

PREA Facility Audit Report: Final

Name of Facility: Homestead Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/25/2021

Date Final Report Submitted: 06/16/2021

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: 06/16/2021

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Email:	albertocaton@comcast.net
Start Date of On-Site Audit:	01/13/2021
End Date of On-Site Audit:	01/15/2021

FACILITY INFORMATION	
Facility name:	Homestead Correctional Institution
Facility physical address:	19000 SW 377th Street, Florida City, Florida - 33034
Facility Phone	
Facility mailing address:	19000 SW 377th Street, Suite 200, Florida City , Florida - 33034

Primary Contact	
Name:	Peter Heron
Email Address:	peter.heron@fdc.myflorida.com
Telephone Number:	(786) 349-2103

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
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Name:	Paula Morning-Lewis
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	768
Current population of facility:	553
Average daily population for the past 12 months:	677
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	21-79
Facility security levels/inmate custody levels:	4/Community, Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	188
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	210
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	132

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 two of its prison facilities pursuant to an existing contract with PREA Auditors of America, 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 80

scope of the audit have been memorialized in a written agreement between the agency and the company.

Previous PREA audits of Homestead CI:

- | | |
|----------------------------------|---|
| 1. First three-year audit cycle | November 12 – 13, 2014 |
| 2. Second three-year audit cycle | March 19, 2018 (audit report not issued by auditor) |
| 3. Third (current) audit cycle | January 13 – 15, 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 three quarterly self-certification security audits in Fiscal Year 2019/2020 and one during Fiscal Year 2020/2021.

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 liaisons Kellie Eberlein and Christina Counce. On November 7, 2020, the AUDITOR requested each facility's average daily population (ADP) from the liaisons; this information is needed to submit the Audit Initiation Form to the PRC's Tech Support. On November 9, 2020, the liaisons provided the requested information; the AUDITOR completed and submitted an audit initiation form for each facility; and Tech Support confirmed receipt of the forms. 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); with this change, only Ms. Counce remained as liaison. On November 11, 2020, the AUDITOR updated both audit initiation forms to reflect the new audit schedule and Tech Support acknowledged the revised audit schedule. On November 18, 2020, the AUDITOR provided the audit notice with posting instructions and a posting confirmation form to the PC and Ms. Counce. 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; the AUDITOR received (from Ms. Counce) the

completed audit notice posting confirmation form with 30 photos of the postings in inmate access areas and confirmation that the notice was posted on November 24, 2020. On December 1, 2020, the AUDITOR received notice of completion of the PAQ from Tech Support and began the PAQ review on December 6, 2020. On December 11, 2020, the AUDITOR received contact information for the 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 Morris, PCM Assistant Warden Heron, and Auxiliary Staff Member Sergeant Morning-Lewis. During the call, the AUDITOR explained onsite audit activities and expectations. On December 17, 2020, the AUDITOR received supplemental documents uploaded to the OAS. The documents 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 lesbian, 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 16 employees, five new hires (security and non-security), all five promotional employees, and six current employees (a correctional officer and a supervisor from each shift). The AUDITOR recorded each employee's name and title on the personnel request form and submitted all 16 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 20, 2020, the AUDITOR submitted the PAQ Review log with questions and request for additional documents to the PC and Ms. Counce; the next day, the PC returned the log with responses and indicated that documents requested will be uploaded to the OAS. 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. On January 7, 2021, the AUDITOR received the list of facility PREA investigations with case status and investigative findings. The AUDITOR randomly selected inmates who reported sexual abuse for interviews, selected eleven cases for investigative file reviews, and forwarded the list of investigative files selected for onsite review to the PC. 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 13, 2021, the AUDITOR arrived at the facility; the entrance briefing was held on January 11, 2021, simultaneously with that of Dade CI. Present were Warden Morris, PCM Assistant Warden Heron, Colonel Trocine, Classification Supervisor Woods, Health Services Officer Simmons, Ms. Counce, and

Sergeant Morning-Lewis. 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 553.

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 Morris, PCM Herron, Colonel Trocine, Ms. Woods, Sergeant Morning-Lewis, Ms. Counce, and the AUDITOR. The review started with the visiting room, which doubles as inmate receiving; staff pointed out the audit notice and the Zero-tolerance poster (poster). Next was Alpha Unit, the first of eight housing units; there are four unit-sergeants per shift, each responsible for two housing units. Staff were conscientious about cross-gender viewing; the presence of male staff was announced consistently upon entering inmate housing areas and steps were taken to ensure showers and toilet stalls were clear before inspection. The unit has two sides (A1 and A2) joined by an elevated corridor where the officer's station is located; each side has three sections with an upper and a lower-level tier and single-user showers in the corners. A1 houses inmates on administrative confinement and disciplinary confinement; there is a confinement sergeant and two officers assigned on third shift. A2 houses general population inmates and has one officer assigned.

Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling and explained that the unit is gender-specific (only female staff are assigned). The AUDITOR inspected the showers and noted that some have a privacy screen while others have shower curtains to provide privacy. 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). The AUDITOR asked impromptu questions of one inmate and the group departed the unit. Next was Bravo Unit, which houses higher custody inmates. The physical plant layout is the same as described for Alpha Unit and there are two officers assigned on third shift. Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling; cameras are monitored from the officer's station. The AUDITOR inspected the showers, noted the shower curtains for privacy and asked impromptu questions of one inmate. Next was Gulf, which is an open bay single-story dormitory with beds on one side and the bathroom on the other side; the bathroom consists of rows of single-user showers with shower curtains, rows of sinks, and rows of toilet stalls. The officer is stationed at a podium near the entrance to the unit. Staff pointed out the audit notice, the poster, and the surveillance cameras in high locations to maximize coverage. The unit is gender-specific with one officer assigned. The AUDITOR inspected the showers and asked impromptu questions of one inmate before departing the unit. Next was Charlie Unit, the physical plant, staff coverage, and camera placements are the same as in Bravo Unit. Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling. The AUDITOR inspected the showers and noted privacy measures before departing the unit. Next was the Laundry and Textiles building; staff pointed out the audit notice and the poster; there is a single-user restroom and no surveillance cameras. The AUDITOR asked impromptu questions of the supervisor who reported that there are 26 inmate workers, three officers, and one sergeant assigned. Next was the Education building where the facility operates a library, law library, six classrooms, and a computer lab; staff pointed out the audit notice, the poster, and two cameras per classroom high on the wall. The AUDITOR inspected the restroom and asked impromptu questions of a non-security employee who reported that there are five civilian employees, seven aides, and that security staff conduct multiple rounds per day. Next was the Chapel; staff pointed out the audit notice and the poster and reported that there are no cameras. The AUDITOR inspected the restroom, which is located

in a blind spot without camera coverage. The AUDITOR asked impromptu questions of the chaplain who reported that security staff is always present during service and confirmed that only one inmate at a time is allowed in the restroom area. Next was the Food Service building; staff pointed out the audit notice and the poster, and the AUDITOR inspected the single-user restroom. There are eight cameras placed in high locations. The AUDITOR asked impromptu questions of food service staff who reported that there are 20 to 30 inmate workers per shift, four food service staff members, and one officer. Next was the Optical Lab; staff pointed out the audit notice and the poster; restrooms are single user with cameras monitoring the entrance. There are several cameras, which are monitored from the supervisor's office. The AUDITOR interviewed the supervisor who reported that there are seven civilian staff; that security staff conduct about four rounds per day; and that the Duty Warden tours the shop daily. Next was the Health Care Services building; staff pointed out the audit notice and the poster; the AUDITOR inspected the restrooms (single user), the infirmary, and four suicide-prevention cells. There are four cameras in the infirmary and the AUDITOR asked impromptu questions of the nursing supervisor and the Health Care Services Administrator. Next was Delta Unit, the physical plant, staff coverage, and camera placements are the same as in Bravo Unit. Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling. The AUDITOR inspected the showers and noted privacy measures before departing the unit. Next was Echo Unit, the physical plant, staff coverage, and camera placements are the same as in Bravo Unit. Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling. The AUDITOR inspected the showers and noted privacy measures before departing the unit. Next was Hotel Unit, which is an open bay dormitory where the facility operates a service dog program. Staff pointed out the audit notice and the poster. There is one officer (typically female) assigned, stationed close to the entrance; there are nine cameras placed in high locations to maximize coverage. The AUDITOR inspected the showers, noted the shower curtains installed for privacy, and asked impromptu questions of one inmate before departing the unit. Next was Foxtrot, the physical plant, staff coverage, and camera placements are the same as in Bravo Unit. Staff pointed out the audit notice, the poster, and the four surveillance cameras high in all four corners of the ceiling. The AUDITOR inspected the showers and noted privacy measures before departing the unit. The final stop was the Substance Abuse Modality Program, which has three classrooms; staff pointed out the notice and the poster. The AUDITOR inspected the restroom (single user) and asked impromptu questions of the program supervisor who reported that there are about 24 students, four civilian staff, and that security staff conducts rounds regularly.

Inmate Interviews

The AUDITOR did not receive any correspondence from inmates at the facility. The day after the site review, the AUDITOR was accommodated in an office to conduct 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 15 random inmate interviews. The AUDITOR randomly selected 15 inmates from the housing roster, to include more or less the same number of inmates from each housing unit and conducted 15 random inmate 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 conduct 15 targeted inmate interviews. 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 15 inmates in 15 targeted 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:

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

Staff Interviews

Random Staff

The AUDITOR did not receive any correspondence from staff at the facility. The facility runs three shifts. The AUDITOR elected to conduct 14 random staff interviews of correctional officers and sergeants on all three shifts; the number of interviews per shift are directly proportional to the number of correctional officers on each shift. One sergeant was included in interviews on each shift. In each case, the AUDITOR provided the introductory script before proceeding with the interview and used the "Random Staff" interview protocol. In the summary below, numbers in parenthesis represent the number of correctional officers on duty during each of the three shifts and numbers in brackets represent the number of interviews conducted.

- | | |
|---------------------------------|--------------------------------|
| 1. First Shift: 12:00am-8:30am: | Correctional Officers (15) [3] |
| 2. Second Shift: 8:00am-4:30pm | Correctional Officers (21) [5] |
| 3. Third Shift: 4:00pm-12:30am | Correctional Officers (24) [6] |

Specialized Staff

Interviews of specialized were conducted on the third day of 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 Level Facility Staff (Captain)

10. Grievance Coordinator (by phone the following week)
11. Investigative Staff (administrative investigations) – OIG inspector (by phone the following week)
12. Investigative Staff (criminal investigations) – OIG inspector (by phone the following week)
13. Staff who Perform Screening for Risk of Victimization (classification officer)
14. Staff who supervise inmates in segregated housing (administrative confinement sergeant)
15. Incident Review Team (PCM and Classification Supervisor)
16. Volunteer/Contract employee who has contact with inmates
17. Staff charged with Monitoring Retaliation
18. Intake Officer (classification officer)
19. SANE
20. Grievance coordinator

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. Security first responder (no cases)
5. Non-security first responder (no cases)

Document Reviews

Employee/Contractor files

- Ms. Counce provided the 16 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.
- 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. The PREA Auxiliary staff member provided 12 DVDs with video recordings of supervisory unannounced rounds, one per shift on each of the four days selected. The AUDITOR reviewed the DVDs during the post-onsite phase.

Investigative Files

In 115.22(a), the PAQ reflects that there were 26 allegations in the past 12 months: 22 administrative investigations and four criminal investigations. Per the guidelines in the Auditor Handbook, the AUDITOR selected 11 investigation case files: eight administrative and three 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

Following the interview, the confinement sergeant provided confinement records for inmates placed in administrative confinement due to risk of sexual victimization. The AUDITOR reviewed the records during the post-onsite phase 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

After being present during onsite activities, the Warden did not request an exit briefing.

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 AND FINAL REPORT PHASE

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 2, 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 June 16, 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.

Homestead Correctional Institution (CI) is one of 50 facilities statewide operated by the Florida Department of Corrections. Established in 1976, it is one of the agency's major institutions. Institutions are grouped geographically into four regions; Homestead 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; Homestead and its sister institution (Dade CI) sit on approximately 205 acres of land adjacent to the Everglades National Park; the perimeter fencing encompasses approximately 55 acres of land.

Homestead CI has a design capacity of 768 beds, a population of 553, and the average daily population for the past 12 months is 677. Homestead CI is a female facility classified as Level 4 security; it houses community, minimum, medium, and close custody level inmates ranging in age from 21 to 79 years; the average length of stay is 2.45 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 364 inmates, 331 of whom remained for 72 hours or more and 315 for 30 days or more.

Homestead CI currently operates with 188 staff members, 210 contractors, and 132 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 on their critical nature, with Level-I being the most critical and Level-III the least critical. The following matrix is derived from the facility's Security Post Chart and summarizes the security staffing by shift; the matrix includes administrative 5-day posts and relief posts.

Administrative 5-Day positions

Colonel (1)	Lieutenants (2)	Sergeants (5)	Correctional Officers (12)
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First Shift: 12:00am-8:30am

Shift Captain (1)	Sergeants (6)	Correctional Officers (15)
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Second Shift: 8:00am-4:30pm

Shift Captain (1)	Sergeants (7)	Correctional Officers (21)
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Third Shift: 4:00pm-12:30am

Shift Captain (1)	Sergeants (6)	Correctional Officers (24)
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Relief Positions

Relief Captains (2)	Relief Sergeants (13)	Relief Correctional Officers (40)
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Homestead CI has eight housing units, six celled housing units and two open bay dormitories. Except for Alpha Unit which includes 25 administrative confinement cells on one side, the six celled housing units

consist of 50 double occupancy cells. One of the two open bay dormitories has 82 beds and the other 67 beds.

Homestead CI has a total of 192 surveillance cameras, 130 covering housing units and 62 covering common areas. The cameras have recording capability but do not have pan/tilt/zoom capability.

Homestead CI operates a variety of programs for inmates, including substance abuse, ladies' empowerment, education, vocational, religious, etc. There are two Internal Security officers that provide security and assistance with the inmate programs on the various shifts. 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 13, 2021, onsite Prison Rape Elimination Act (PREA) audit of Homestead Correctional Institution, the review found that the facility was compliant with 77.8% of the 45 standards in the adult prisons and jails audit compliance tool. The facility exceeded zero standards, met 35 standards, and did not meet 10 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.
- 115.15 - Limits to cross-gender viewing and searches.
- 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.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

REPORTING

- 115.51 - Inmate reporting.
- 115.52 - Exhaustion of administrative remedies.
- 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

- 115.81 - Medical and mental health screenings; history of sexual abuse.
- 115.82 - Access to emergency medical and mental health services.
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews.

AUDITING AND CORRECTIVE ACTION

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

******Standards Not Met******

PREVENTION PLANNING

- 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

- 115.43 - Protective custody.

REPORTING

- 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.

DATA COLLECTION AND REVIEW

- 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 2, 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 June 16, 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
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 917 358">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="300 425 1264 593" 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 <p data-bbox="252 627 574 660">PEOPLE INTERVIEWED</p> <ul data-bbox="300 728 790 806" style="list-style-type: none"> • PREA Coordinator (PC) • PREA Compliance Manager (PCM) <p data-bbox="252 840 673 873">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="300 940 523 974" style="list-style-type: none"> • None required <p data-bbox="252 1019 1471 1131">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="252 1176 379 1209">115.11(a)</p> <p data-bbox="252 1243 1481 1926">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 data-bbox="252 1960 1460 2128">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 calls for sanctions for those found to have violated the policy.</p>

Procedure 602.053, its specified purpose, the implementation strategy, and the set of definitions support a determination of compliance with the standard provision.

115.11(b)

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.

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 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 designated a PREA Compliance Manager (PCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards; that Assistant Warden of Programs, Peter Heron, is the PCM; and that he reports to the Warden. The agency's organizational chart does not identify PCMs. Mr. Heron confirmed that he has enough time to manage all PREA-related responsibilities; that he coordinates his facility's efforts to comply with PREA by sitting on the committee that reviews all incident reports paying particular attention to those involving PREA allegations; that he appointed an auxiliary member who reviews PREA incidents immediately and ensures all appropriate documentation is placed in corresponding case files, which he reviews on a regular basis; and that he takes immediate action to correct deficiencies. As examples, Mr. Heron indicated that he would take steps to request additional equipment if he learns that additional cameras or audio equipment is needed, or that he would take appropriate action with staff if he learned that security checks are not conducted in a timely fashion. 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. Heron confirmed that he has sufficient time and authority coordinate the facility's efforts to comply with the PREA standards. Mr. Heron's 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
	Auditor Discussion
	<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>

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.

The Contract Administrator interview and the review of audit reports for five contract facilities support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 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 • Staffing plan • Region IV Level-I Post Vacancy Log • Annual Staffing Plan review • Daily shift 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 (Captain) <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.

The PAQ reflects that the agency requires each facility it operates to 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; that since the last PREA audit, the average daily population is 677; 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 5, the plan explains that the facility's physical plant was considered in the development of the plan and that the Warden can request modification of the plan if physical plant characteristics require supplemental staffing. For Item 7, the plan explains that the number and placement of supervisors is based upon factors such as the total inmate population, the composition of the inmate population, the physical plant, etc. The Warden confirmed that the facility has a staffing plan or post chart developed by the Bureau of Security Operations to document the daily staffing required for facility security and the safety of staff, visitors, and inmates; that staffing levels to protect inmates from sexual abuse and the need for video monitoring were considered in the development of the plan. He explained how in assessing adequate staffing levels and the need for video monitoring the staffing plan considered the 11 items prescribed by the standard provision; he stated that the plan is based upon guidelines from the National Institute of Corrections (NIC) and the USDOJ; that the facility does not have any findings of inadequacy; that external reviews by the NIC and other entities found that the staffing plan was sufficient, but the deployment of staff (wherein Level-II and Level-III positions are left vacant) was found to be deficient. He stated that the plan was based on the physical plant and considered areas where staff and inmates may be isolated; and explained the composition and placement of security supervisors and the composition of the inmate population, as well as how staff on duty is deployed to provide security for programs at the facility. He reported the number of PREA allegations, investigative findings, and stated that he considers PREA incidents in determining where to place staff and whether to request modification of the post chart. The PCM stated that the Department develops staffing plans according to NIC and USDOJ guidelines; he reiterated that the facility has not had any findings of inadequacy and that the physical plant was considered in the development of the staffing plan. He explained the deployment of security supervisors, how security staff are assigned to

oversee programming at the facility, reported the number of PREA allegations with investigative findings, and stated that the facility considers these incidents when determining where to assign staff and whether to request modification to the post chart. During the site review, the AUDITOR verified the presence of security staff in housing units, identified surveillance cameras, and assessed security staff's 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; and that the six most common reasons for deviations in the past 12 months are unscheduled sick, sick, unscheduled family sick, annual leave, workers compensation, training, hospital duty/transport, special assignments, and staff assigned to 12-hour shifts. The Region IV Level-I Post Vacancy Log 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 and justifies all deviations from the staffing plan in the Roster Management System and issues an incident report when Level-I posts run vacant. The AUDITOR reviewed several Level-I vacancy reports issued between December 2019 and November 2020 and verified that the facility documented 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 3, 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 3, 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 facility provided Bravo Dormitory's October 14, 2020, and Charlie Dormitory's October 17, 2020, housing unit logs for all three shifts with the supervisors' 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 DVD recordings of supervisory rounds on four pre-selected dates during the previous 30 days and verified OIC rounds in all housing units on various shifts. During an interview, a Captain confirmed that unannounced rounds are conducted and described the approach used to prevent staff from alerting other staff that 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 interview with the captain 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 601.211, Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities • Memorandum dated November 6, 2020 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • None <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Inmate housing and program areas <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>115.14(a)</p> <p>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 Homestead CI is not included. The Staffing Plan specifies that the facility “consists of adult female inmates.” Memorandum dated November 6, 2020 from Assistant Warden of Programs reports that the facility is an adult female institution and does not house youthful offenders. During the site review, the AUDITOR did not see any evidence of youthful inmate housing at the facility.</p> <p>Procedure 601.211 does not list Homestead 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, the memorandum, and the AUDITOR's observations support a determination that the standard provision does not apply.</p> <p>115.14(b)</p> <p>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</p>

physical contact. The PAQ reflects that the facility does not house youthful inmates.

Procedure 601.211 does not list Homestead 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, the memorandum, and the AUDITOR's observations support a determination that the standard provision does not apply.

115.14(c)

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.

Procedure 601.211 does not list Homestead 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, the memorandum, and the AUDITOR's observations support a determination that the standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 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
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul 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) • PREA-001 Training lesson plan • Moss Group video “Guidance on Cross Gender and Transgender Pat Searches” <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Security staff (random sample) • Inmates (random sample) • Transgender/Intersex inmates <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Statements from inmates • Opposite gender announcements • Officer observation posts • Inmate housing, bathrooms, and showers <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>115.15(a)</p> <p>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>

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.

115.15(b)

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 permit the specified searches of female inmates; that the facility does not restrict female inmates' access as specified; and that there have been no pat-down searches of female inmates by male staff. Chapter 33-602.204 specifies that searches of clothed female inmates may only be conducted by female staff except for specified exigent circumstances. Procedure 602.018 limits clothed searches of female inmates by male staff to emergency situations as determined by the shift supervisor. Security staff interviews reflect that the facility would not restrict a female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Female inmate interviews reflect that the facility has not restricted a female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. There were no logs/video of cross-gender pat-down searches of female inmates because there were no such searches at the facility.

Chapter 33-602.204, Procedure 602.018, security staff interviews, inmate interviews, and the absence of cross-gender pat-down searches of female inmates support a determination of compliance with the standard provision.

115.15(c)

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. 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 29 of 30 or 97% of inmates interviewed do not have concerns with cross-gender viewing. One inmate from an open bay dormitory reported that inmates in the shower can be seen from the officer's station when a male officer is assigned. The AUDITOR discussed that concern with staff and the Sergeant stated that there are shower curtains at the entrance to the shower area, that each shower has shower curtains in place, and that an inmate in the shower cannot be seen from the officer's station.

Ms. Counce provided photos of the showers in question; the photos confirm the Sergeant's account and reflect that the shower curtains are hung high enough where there is no chance of a visual into the showers above the curtains and the curtains are substantially wider than the opening to each shower stall. During the site review, staff were very diligent about announcing the presence of male staff upon entering housing units and about having showers and toilet stalls checked before inspections. There were a few housing units (including administrative confinement) identified as gender-specific (female staff only) and there were no male officers assigned to any housing units during the site review. The AUDITOR did not identify any cross-gender viewing concerns and conversations with inmates did not reveal any such concerns.

Procedure 602.036, Procedure 602.053, security staff interviews, inmate interviews, announcements upon entering housing units, the photos provided by Ms. Counce, conversations with inmates, and the AUDITOR's observations during the site review 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, no such searches occurred.

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 there are no concerns with the searches in question.

Procedure 602.053, security staff interviews, and interviews of transgender/intersex inmates 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.
- 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
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 604.101, Americans with Disabilities Act Provisions for Inmates • Zero-tolerance poster • PREA brochure (Spanish and Creole) • PREA Education video • PREA Translator List • Language Line Services Purchase Order <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Security staff (random sample) • Inmates with disabilities • Inmates with LEP <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Housing unit tours • Statements from inmates <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>115.16(a)</p> <p>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</p>

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 Assistant Warden of Programs issued Memorandum dated November 6, 2020, reporting that the facility does not have inmates that are deaf/hard of hearing or with low vision. The PREA Translator List provides names and phone numbers of staff at various facilities who provide sign language interpretation. The AUDITOR interviewed two inmates with cognitive disabilities and two with low vision (one of whom also has a hearing impairment); one inmate with a cognitive disability reported that she needs assistance with comprehension, one inmate with hearing impairment said she saw the PREA video with closed captioning, and one inmate with vision impairment said she used reading glasses. 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 and neither inmate with cognitive impairment displayed difficulty with comprehension.

The interviews with four 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 resources mentioned above, although not needed for the inmates interviewed, are available for inmates with more severe impairments. Procedure 604.101, Procedure 602.053, the availability of staff to assist with sign 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, 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 21-page PREA Translator List provides names and phone numbers of staff at various facilities (including Homestead CI) who provide language interpretation; languages include Spanish, Creole, German, Italian, Portuguese, Tagalog, etc. The facility provided the Spanish versions of the PREA brochure and the Zero-Tolerance poster. Interviews with two inmates with LEP reflect that they viewed the PREA video and received PREA information in their respective languages.

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 57% of the 14 staff members interviewed indicated that they would allow the inmate interpreter in an emergency; the other six would not. None of the 14 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
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 916 360">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="300 432 1453 976" 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 data-bbox="252 1014 572 1048">PEOPLE INTERVIEWED</p> <ul data-bbox="300 1120 772 1153" style="list-style-type: none"> • Human Resources (HR) Manager <p data-bbox="252 1191 671 1225">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="300 1296 523 1330" style="list-style-type: none"> • None required <p data-bbox="252 1368 1469 1480">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="252 1525 379 1559">115.17(a)</p> <p data-bbox="252 1597 1481 1709">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> <ol data-bbox="252 1753 1481 2107" style="list-style-type: none"> (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); (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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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 five employees hired in the past 12 months confirms that the agency conducted criminal background records checks before hiring in all five cases.

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 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.

The Correctional Officer Supplemental Application and Willingness Questionnaire and the HR Manager interview 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, 57 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 includes 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 six files of personnel hired in the past 12 months reflect that in each case the agency conducted the prescribed pre-employment checks.

Chapter 435, Procedure 208.049, the HR Manager interview, Form DC2-854, Form DC2-827, Form DC2-8021, and the six files of personnel hired in the past 12 months 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 the Florida Department of Law Enforcement's Live scan, which provides up-to-date information and reports subsequent employee arrests and convictions automatically. A random sample of 16 files of employees and contractors reflect that a pre-employment live scan was completed in each case.

The HR Manager interview and the 16 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 could not confirm that practice or provide documentation to prove it. 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 all 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.

Form DC2-810B, Receipt for Rules, Procedure, and policies – New Employee, is used to document employee acknowledgement of receipt of 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 performance evaluations of current employees. 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. The facility provided a list with

new hires; the AUDITOR randomly selected five names and the facility provided completed forms on which each employee responded to the three sexual misconduct questions. The PC reported that the facility has not filled any openings for promotion to date. The documentation provided 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; and that the supervisors 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, indicated that supervisors will meet with employees as part of the annual performance review process, that 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. The facility provided a list of current employees; the AUDITOR randomly selected 17 names and the facility provided completed forms on which each employee responded to the three sexual misconduct questions. By signing the form, employees acknowledged a continuing affirmative duty to disclose any such misconduct and that material omissions or providing materially false information is grounds for termination. 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
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Staffing Plan <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Warden <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • 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>115.18(a)</p> <p>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 reported that there has not been acquisition of a new facility or substantial expansion or modification of existing facilities since the last PREA audit. 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.</p> <p>The facility did not acquire any new construction or made substantial expansion or modifications. The standard provision does not apply.</p> <p>115.18(b)</p> <p>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</p>

such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility installed or updated a video monitoring system/electronic surveillance system, or other monitoring technology since the last PREA audit. 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 segregated housing dorms with two-man cells. The Warden confirmed that the facility installed video monitoring technology and indicated that video and audio recording is reviewed daily to ensure compliance with security checks and other security procedures and that additional video surveillance devices were added to improve prevention and response to sexual abuse. 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
	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, 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 • Miami-Dade PD Standard Operating Procedures for Sexual Battery • FDC Directive Dated January 14, 2021 • SANE Certificates (2) • Victim Services Practitioner certificates (3) • Incident reports <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Security staff (random sample) • Representative from Roxcy Bolton Rape Treatment Center • Inmates who reported sexual abuse (3) <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>115.21(a)</p> <p>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 agency/facility is responsible for conducting administrative and criminal sexual abuse investigations; that agency investigators follow a uniform evidence protocol; and that the Miami Dade Police is responsible only for conducting sexual battery investigations. Procedure 108.015, Sexual Battery, Sexual Harassment, Sexual Misconduct Investigations includes steps to be taken by the Inspector</p>

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 five of 14 staff interviewed included forensic medical examinations in their responses. The AUDITOR asked who is responsible for sexual abuse investigation; most staff members said the OIG and eight also said the Local PD. Miami-Dade PD is responsible for sexual battery investigations.

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 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 agencies 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 no forensic medical examinations.

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 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 at the facility during the previous 12 months. A review of incident reports during the past 12 months reflects that there were no allegations that involved a forensic examination.

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 certified nurses, and the interview with the Roxcy Bolton representative 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 reported that the Zero-tolerance poster informs inmates of advocacy services through Roxcy Bolton Center; that the contact information has been provided to Medical and Mental Health practitioners who will share it with inmates; and that inmates can reach Roxcy Bolton Center for advocacy services via the hotline on telephones in their dormitories. Interviews with inmates who reported sexual abuse reflect that one inmate claims the facility did not provide contact information for outside 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, and the interviews with the Roxcy Bolton representative and the PCM 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 Roxcy Bolton Center provides the services prescribed by the standard provision pursuant to the MOU. Interviews with inmates who reported sexual abuse reflect that there was no request for the services in question. 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 standard provision does not apply because the agency/facility is responsible for conducting sexual abuse investigations. According to the PC, the response on the PAQ is incorrect because Miami-Dade PD is responsible for sexual battery investigations; and 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, 26 allegations of sexual abuse or sexual harassment were received, 22 of which resulted in administrative investigations and four were referred criminal investigations; and those open cases are being investigated by the OIG. 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</p>

administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

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.

115.22(b)

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 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 the PREA Consultant 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 Date 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.
- 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, e-Train) • PREA-001 Training lesson plan • Female Inmate/Offender lesson plan • 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 (14) <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.

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 six pages of employee sign-in sheets for PREA training provided from December 2019 through December 2020, as well as printouts of the e-Train computerized employee training records reflecting individual employee training data, which includes PREA training. All 14 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.

Procedure 602.053, the PREA-001 training lesson plan with PowerPoint presentation, the sign-in sheets, the e-Train employee training records, and security staff interviews support a determination of compliance with the standard provision.

115.31(b)

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; and that employees receive additional training if reassigned from facilities housing the opposite gender. 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 plans' 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 e-Train employee training records 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; that all updates to PREA policy are posted on employee bulletin boards, on the agency's website, and in resource rooms; 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 acknowledgment 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 in March and April 2021. For each of the 14 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
	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 • PREA Training for Interns, Volunteers, and Contractors lesson plan • PREA Brochure for Interns, Volunteers, and Contractors • Medical and Mental Health staff roster • Training Affidavits for Interns, Volunteers, and contractors <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Volunteers and contractors who have contact with inmates <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>115.32(a)</p> <p>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 210 of volunteers and contractors who may have contact with inmates have been trained on the prescribed topics. 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 five sign-in sheets reflecting that contract medical and mental health practitioners received PREA training between December 2019 and February 2020.</p> <p>Procedure 602.053; the Interns, Volunteers, and Contractors lesson plan; the PREA Brochure for Interns, Volunteers, and Contractors; and volunteer/contractor interviews support a determination of compliance with the standard provision.</p> <p>115.32(b)</p> <p>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</p>

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 they have been notified of the zero-tolerance policy and how to report sexual abuse. The PREA lesson plan and the PREA Brochure for Interns, Volunteers, and Contractors inform 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.

The Interns, Volunteers, and Contractors lesson plan; the PREA Brochure for Interns, Volunteers, and Contractors; and volunteer/contractor interviews support a determination of compliance with the standard provision.

115.32(c)

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 Contractor lesson plan includes the Training Affidavit for Interns, Volunteers, and Contractors. The facility provided the complete roster of staff assigned to the Medical and Mental Health Department along with training affidavits dated between April and September 2020, on which each staff member acknowledges reading and understanding the contents of the PREA training for Interns, Volunteers, and Contractors.

The staff roster and the completed volunteer and training affidavits 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 601.210, Inmate Orientation • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • 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 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Intake staff • Inmates (random sample) • Inmates with disabilities • Inmates with LEP <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Zero-tolerance poster in housing units <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>115.33(a)</p> <p>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 364 or 100% of the 364 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 classification Intake officer reported that the brochure is issued during intake orientation and that she informs inmates of the zero-tolerance policy and how to report during the intake orientation class. 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 PREA Education Facilitator’s Guide</p>

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 interviewed 30 inmates; of those, all inmates received during the previous 12 months reported receiving the information on the day of arrival. Six inmates had been at the facility before implementation of the PREA standards; thus, the timeline for informing them of the zero-tolerance standard and how to report does not apply.

Inmate interviews reflect that the facility provides the prescribed information during intake.

Procedure 602.053, Procedure 601.210, the PREA Brochure, the inmate handbook, the Zero Tolerance poster, the PREA Education Facilitator's Guide, 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, 315 inmates remained at the facility for 30 days or more and 315 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 on the day of arrival. The PREA Education video provides education to inmates on all topics prescribed by the standard provision. The PREA Education Facilitator's Guide instructs the facilitator to inform inmates of the prescribed topics. The AUDITOR interviewed 30 inmates and all inmates received within the previous 12 months reported viewing the video within 30 days of arrival. The AUDITOR reviewed printouts of the computerized "Classification Contact Log" for seven inmates received at the facility during the past 12 months and the printouts reflect that all seven received the prescribed education within 30 days of arrival; arrival dates were recorded on the printouts by hand. 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 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 there are no inmates still not educated within 30 days of intake; 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.

Procedure 601.210 and the Intake officer interview 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 Homestead 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 Intake officer stated that the video is played with closed captioning and that inmates with hearing impairment sit up front. 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. The AUDITOR interviewed two inmates with cognitive disabilities and two with low vision (one of whom also has a hearing impairment); one inmate with a cognitive disability reported that she needs assistance with comprehension, one inmate with hearing impairment said she saw the PREA video with closed captioning, and one inmate with vision impairment said she used reading glasses. An inmate with LEP reported that she received the PREA education in her language (Portuguese) and that it is provided in Spanish. 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 Intake officer interview; and the interviews with inmates with disabilities and with 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 form supports 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
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul 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>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Sexual abuse investigator (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>115.34(a)</p> <p>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 sing-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>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>115.34(b)</p> <p>The standard provision states that specialized training shall include techniques for interviewing</p>

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.

Procedure 108.015, the inspector interview, and the review of the lesson plan support a determination of compliance with the standard provision.

115.34(c)

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 of investigators completion of the mandated training and that 96 sexual abuse investigators completed the training. A training attendance report provided reflect that 14 OIG Inspectors received six hours of PREA training on September 17, 2013, and another six hours the following day.

The training attendance report supports a determination of compliance with the standard provision.

115.34(d)

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 • Training Affidavits for Interns, Volunteers, and Contractors (43) • Training certificates (43) <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 43 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 topics prescribed were included.</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.

115.35(b)

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 fact during the interview.

Agency medical staff employed at the facility do not conduct forensic medical examinations. The standard provision does not apply.

115.35(c)

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 documentation showing that practitioners received the mandated training. The facility provided the complete roster of staff assigned to the Medical and Mental Health Department along with certificates of completion for each employee. Certificates reflect that each employee completed 1.25 hours of "Florida-Specific: PREA" training between February and July 2020; the certificates were issued by Relias – Centurion University.

The staff roster and the 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 the complete roster of staff assigned to the Medical and Mental Health Department along with training affidavits on which each employee acknowledges reading and understanding the contents of the PREA training for Interns, Volunteers, and Contractors; the affidavits were signed between April and September 2020.

The staff roster and the signed training affidavits 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
	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 • Risk-Assessment form: IBAS IRMS Assessment • Reassessment questions • Computerized classification contact logs (printouts) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PC • PCM • Staff responsible for risk screening • Inmates (random sample) • Inmates who reported sexual abuse <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Risk-assessments/reassessments (at Dade CI) <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>115.41(a)</p> <p>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 assessments, 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 30 inmates, four did not provide a response on being asked the risk assessment questions; of the remaining 26 all or 100% reported being asked the risk assessment questions. The AUDITOR reviewed seven printouts of the agency's computerized classification contact log and in all seven cases, the log reflects that the risk assessment was completed.</p> <p>Procedure 602.053, the classification officer interview, the review of the classification contact logs, and the inmate interviews support a determination of compliance with the standard provision.</p> <p>115.41(b)</p>

The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake; and that 331 or 100% of the 331 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 for risk of being sexually abused by other inmates or sexually abusive toward other inmates. For 11 of the 26 inmates who reported on risk assessments, the 72-hour timeline did not apply either because the inmate had been at the facility before PREA implementation or the inmate did not recall; of the remaining 15, 14 or 93% reported being asked the risk assessment questions the day of arrival or within 72 hours.

The AUDITOR reviewed seven classification contact logs with the inmate's arrival date written-in and in each case, the log reflects that the risk assessment was completed within 72 hours of admission to the facility.

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 demonstrate compliance with the prescribed 72-hour timeline for completing risk assessments. Procedure 602.053, the classification officer interview, the review of the classification contact logs, and the inmate interviews 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 inmates are seen by Medical the day of arrival and classification conducts risk assessments the next day; she confirmed that risk assessments are conducted face-to-face with inmates and consider all ten criteria prescribed by the standard provision in assessing an inmate's risk of sexual victimization. The AUDITOR observed one risk-assessment (two days earlier at Dade CI) 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 (at Dade CI), and the explanation of the process support a determination of compliance with the standard provision.

NOTE: The PREA Consultant explained that the risk assessment process at Homestead CI would be identical to the process observed at Dade CI; therefore, in the interest of time, the AUDITOR agreed to skip observation of the process at Homestead.

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 propensity to sexually abuse against 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 (at Dade CI) 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 (at Dade CI), 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 315 inmates admitted to the facility during the past 12 months, who remained for 30 days or more, 315 or 100% were reassessed within 30 days of arrival. Procedure 602.053 requires a reassessment within 30 days of initial intake screening if additional information is received by the institution. The classification officer reported that she reassesses inmates face-to-face within 30 days of arrival. The sheet with the three reassessment questions reflects that 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 26 inmates who reported on risk assessments, 17 were either not yet due (less than 30 days since arrival), had been at the facility before PREA implementation, or did not recall; the remaining 11 said "Yes" to being reassessed within 30 days of arrival. The AUDITOR reviewed seven classification contact logs with arrival dates written-in and six or 86% reflect reassessments within 30 days of arrival; one reassessment was conducted 32 days after arrival.

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 or admission to the facility. Procedure 602.053, the classification officer

interview, the classification contact logs review, the three reassessment questions, and the inmate interviews 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 confirmed 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 and explained that incidents reported to MINS are forwarded to classification. An inmate who reported sexual abuse confirmed that staff asked the reassessment questions after the allegation was made. The AUDITOR reviewed the classification contact log of another inmate who reported sexual abuse and the log reflects that a PREA assessment was completed six days after the date of the allegation.

Procedure 602.053, the classification officer interview, the classification contact log review, and the inmate-who-reported-sexual-abuse interview 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 reported that only administrators, classification officers, and the PREA Auxiliary Staff member have access to inmate risk assessments. The classification officer reported that only classification staff have access.

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) – No corrective action required.
- 115.41(c) – No corrective action required.
- 115.41(d) – No corrective action required.
- 115.41(e) – No corrective action required.
- 115.41(f) – No corrective action required.
- 115.41(g) – No corrective action required.
- 115.41(h) – No corrective action required.
- 115.41(i) – No corrective action required.

115.42	Use of screening information
	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 • IBAS Factors & Score / Profile Comparison • Classification Contact Log • ICT Memorandum dated May 6, 2020 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • PREA Compliance Manager • PREA Coordinator • Classification officer • Inmates identified as transgender or intersex • Inmates identified as lesbian or bisexual <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Housing unit tours • Inmate showers <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>115.42(a)</p> <p>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,</p>

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 reported that inmates are housed based upon a score individually assigned to each inmate. A review of the classification contact log reflects that PREA assessments and reassessments are listed among dispositions along with “risk progress reviews.”

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.

115.42(b)

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 inmates are housed based upon a score individually assigned to each inmate. 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 reported that during the PREA risk assessment or Sexual Risk Indicator (SRI), 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 the sole inmate identified as transgender who confirmed that facility staff conducts reviews and ask questions about personal safety.

Procedure 602.053, the PCM interview, and the interview with the inmate 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; and that classification conducts assessments for victimization and abusiveness by interviewing the inmate and reviewing housing, programs, and assignments for threats to the inmate's safety. 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. The AUDITOR reviewed classification contact logs; the logs include multiple classification dispositions listed as "SRI reassessments" 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 review 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 inmate identified as transgender confirmed that facility staff conducts reviews and ask questions about personal safety.

Procedure 602.053, the PCM interview, the classification officer interview, and the inmate-identified-as-transgender interview 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 issued by a classification officer and at a location designated by the Chief of Security. The classification officer confirmed that inmates identified as transgender or intersex, are given the opportunity to shower separately from other inmates. The inmate identified as transgender reported not being able to shower separately from other inmates. The AUDITOR requested and the facility provided ICT memorandum dated May 6, 2020, reflecting that the ICT offered an accommodation for the

inmate to shower separately, and the inmate declined the offer. The ICT informed the inmate to contact the classification officer if the accommodation is needed. During the site review, the AUDITOR identified single user showers in all housing units.

Procedure 602.053, the classification officer interview, the ICT memorandum, and the site review observations 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 not under a consent decree. In addition to the inmate identified as transgender, the AUDITOR interviewed an inmate identified as lesbian and one identified as bisexual and none of the inmates reported being placed in a housing area designated only for the population in question. 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 lesbian, bisexual, transgender, or intersex.

Interviews with the PC, the PCM, and inmates identified as lesbian, bisexual, or transgender; and the site review observations in each housing unit 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) – No corrective action required.
- 115.42(g) – No corrective action required.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul 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 • Case Management Log • Form DC6-229, Daily Record of Special Housing • Incident Report 20-419-1771 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • Confinement sergeant <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None <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>115.43(a)</p> <p>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 high 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 explained that an inmate at high risk of victimization who does not want to be placed in confinement would be separated from likely abusers if protection can be provided without placement in confinement; however, if protection cannot be provided in other housing units, the inmate would be placed on PREA confinement status pending a protective needs assessment. The AUDITOR reviewed incident report 20-419-1771 in which an inmate was placed in confinement per her request for protective housing. The Form DC6-229, Daily</p>

Record of Special Housing reflects that the inmate was retained in confinement for protection following a 72-hour ICT review three days later. The case management log reflects that the inmate claimed she was forced to have sex with the perpetrator; and that she subsequently informed staff that she no longer needed confinement and requested to be released to the general inmate population. The case management log reflects that the ICT determined there was no available housing that provides protection from the likely abuser and acted to retain the inmate in confinement.

The standard provision requires the specified assessment and determination for inmates at high risk for sexual victimization placed in involuntary segregated housing. The initial placement in confinement was voluntary; the incident report reflects that the inmate specifically requested protective custody housing; thus, the requirement of the standard provision did not apply. When the inmate requested to be released to the general population, the classification staff documented their determination that there was no available housing that provides protection from the likely abuser and acted to retain the inmate in confinement. At that point, the retention in confinement changed from voluntary to involuntary; the requirement of the standard provision became applicable, and the facility conducted its assessment immediately after the retention in confinement changed to involuntary. Procedure 602.053, the Warden interview, the incident report, the Form DC6-229, and the case management log support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

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.

115.43(b)

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 stated inmates in confinement for the specified purpose have access to programs available in the housing unit; that programs may be brought to the housing unit; that inmates have access to library and law library; and that workbooks may be delivered to them. She also confirmed that any of the restrictions listed above would be documented on the Form DC6-229. The facility did not identify any inmates in segregated housing for risk of victimization. One page of the Form DC6-229 includes documentation that the inmate refused participation in exercise and wellness; however, the documentation prescribed by the standard provision is not included. During the site review, the AUDITOR did not identify any inmates participating in any of the

specified opportunities; the AUDITOR recognizes that such participation may take place in the inmate's cell.

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 AUDITOR reviewed several Forms DC6-229 and did not find 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 Forms DC6-229 reviewed 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, one inmate at risk of sexual victimization was 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 stated that such placement ordinarily lasts about 24 hours and reiterated that an inmate is placed in confinement only if there is no way to keep her safe outside of confinement; and that if placed in confinement, a protective needs assessment is completed, and the classification team would consider a transfer to another facility where the inmate could be safe without the need for confinement. The confinement sergeant confirmed that the facility tries to remove the inmate from confinement by considering alternative means of protection from likely abusers and that ordinarily this is done within 30 days. A review of records of length of placement in segregated housing of four inmates at risk of sexual victimization reflects that three were released in less than 30 days and one remained for 44 days.

The 30-day timeline is not prescriptive; therefore, the 44-day stay in-and-of-itself does not preclude a determination of compliance. Chapter 33-602.220, the Warden interview, the confinement sergeant interview, and the review of three Forms DC6-229 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 one inmate at risk of sexual victimization was held

in involuntary segregated housing and their case files include documentation prescribed by the standard provision. 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 Form DC6-229 for the inmate retained involuntarily for more than 30 days includes the reason for retention in confinement in the Classification “Remarks – Disposition” section, and the case management log reflects that the ICT determined there was no available housing that provides protection from the likely abuser and acted to retain the inmate in confinement.

Chapter 33-602.220, the case management log, and the Form DC6-229 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 confirmed that the facility conducts 30-day reviews to determine if continued involuntary confinement is needed. The review of Forms DC6-229 reflects that the facility conducts several reviews during each 30-day period and document the reasons for retention in confinement.

Chapters 33-602.220 and 33-602.221, the Forms DC6-229 reviewed, and the confinement sergeant interview 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) – No corrective action required.
- 115.43(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.43(b) - The facility provided computerized printouts (Reports of Administrative

Confinement) for the two inmates placed in confinement for risk of sexual victimization since the issuance of the interim audit report. According to the reports, one inmate was retained in confinement pending investigation and the other was not. Both reports specify that the inmate is not allowed access to work assignment or visiting due to placement in confinement; that phone calls are allowed for emergencies only; and that access to legal material, library, and canteen is not limited. 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 has been institutionalized and supports a determination of compliance with the standard provision.

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</p>

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.

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.

115.51(b)

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 an inmate can call to report sexual abuse at the facility; it provides a phone number and a four-digit 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 TIPS hotline to the OIG; that inmates can report sexual abuse to Gulf Coast Children's Advocacy Center; that Gulf Coast immediately forwards inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request; and that inmates are informed of this reporting option via the posters, the brochure and during orientation.

Nineteen of 30 inmates interviewed are aware of the option to report to an outside public or private entity, several of these 19 inmates are aware of the information on the poster. Of the 30 inmates, 25 know about reporting anonymously. The handbook, the PREA Brochure, and the information 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 segregated housing, 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 MOU does not specify that inmates can remain anonymous upon request; however, the representative confirmed that inmates can remain anonymous upon request. Procedure 602.053, the test call to Gulf Coast, the PCM interview, the MOU with Gulf Coast, the handbook, the PREA Brochure, inmate interviews, 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 and that staff are required to document verbal reports immediately.

Procedure 602.053 specifies the agency's reporting protocol and require 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 incident reports and inmate grievances to demonstrate that staff accept reports of sexual abuse verbally, in writing, anonymously, and from third parties, and promptly document verbal 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 reported multiple methods of reporting privately including to a supervisor, to the OIC, to the Warden, Major, Colonel, 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
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul 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 • Screenshot of the agency’s grievance tracking • The agency’s website • Grievances alleging sexual abuse <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Inmate grievance coordinator • 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>115.52(a)</p> <p>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>The agency is not exempt from this standard.</p> <p>115.52(b)</p> <p>The standard provision states that:</p> <p>(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.</p>

(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.

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 not 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 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 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, 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 sexual abuse grievance within the time frame prescribed by the standard provision; that, in the past 12 months, there have been one grievance filed alleging sexual abuse and it reached 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. Of the three inmates-who-reported-sexual-abuse interviewed, none reported filing a grievance related to their allegation of sexual abuse. The facility provided a screenshot of the agency's grievance tracking system reflecting that the single grievance referenced in the PAQ reached a final decision two days after it was received.

Rule 33-103.011, the grievance coordinator interview, and the screenshot 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. The facility did not identify any emergency grievances filed alleging a substantial risk of imminent sexual abuse.

Rule 33-103.006 and the grievance coordinator interview 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 no inmates have been disciplined for the reason in question in the past 12 months. 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.

Procedure 602.053 and the grievance coordinator interview 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) – No corrective action required.
- 115.52(g) – No corrective action required.

115.53	Inmate access to outside confidential support services
	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 • PREA Brochure • Zero-Tolerance Poster • Inmate handbook • Roxcy Bolton Rape Treatment Center (MOU) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Inmates (random sample) • Inmates who reported sexual abuse • Representative from Roxcy Bolton Rape Treatment Center <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Confidentiality of inmate access • Site where inmates are allowed access <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>115.53(a)</p> <p>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 with reference to 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. The Zero-Tolerance poster informs inmates of the availability of</p>

emotional support services for survivors of sexual abuse through Roxcy Bolton Rape Treatment Center and provides telephone dialing instructions and a mailing address. Roxcy Bolton Rape Treatment Center responsibilities listed in the 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 30 inmates interviewed 20 indicated that knew of outside services for dealing with sexual abuse; of the 20, nine had some idea about the kind of services, 11 know how to contact the services if needed, 12 know phone calls are free, and seven know they can reach providers anytime. One inmate who reported did not know about the services. 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 are available to inmate survivors of sexual abuse.

Interviews reflect that inmates are generally aware of the services in question; the AUDITOR notes that the poster provides the information prescribed by the standard provision and that it is posted in all inmate housing units. The zero-tolerance poster, the Roxcy Bolton Rape Treatment Center MOU, the inmate interviews, and the test call to Roxcy Bolton Center during the site review support a determination of compliance with the standard provision.

115.53(b)

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 with reference to 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. Ten of the 30 inmates interviewed know whether phone calls to victim advocates are monitored or recorded and nine said they are aware of mandatory reporting laws.

he 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
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Agency website • Public Instructions on Filing a Grievance Alleging Sexual Abuse • Citizen Complaint form <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • None required <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>115.54(a)</p> <p>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 and distributes publicly information on how to report on behalf of inmates. 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>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</p>

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.

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 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 the interim audit report.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul 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 • Form DC4-663, Consent to Mental Health Evaluation or Treatment • Incident/investigative case files (4) • State mandatory reporting law • Centurion training lesson plan <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • PREA Coordinator • Medical and Mental Health staff • Security staff (random sample) <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>115.61(a)</p> <p>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 four incident/investigative case files reflects that staff report</p>

allegations of sexual abuse.

Procedure 602.053, security staff interviews, Medical/Mental Health interviews, and the incident/investigative case files reviewed support a determination of compliance with the standard provision.

115.61(b)

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 individuals and agencies 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.

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

115.61(c)

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 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 interviews reflect that practitioners do not currently inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. During the evidence review and interim audit report phase, the facility provided a completed Form 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 facility did not provide documentation showing that medical practitioners provide the required forewarning to inmate patients at the initiation of services. The interview with Medical practitioners 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 pointed out that the facility does not house inmates under age 18 and stated that facility staff would ensure appropriate notifications are done if the inmate is a vulnerable adult under state law. 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 stated that all allegations are reported to designated facility investigators; and that an incident report is forwarded to him for review and reported via MINS. A review of incident/investigative case files reflect that staff complete the specified notification process and that investigations are completed.

The MINS notification process forwards the report of sexual abuse to the OIG. Procedure 602.053, the Warden interview, 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 facility provided training sign-in sheets reflecting that 25 medical and mental health practitioners received training on the requirement to inform inmates of their duty to report and the limitations of confidentiality during a January 26, 2021 meeting. The scope of the training is included in the meeting agenda provided and specifies the requirement for practitioners to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services; the agenda emphasizes that the forewarning must be provided before an inmate reports an incident and that it can be provided at the time of the inmate’s appointment. Documentation provided also includes records of inmate health education reflecting that inmates admitted in May 2021 received PREA education on May 20, 2021. It is not clear whether the PREA education provided to inmates informed them of practitioner’s duty to report and the limitations of confidentiality; whether the facility provided this advisory to inmates during Health Services orientation only; or whether practitioners provide the advisory to inmates at the initiation of services as prescribed by the standard provision. Providing the advisory to inmates during orientation only would not satisfy the requirement of the standard provision; it is well known that inmates do not always remember information received during orientation. The standard provision specifically requires each treating practitioner to inform inmates of his or her duty to report and the limitations of confidentiality at the initiation of services to inmate patients. Health care services administration could consider posting the attached sign in inmate patient consultation areas where practitioners could direct their inmate patients to read and acknowledge understanding. If the inmate patient needs assistance with comprehension, the practitioner should explain the forewarning in layman’s terms. Practitioners should document that the inmate was advised of the practitioner’s duty to report and the limitations of confidentiality pursuant to PREA Standard 115.61(c). The facility provided two photos of the poster displayed in consultation rooms informing inmates (in English and Spanish) of the practitioner’s duty to report and limitations of confidentiality. The facility also provided “Chronological Records of Health Care” for six inmates with practitioner documentation that inmate patients were educated on the PREA notification during appointments on June 1, 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
	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 • Incident Report #20-419-1771 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Warden • Security staff (random sample) <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>115.62(a)</p> <p>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 was one such determination; and that the facility took action immediately. 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 an inmate at substantial risk of imminent sexual abuse would be separated from the potential abuser and placed in protective housing pending classification review. Interviews of 14 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. The facility provided Incident Report #20-419-1771 as evidence of compliance with the standard provision. The report reflects that an inmate approached a staff member, reported that she feared for her life, identified another inmate as presenting a threat to her safety, and requested protective custody housing. The facility acted promptly to move that inmate to protective housing.</p>

Procedure 602.053, the Agency Head interview, the Warden interview, security staff interviews, and the specified incident report support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.62(a) – No corrective action required.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • 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>115.63(a)</p> <p>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; and that, in the last 12 months, the facility received no such allegations. Procedure 602.053 calls for the warden at the receiving institution to notify the warden at the sending institution of the alleged sexual abuse. The facility did not receive any allegations that an inmate was sexually abused while confined at another facility; therefore, there were no Warden-to-Warden notifications to review.</p> <p>Procedure 602.053 supports a determination of compliance with the standard provision.</p> <p>115.63(b)</p> <p>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.</p> <p>Procedure 602.053 supports a determination of compliance with the standard provision.</p> <p>115.63(c)</p>

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. 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.

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

115.63(d)

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, Homestead CI received four allegations from other facilities. 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 Emergency Action Center (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 facility receiving the allegation notifies the Warden of the facility where the incident is alleged to have occurred; that the notification is sent via email within 72 hours of receiving the allegation; and that the facility receiving the report completes the agency's notification process including MINS reporting. He added that his facility has not received any allegations of sexual abuse occurring at another facility; however, five inmates reported at other facilities that they were sexually abused at his facility.

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
	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 • Incident reports (5) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Security Staff (random sample) • Inmates who Reported a Sexual Abuse (3) <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>115.64(a)</p> <p>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 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>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 26 allegations; that in none of the allegations, the first security staff responder separated the victim and abuser; that in none of the allegations, staff were notified within a time period that allowed for collection of physical</p>

evidence; that in none of the allegations the first security staff responder preserved and protected the crime scene or provided the prescribed instructions to the victim or the perpetrator. 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 14 security staff interviewed, 11 included the four steps in their first responder duties to an incident of sexual abuse of an inmate and the other three did not include steps (3) or (4). The facility reported that there was no actual security staff first responder. Of the three interviews with inmates who reported sexual abuse there was no indication that security staff responded to an actual incident with the victim and perpetrator present. The AUDITOR reviewed five 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.

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

115.64(b)

The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to 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, non-security staff acted as first responder two times; that on either occasion the non-security responder requested that the alleged victim not take any actions that could destroy physical evidence; and that on both occasions the non-security responder notified security staff. 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 facility reported that there was no actual non-security staff first responder. 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 • Homestead CI PREA 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 Homestead CI PREA 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, evidence collection, 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 documented.</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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Agreement Between the State of Florida and the Florida Police Benevolent Association <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head <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>115.66(a)</p> <p>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 has/has not entered into or renewed collective bargaining agreement since the implementation of the PREA standards. 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>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>115.66(b)</p> <p>The standard provision states that nothing in this standard shall restrict the entering into or</p>

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.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 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
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • PREA case files (3) • Documentation of monitoring activities <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Warden • Staff member charged with monitoring retaliation • 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>115.67(a)</p> <p>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 two senior classification officers and two classification officers as the staff members 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. The classification officer reported that the PCM is responsible for retaliation monitoring of employees.</p> <p>Procedure 602.053 and the classification officer interview support a determination of compliance with the standard provision.</p> <p>115.67(b)</p> <p>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</p>

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 he would employ housing changes, transfers, employee discipline, or other means necessary to ensure inmates and staff are protected from retaliation. The staff member charged with monitoring retaliation (classification officer) reported that protection measures include housing changes, removing aggressor from contact with the victim, and emotional support services through Roxcy Bolton Center. The facility did not have any inmates placed in segregated housing for risk of sexual victimization. An inmate who reported sexual abuse confirmed that she was monitored for retaliation while at another facility.

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 indicated that retaliation monitoring was done while she was at another facility. The Agency Head interview, the Warden interview, the classification officer interview, and the inmate-who-reported-sexual-abuse interview 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 the conduct or treatment of inmates or staff for 90 days; that the agency acts promptly to remedy such retaliation, continues monitoring beyond 90 days if needed; and that in the past 12 months there have been no 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 a report of retaliation would include the agencies notification procedures and that any necessary protection measures would be taken to protect an individual from retaliation. The classification officer reported that retaliation monitoring starts 30 days after the allegation is received; that she checks for assignment changes, disciplinary action, housing changes, program changes, etc.; that the PCM monitors if it is a staff member; that a new 90-period is initiated if retaliation is suspected; and that the facility has not had any reports of retaliation.

Procedure 602.053, the Warden interview, and the classification officer interview 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 classification officer reported that she checks for assignment changes, disciplinary action, housing changes, program changes, etc. for signs of retaliation. Three PREA case files reviewed included documentation of retaliation monitoring.

Procedure 602.053, the classification officer interview, and the three case files reviewed 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 he would employ any means necessary to protect other individuals who cooperate with an investigation if they express fear of 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
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • FAC Chapter 33-602.220: Administrative Confinement • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • Classification Contact Log for PREA allegation • Case Management Log • Form DC6-229, Daily Record of Special Housing • Incident Report 20-419-1771 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • Confinement sergeant <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None <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>115.68(a)</p> <p>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 required under 115.43; that in the past 12 months no inmates were placed in involuntary segregated housing, for one to 24 hours, for the reason in question; that in the past 12 months, one inmate was placed in segregated housing for the reason in question and remained longer than 30 days while awaiting alternative placement; that the case file includes a statement of the basis for the facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged; 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,</p>

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 explained that an inmate who reports sexual abuse and does not want to be placed in confinement would be separated from likely abusers if protection can be provided without placement in confinement; however, if protection cannot be provided in other available housing, the inmate would be placed on PREA confinement status pending a protective needs assessment. He added that such placement ordinarily lasts about 24 hours and reiterated that an inmate is placed in confinement only if there is no way to keep her safe outside of confinement; and that if placed in confinement, a protective needs assessment is completed, and the classification team would consider a transfer to another facility where the inmate could be safe without the need for confinement. The confinement sergeant stated that inmates in confinement for the specified purpose have access to programs available in the housing unit; that programs may be brought to the housing unit; that inmates have access to library and law library; and that workbooks may be delivered to them. She also confirmed that any of the restrictions listed above would be documented on the Form DC6-229, Daily Record of Special Housing; that the facility tries to remove the inmate from confinement by considering alternative means of protection from likely abusers; that ordinarily this is done within 30 days; and that the facility conducts 30-day reviews to determine if continued involuntary confinement is needed. The facility did not have any inmates placed in segregated housing after alleging sexual abuse; therefore, no such interviews were conducted. The AUDITOR reviewed incident report 20-419-1771 in which an inmate was placed in confinement per her request for protective housing. Review of a Form DC6-229 reflects that the inmate was retained in confinement for protection following a 72-hour ICT review. The case management log reflects that the inmate subsequently informed staff that she no longer needed confinement and requested to be released to the general inmate population; and that the ICT determined there was no general population housing that provides protection from the likely abuser and acted to retain the inmate in confinement. A review of records of length of placement in segregated housing of four inmates at risk of sexual victimization reflects that three were released in less than 30 days and one remained for 44 days. One page of the Form DC6-229 includes documentation that the inmate refused participation in exercise and wellness; however, the documentation prescribed by the standard provision is not included.

With respect to incident report 20-419-1771, the initial placement in confinement was voluntary; the incident report reflects that the inmate specifically requested protective custody housing; thus, the requirement of the standard provision did not apply. When the inmate requested to be released to the general population, the facility documented staff's determination that there was no available general population housing that provides protection from the likely abuser and acted to retain the inmate in confinement. At that point, the retention in confinement changed from voluntary to involuntary; the requirement of 115.43(a) became applicable; and the facility conducted its assessment immediately after the retention in confinement changed to involuntary and determined that there was no available means of separation from the likely abuser. 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; 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 AUDITOR reviewed several Forms DC6-229 and did not find 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 Forms DC6-229 reviewed 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. 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

- The facility provided computerized printouts (Reports of Administrative Confinement) for the two inmates placed in confinement for risk of sexual victimization since the issuance of the interim audit report. According to the reports, one inmate was retained in confinement pending investigation and the other was not. Both reports specify that the inmate is not allowed access to work assignment or visiting due to placement in confinement; that phone calls are allowed for emergencies only; and that access to legal material, library, and canteen is not limited. 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 has been institutionalized and supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Procedure 602.053, Prison Rape: Prevention, Detection, and Response
- Procedure 108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations
- Homestead CI Coordinated institutional response plan
- Sexual abuse Investigator training records
- Investigative reports

PEOPLE INTERVIEWED

- Sexual abuse investigators (OIG Inspector)
- Inmates who reported sexual abuse
- Warden
- PC
- PCM

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

115.71(a)

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 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.

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

115.71(b)

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.

Procedure 108.015, the inspector interview, the investigator training lesson plan, and investigator training records support a determination of compliance with the standard provision.

115.71(c)

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 Homestead 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 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 Homestead 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's 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 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 the employment or control of the facility or 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)

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 standard 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, the PCM, and the inspector reflect that the OIG serves as liaison between Miami-Dade PD and the facility. 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.

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Inspector General Directive 2.005, Investigations - Other • Procedure 108.003, Investigative Process <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • 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>115.72(a)</p> <p>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>Procedure 108.003, the OIG directive, and the inspector interview support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul 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 (7) • Inmate Notification Administration Investigation Outcome - DC6-2081- Inmate Notification (PREA) <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 nine investigations in the past 12 months; that of the nine investigations completed, seven inmates were notified verbally or in writing of the results of the investigation; and that two inmates were not notified because they were not in custody when the cases closed. 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 Inmate Notification form DC6-2080 provides written notification to the inmate 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 stated that Form DC6-2080 is used for inmate notifications of the outcome of sexual abuse investigations; that the OIG notifies inmates of the outcome of investigations conducted by that office and security staff notifies inmates in case of</p>

administrative investigations. The inspector confirmed that agency procedures require the notification in question and that the OIG notifies inmate victims in writing. An inmate who reported sexual abuse stated that she has not received notification of the outcome of the investigation; however, the list of investigations reflect that her case is still open. The facility provided the seven written notifications referenced in the PAQ. Where the investigation has been finalized, the investigative case files reviewed include documentation of the notification in question.

Procedure 602.053, the Warden interview, the inspector interview, the seven written notifications, and the investigative case files reviewed support a determination of compliance with the standard provision.

115.73(b)

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 agency requests the relevant information from an outside investigative entity in order to inform the inmate of the outcome of the investigation; and that the facility did not have any such investigations completed by an outside entity during the audit period. The agency did not identify a policy or procedure that references to this provision.

The facility did not have any investigations conducted by an outside agency during the audit period. This fact supports a determination of compliance with the standard provision.

115.73(c)

The standard provision states that following an inmate's allegation that a staff member has committed sexual abuse against 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; and that in the past 12 months there have been no substantiated or unsubstantiated allegations against a staff member. Procedure 602.053 only requires inmate notification whenever the employee is no longer "Assigned to the Facility" or "Employed with the Department. Form DC6-2081 informs the inmate of the two staff member events specified in Procedure 602.053. 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.

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. An inmate who reported sexual abuse stated that she has not received notification of the outcome of the investigation; however, the list of investigations reflect that her case is still open.

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 seven 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. Case files reviewed included documentation of victim notifications.

Procedure 602.053 and the case files reviewed 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 standard 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
	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 208039, Employee Counseling and Discipline • Chapter 33-208.003 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • None required <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>115.76(a)</p> <p>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>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>115.76(b)</p> <p>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 of 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>

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.

115.76(c)

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 were disciplined short of termination for violating the 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.

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.

115.76(d)

The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was 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
	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 205.002, Contract Management <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>115.77(a)</p> <p>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>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>115.77(b)</p> <p>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 the contractor would be prohibited from any further contact with inmates and other facilities would be informed to implement the same restrictions.</p>

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.

RECOMMENDED CORRECTIVE ACTIONS

- 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
	Auditor Discussion
	<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 • MINS report (administrative finding) • Listing of PREA investigations • Unsubstantiated and unfounded allegations • Inmate Handbook <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • Mental Health staff • Inmate 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>115.78(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 was one administrative finding and no criminal findings of guilt for 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. The facility provided the MINS report for the single administrative finding and the report reflects that the OIG determined there was insufficient evidence based upon an anonymous report of sexual abuse. The AUDITOR interviewed the alleged victim and she confirmed that she did not report sexual abuse.</p> <p>The follow-up probe revealed that the facility did not have a substantiated administrative</p>

finding of inmate-on-inmate sexual abuse. FAC 33-601.301 and FAC 33-601.314 support a determination of compliance with the standard provision.

115.78(b)

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.

The Warden interview and the listing of PREA investigations support a determination of compliance with the standard provision.

115.78(c)

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.

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

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 program 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 and 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.

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 review of investigative case files included unsubstantiated and unfounded allegations and there was no evidence of disciplinary action against inmates who reported sexual abuse.

The review of unsubstantiated and unfounded 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
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Procedure 602.053, Prison Rape: Prevention, Detection, and Response • List of inmates who disclosed prior victimization • Completed Forms DC4-642B, Mental Health Screening Evaluation (2) • Form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Staff responsible for risk screening (Classification officer) • Medical and Mental Health staff • Inmates who disclosed sexual victimization <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Statement from medical staff <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>115.81(a)</p> <p>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 meetings; that the meetings are offered within 14 days of intake screening; that, in the past 12 months, 100 percent 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. 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 within 14 days of intake. An inmate who disclosed prior sexual victimization reported that the facility was locked-down due to the pandemic when she arrived and that she has seen a mental health practitioner since. The facility provided a list with the names and numbers of nine inmates who disclosed prior sexual victimization during risk-screening in the previous 12 months; for each inmate, the list provides the initial risk-screening date and follow-up mental health risk-screening date. The list reflects that all nine inmates were screened by</p>

mental health within 14 days of their initial risk-screening. The facility further provided completed forms DC4-642B, Mental Health Screening Evaluations for two inmates whose names are highlighted on the list and the date on each Form DC4-642B coincides with the respective date on the list.

Procedure 602.053, the classification officer interview, the list of inmates who disclosed prior victimization, and the completed forms DC4-642B 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 all inmates who previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner; that the meetings are offered within 14 days of intake screening; that, in the past 12 months, 100 percent of inmates who previously perpetrate sexual abuse were offered a follow-up meeting; and that 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 confirmed that if screening indicates that an inmate previously perpetrated sexual abuse the inmate is offered a follow-up meeting with the Mental Health Department within 14 days of intake. 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. During the site review,

medical staff reported that only medical and mental health practitioners have access to information related to sexual victimization or abusiveness that occurred in an institutional setting and that other staff may access information 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 form authorizes release to a specific person or organization. The facility did not provide any completed consent forms; the AUDITOR notes that the facility did not have any investigations completed by Miami-Dade PD.

Procedure 602.053, Form DC4-711B, and the conversation with medical and mental health staff during the site review 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, (not provided). 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 on a release of information form.

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) – No corrective action required.
- 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.

115.82	Access to emergency medical and mental health services
	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 • 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 • Security Staff (random) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Medical treatment facility • Statement from medical practitioners <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>115.82(a)</p> <p>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 three inmates interviewed because there was no physical contact with alleged perpetrators; the other inmate who reported sexual abuse confirmed that she received timely medical and mental health services. During the site review the AUDITOR toured the medical treatment facility and spoke with health care practitioners who verified that victims of sexual abuse receive the prescribed services.</p>

Procedure 602.053, Form DC4-683M, the medical and mental health staff interview, the site review observations, and the inmate-who-reported-sexual-abuse interview support a determination of compliance with the standard provision.

115.82(b)

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 inmate mentioned in (a) above indicated that the allegation was reported after the incident.

The events as explained by the inmate did not require the prescribed security staff response. Procedure 602.053 and security staff interviews support a determination of compliance with the standard provision.

115.82(c)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The 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 information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The inmate who reported sexual abuse verified that she was tested for sexually transmitted infections. During the site review the AUDITOR toured the medical treatment facility where medical practitioners explained that inmate victims of sexual abuse have access to the services prescribed by the standard provision.

Procedure 602.053, the medical and mental health staff interview, the site review observations, and the inmate-who-reported-sexual-abuse interview 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 inmate mentioned in (a) above verified that she did not have to pay for treatment related to the incident of sexual abuse.

Procedure 602.053 and the inmate-who-reported-sexual-abuse interview 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
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 919 365">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="300 432 1385 546" 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 data-bbox="248 591 576 627">PEOPLE INTERVIEWED</p> <ul data-bbox="300 692 802 763" style="list-style-type: none"> • Medical and Mental Health staff • Inmates who reported sexual abuse <p data-bbox="248 804 675 840">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="300 904 815 976" style="list-style-type: none"> • Medical treatment facility • Statement from medical practitioners <p data-bbox="248 1021 1469 1135">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="248 1180 379 1216">115.83(a)</p> <p data-bbox="248 1256 1469 1413">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.</p> <p data-bbox="248 1424 1469 1460">Procedure 602.053 calls for the evaluation and treatment specified by the standard provision.</p> <p data-bbox="248 1471 1406 1585">During the site review the AUDITOR toured the medical treatment facility and spoke with health care practitioners who verified that victims of sexual abuse receive the prescribed services.</p> <p data-bbox="248 1626 1390 1697">Procedure 602.053, the statements from practitioners, and the site review observations support a determination of compliance with the standard provision.</p> <p data-bbox="248 1742 379 1778">115.83(b)</p> <p data-bbox="248 1818 1469 2154">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. An inmate</p>

who reported sexual abuse stated that she filled out forms but could not elaborate on the services in question. During the site review the AUDITOR toured the medical treatment facility and spoke with medical practitioners who explained that inmate victims of sexual abuse receive the services in question.

Procedure 602.053, the statements from practitioners, Form DC4-683M, and the site review observations support a determination of compliance with the standard provision.

115.83(c)

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.

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

115.83(d)

The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that female victims are offered the prescribed care. Procedure 602.053 includes the requirement of the standard provision. Medical staff confirmed that inmate victims of sexually abusive vaginal penetration while incarcerated are offered a pregnancy test. The inmates who reported sexual abuse did not identify a male perpetrator.

Procedure 602.053 and the medical staff interview supports a determination of compliance with the standard provision.

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 if pregnancy results from sexual abuse while incarcerated, the victim receives the prescribed information and services. Procedure 602.053 includes the requirement of the standard provision. Medical staff reported that a pregnant inmate would be transferred to a facility for pregnant inmates; and that she would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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

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 specified tests.

Procedure 602.053 includes the requirement of the standard provision. Form DC4-683M includes fields for documenting testing for sexually transmitted infections. The inmate who

reported sexual abuse verified that she was tested for sexually transmitted infections.

Procedure 602.053, Form DC4-683M, and the inmate-who-reported-sexual-abuse interview 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 inmate mentioned in (b) above verified that she did not have to pay for treatment related to the incident of sexual abuse.

Procedure 602.053 and the inmate-who-reported-sexual-abuse interview 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 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 stated that a mental health evaluation of all known inmate-on-inmate abusers is conducted within a few 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
	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 • Form DC6-2076, Sexual Abuse Incident Review-Facility Investigation Summary • Completed Forms DC6-2076 • Investigative case files • Memorandum dated November 6, 2020 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager • Incident Review Team <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>115.86(a)</p> <p>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, one criminal and/or administrative investigation substantiated or unsubstantiated allegations of sexual abuse at the facility.</p> <p>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 the review of an August 28, 2020, incident. A review of 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>Procedure 602.053 and the case file reviews support a determination of compliance with the standard provision.</p> <p>115.86(b)</p>

The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ reflects that the facility completes the incident review within 30 days of concluding the investigation and that, in the past 12 months, one incident review was 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. The case file review reflects that the investigation of the August 28, 2020, incident concluded on September 2, 2020 and the Form DC6-2076 reflects that the review was completed on September 9, 2020.

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. Procedure 602.053, the case file review, and the Form DC6-2076 support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

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.

115.86(c)

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 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 via the Form DC6-2076. The case file reviewed reflects 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 forwarded to him for review to ensure the safest environment for inmates, including physical plant and/or surveillance system changes to prevent sexual abuse in the future; and that a copy is placed in the case file and a copy is submitted to the PC. He also confirmed 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 adequacy of staffing levels in the area during different shifts and assesses whether additional monitoring technology is needed. The PCM confirmed that the facility conducts incident reviews at the conclusion of every substantiated or unsubstantiated sexual abuse investigation; 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; and that the team prepares a report of its findings with the determinations specified in (d)(6). He stated that incident review reports are forwarded to him and to the PC and that he has not noted any trends. The AUDITOR interviewed the PCM and the Classification supervisor 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; 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. Memorandum dated November 6, 2020, from an assistant warden reports that the facility did not have any incident review recommendations during the audit period. The report reviewed did not reflect any team recommendations.

The memorandum and incident review report support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

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

115.87	Data collection
	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 • 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>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Warden • PC • PCM <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Case files <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>115.87(a)</p> <p>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. 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>The Form SSV-2 provides definitions for five behaviors (data points) as follows:</p>

Inmate-on-inmate

- 1. Nonconsensual sexual acts
- 2. Abusive sexual contact
- 3. Sexual harassment

Staff-on-inmate

- 4. Staff sexual misconduct
- 5. Staff sexual harassment

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.

115.87(b)

The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates it 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 an inmate is the victim. 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 standard provision does not apply. 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 includes seven privately operated facilities; the corrective action plan reports incident-based data for calendar year 2019.

The data reported in the annual reports includes data from private facilities with which the agency contracts for the 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 the 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 SSV2, the agency shall ensure its incident-based data collected includes all five behaviors defined in the Form SSV2. 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 the 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 the SSV2.
- 115.87(b) – The agency provided its aggregated incident-based sexual abuse data and the data reports on all five behaviors listed on the SSV2.

CORRECTIVE ACTION APPROVED

115.88	Data review for corrective action
	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 • FDC 2019 PREA Corrective Action Plan • Homestead CI 2019 PREA Facility Corrective Action Plan (CAP) • Annual reports • Agency website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance 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>115.88(a)</p> <p>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 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>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 Homestead CI 2019 PREA Facility Corrective Action Plan reflects that a review of the facility's 2019 allegations was done at the facility and no operational or physical changes were made; that the facility requested additional security staffing to assist in eradicating sexual victimization; and that there were efforts to fill vacant positions. The plan is not identified as an annual report. The FDC 2019 PREA Corrective</p>

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; assessed the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; and lists five corrective actions taken. 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 the facility reviews all prior year sexual abuse allegations and prepares an annual report; that the data from each incident is included in corrective action plans submitted to the PC; and that the plans compare current year and prior year data from which changes in policy and training are made to improve the facility's ability to prevent, detect, and respond to sexual abuse.

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 comparison but does not specifically require the prescribed assessment. The Homestead 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 2018 numbers to the 2019 numbers. The FDC 2019 PREA CAP compares the same data points identified in the Homestead 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 available to the public through its website and that the report is approved by the agency head. The Agency Head confirmed that he approves the agency's annual report; and that it is made available to the public via 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 and current year and attributes the increase to changes in reporting protocols to the OIG.

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 is 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</p>

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.

115.89(c)

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.

The review of the agency's publicly available sexual abuse data supports a determination of compliance with the standard provision.

115.89(d)

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. The PAQ reflects that the agency maintains sexual abuse data collected pursuant to § 115.87 for the prescribed period unless required otherwise by law.

Procedure 602.053 calls for case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery 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.

115.401	Frequency and scope of audits
	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>115.401 (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 of this third cycle 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</p>

documents were not available.

The standard provision was met.

115.401 (m)

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.

The standard provision was met.

115.401 (n)

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.

The standard provision was met.

RECOMMENDED CORRECTIVE ACTIONS

- 115.401(a) - No corrective action required.
- 115.401(b) - No corrective action required.
- 115.401(h) - No corrective action required.
- 115.401(i) - 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	yes

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

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

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

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

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

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

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

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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.)	yes
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.)	yes
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