, with 26 facilities audited halfway through the third cycle, the agency is on pace to having two-thirds, or 38, of its 57 facilities audited by the end of the second year, which ends August 20, 2021.</p> <p>The standard provision was met.</p> <p>115.401 (h)</p> <p>The standard provision states that the AUDITOR shall have access to, and shall observe, all areas of the audited facilities. The AUDITOR had access to and observed all areas of the audited facility during the onsite audit.</p> <p>The standard provision was met.</p> <p>115.401 (i)</p> <p>The standard provision states that the AUDITOR shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The AUDITOR was permitted to request and receive copies of any relevant documents (including electronically stored information) during the "onsite" and the "evidence review and interim report" phases. The agency/facility did not provide copies of relevant documents where those documents were not available.</p> <p>The standard provision was met.</p> <p>115.401 (m)</p> <p>The standard provision states that the AUDITOR shall be permitted to conduct private interviews with inmates. The AUDITOR was permitted to conduct private interviews with inmates in a private office.</p> <p>The standard provision was met.</p> <p>115.401 (n)</p> <p>The standard provision states that inmates shall be permitted to send confidential information or correspondence to the AUDITOR in the same manner as if they were communicating with legal Counsel. Inmates were permitted to send confidential correspondence to the AUDITOR.</p> <p>The standard provision was met.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.401(a) - No corrective action required. • 115.401(b) - No corrective action required. • 115.401(h) - No corrective action required.

- 115.401(j) – No corrective action required.
- 115.401(m) - No corrective action required.
- 115.401(n) - No corrective action required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.403 (f)</p> <p>The standard provision states that the agency shall ensure that the AUDITOR's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. There are numerous final audit reports published on the agency's website.</p> <p>The standard provision was met.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.403 (f) - No corrective action required.

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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 abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
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.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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.)	yes
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.)	na

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