

# PREA Facility Audit Report: Final

**Name of Facility:** Jefferson Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/03/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Paul Perry	<b>Date of Signature:</b> 05/03/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Perry, Paul
<b>Email:</b>	paul.perry@carolinedf.org
<b>Start Date of On-Site Audit:</b>	09/27/2021
<b>End Date of On-Site Audit:</b>	09/29/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Jefferson Correctional Institution
<b>Facility physical address:</b>	1050 Big Joe Road, Monticello, Florida - 32344
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Timothy Mills
<b>Email Address:</b>	Timothy.Mills@fdc.myflorida.com
<b>Telephone Number:</b>	(850) 342-2528

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Eddie Jones
<b>Email Address:</b>	Eddie.Jones@fdc.myflorida.com
<b>Telephone Number:</b>	(850) 342-2522

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Timothy Mills
<b>Email Address:</b>	timothy.mills@fdc.myflorida.com
<b>Telephone Number:</b>	M: (850) 342-2526
<b>Name:</b>	Lisa Cato
<b>Email Address:</b>	lisa.cato@fdc.myflorida.com
<b>Telephone Number:</b>	O: (850) 342-2525

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Nafina Langley
<b>Email Address:</b>	NLangley@TeamCenturion.com
<b>Telephone Number:</b>	(850) 342-2549

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1179
<b>Current population of facility:</b>	695
<b>Average daily population for the past 12 months:</b>	751
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	20yrs-81 yrs
<b>Facility security levels/inmate custody levels:</b>	Level 4/Community, Minimum, Medium, Close
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	216
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	56
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	32

AGENCY INFORMATION	
<b>Name of agency:</b>	Florida Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	501 S Calhoun Street, Tallahassee, Florida - 32399
<b>Mailing Address:</b>	
<b>Telephone number:</b>	8504885021

Agency Chief Executive Officer Information:	
<b>Name:</b>	Ricky Dixon
<b>Email Address:</b>	Ricky.Dixon@FDC.myFlorida.com
<b>Telephone Number:</b>	(850) 488-5021

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-09-27
2. End date of the onsite portion of the audit:	2021-09-29

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Gulf Coast Children's Advocacy Center

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1179
15. Average daily population for the past 12 months:	751
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	937
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	12
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The Auditor utilized the number of inmates in questions 38 through 47 above who were interviewed on site. This information was not required, nor obtained from the facility at the time of the audit.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	232
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	55
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor used a facility population report to select a diverse group of inmates for interviews.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no physically disabled inmates were housed at the time of the auditor.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no cognitive or functional disabled inmates were housed at the time of the auditor.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no blind or low vision inmates were housed at the time of the auditor.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no deaf or hard of hearing inmates were housed at the time of the auditor.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>6</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no inmate who filed an allegation was housed at the time of the auditor. The Auditor reviewed the investigative records and compared the names with the facility's housing roster.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>12</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor reviewed inmate records, interviewed staff and interviewed inmates to verify no inmate was housed in segregated housing for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The Secretary has been interviewed by another Auditor during this audit cycle.</p>

<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the PREA Coordinator:</b></p>	<p>The PREA Coordinator has been interviewed by another Auditor during this audit cycle.</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>5</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	2	2	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	3	3	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	3	0	3	0
<b>Total</b>	3	0	3	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	1	0	0	0
<b>Total</b>	2	0	1	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	3	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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# AUDITING ARRANGEMENTS AND COMPENSATION

<b>121. Who paid you to conduct this audit?</b>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<b>Identify the name of the third-party auditing entity</b>	PREA Auditors of America

**Standards****Auditor Overall Determination Definitions**

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

**Auditor Discussion Instructions**

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Florida Department of Corrections has established a policy that prohibits sexual abuse, sexual battery, staff sexual misconduct and sexual harassment. The FDC's operating procedure 602.053 mandates zero tolerance for all forms of sexual abuse and sexual harassment while protecting the rights of offenders, regardless of gender or sexual preference. The policy stipulates the accountability of perpetrators and the punishment of institutional and community corrections officials who fail to prevent, detect, and respond to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated inmates and those offenders under the Departments jurisdiction. Agency policy includes definitions of the following:</p> <ul style="list-style-type: none"> <li>• Sexual Abuse;</li> <li>• Sexual Battery;</li> <li>• Sexual Harassment;</li> <li>• Staff Sexual Misconduct; and</li> <li>• Voyeurism</li> </ul> <p>The agency's policy includes prevention, detection and response steps to assist in its efforts towards creating a zero-tolerance culture. The policy includes, but is not limited to, the following prevention, detection and response techniques:</p> <ul style="list-style-type: none"> <li>• Offender Orientation;</li> <li>• Screening of Offenders;</li> <li>• Medical and Mental Health Evaluations;</li> <li>• Medical and Mental Health Treatments;</li> <li>• Individualized Classification Assignments;</li> <li>• Reassessments of Offenders;</li> <li>• Staff Training;</li> <li>• Volunteer and Contractor Training;</li> <li>• Special Arrangements for Disabled Offenders;</li> <li>• Mandatory Reporting;</li> <li>• Investigations;</li> <li>• Employee, Contractor and Volunteer Screening;</li> <li>• Written Institutional Response Plan;</li> <li>• First Responder Duties;</li> <li>• Reporting Results to Offenders;</li> <li>• Protections against Retaliation; and</li> <li>• Management of Sexual Aggressors.</li> </ul> <p>The agency's policy stipulates sanctions for those who engage in prohibited behaviors and those who fail to report prohibited behaviors. The discipline sanctions include termination as the presumptive disciplinary measure for those engaging in sexual acts that violate the agency's policy.</p> <p>The FDC has designated a state-wide PREA Coordinator. The agency's Prison Rape: Prevention, Detection, and Response policy outlines the responsibilities of the PREA Coordinator and PREA Compliance Managers. The agency has designated two Correctional Services Consultant to assist with PREA efforts across the state.</p> <p>The Jefferson Correctional Institution has designated the Assistant Warden of Programs as the person responsible for maintaining PREA compliance at the facility level. The Assistant Warden of Programs reports directly to the PREA Coordinator for PREA related issues and compliance. The Correctional Services Consultant reports to the PREA Coordinator who oversees PREA compliance for the Florida Department of Corrections. The Correctional Services Consultant works with all FDC facilities and serves as liaison for the Jefferson Correctional Institution.</p> <p><b>Evidence Relied Upon:</b></p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 1-18</p> <p>FDOC PREA Organizational Chart</p> <p>Compliance Manager Memorandum</p> <p>Staff Interviews</p>

## Offender Interviews

### **Analysis/Reasoning:**

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

The Auditor reviewed the agency's Organizational Chart. The Organizational Chart outlines the title of the PREA Coordinator. The Organizational Chart includes two Correctional Services Consultants that report to the PREA Coordinator. The PREA Coordinator reports directly to the Deputy Director of Institutional Programs. The Auditor reviewed a memorandum from the Jefferson Correctional Institution Warden addressed to the facility's Assistant Warden of Programs. The memorandum appoints the Assistant Warden of Programs as the facility's PREA Compliance Manager. The memorandum was written in September 2020 and includes the appointment of the Classification Supervisor to serve in the absence of the Assistant Warden of Programs. Both positions are in a position in the facility to develop, implement, and oversee facility efforts to comply with the Prison Rape Elimination Act. The Assistant Warden of Programs reports directly to the statewide PREA Coordinator and consults with the Correctional Services Consultant for PREA related issues, concerns, ideas, etc. if the need arises.

The agency policy includes responsibilities of facility Compliance Managers and the statewide PREA Coordinator. The Auditor clearly established the chain of command allows the facility PREA Compliance Manager the ability to take steps to improve or address PREA related compliance efforts and/or responses within the facility. The Auditor observed evidence the PCM has time and effort to perform his duties. The facility has assigned a Sergeant to assist the PCM with compliance efforts. The Auditor communicated with the Correctional Services Consultant prior to and after leaving the facility. The consultant responded quickly to the Auditor's questions, concerns, and comments before arrival, during the site visit, and after leaving the facility. The Auditor made requests for additional information during the audit. The PCM and Sergeant quickly responded to the Auditor's requests.

The Auditor conducted both formal interviews with randomly chosen and specifically targeted offenders. The Auditor was able to determine the agency has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. The Auditor was informed staff take incidents of sexual abuse and sexual harassment seriously at the facility. The Auditor was informed staff are helpful and responsive to the population. Each offender stated they had been educated by the facility. Multiple offenders informed the Auditor they had received the education and watched the PREA video multiple times.

The offender population informed the Auditor the Warden and Associate Wardens are "always" on the compound, are visible by the population, and make time to speak to them. Several offenders stated they have noticed a positive change in staff since the facility is transitioning to an incentive-based facility. Through interviews and observations the Auditor determined facility staff appear to make prevention, detection and response to sexual abuse a priority in the facility. The offender population understands and were able to articulate the agency's policies towards prevention, detection and response towards sexual abuse and sexual harassment. The offender population had been provided information and had been appropriately educated regarding such.

The Auditor asked each offender if they had confidence in staffs ability to protect them from acts of sexual abuse and to keep such information confidential. Each offender interviewed stated they had confidence in staffs abilities. Offenders feel comfortable reporting allegations directly to a staff member. Each offender interviewed stated they feel safe in the facility. Some offenders informed they Auditor although they had confidence in staff's abilities they would not report an allegation as they would fear being transported from the facility. No offender interviewed had witnessed or heard of an incident of sexual abuse at the facility.

The Auditor conducted both formal and informal interviews with facility staff. Facility staff had been trained and understand the agency's policies and procedures towards prevention, detection, and response to sexual abuse and sexual harassment. Staff were asked who they discuss allegations of sexual abuse and sexual harassment with. Staff informed the Auditor they report the information immediately to their supervisor. Staff would discuss the information with medical and mental health practitioners, investigators, and classification. Staff were aware the facility has a written policy prohibiting them from discussing incidents of sexual abuse and sexual harassment with anyone other than those who make housing and treatment decisions and investigators. Staff informed the Auditor they receive training on the agency's PREA policy annually during their in-service training.

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

The Auditor conducted interviews with several command staff members, including the Warden. Command staff appear to make compliance with PREA standards a priority in the facility. The Auditor felt the facility has been successful in developing a zero-tolerance culture towards acts of sexual abuse and sexual harassment. Command staff appear to support subordinate staff in their duties.

**Conclusion:**

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

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 398">The Florida Department of Corrections has a contract with the SHISA Corporation to house female offenders in Leon County, Florida. The SHISA Corporation operates the female Community Release Center. The agency's policy requires new and renewed contracts include provisions for the contracting agency to comply with the Prison Rape Elimination Act standards and the Florida Department of Corrections policies relating to PREA.</p> <p data-bbox="242 430 488 459"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 488 716 517">Policy – 205.002 Contract Management, pg. 13</p> <p data-bbox="242 546 413 575">Agency Contract</p> <p data-bbox="242 604 464 633"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 663 1473 790">There are no direct contracts for the confinement of inmates specified from the Jefferson Correctional Institution. The contract with the SHISA Corporation stipulates "All staff provided under this Contract will be hired by the Contractor and will not be considered employees of the Department." The contract requires the Jefferson Correctional Institution serve as the parent institution to provide oversight and limited classification services to the Community Release Center.</p> <p data-bbox="242 819 1493 1115">The Auditor reviewed the SHISA contract. The contract includes language that requires the SHISA adopt and comply with the Prison Rape Elimination Act standards. The contract includes a provision for the SHISA to undergo monitoring by agency staff. The contract states monitoring "...may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this Contract; the Contractor agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Department of Corrections. In the event the Department of Corrections determines that a limited scope audit of the Contractor is appropriate, the Contractor agrees to comply with any additional instructions proved by the Department to the Contractor regarding such audit. The Contractor further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Office (CFO) or Auditor General."</p> <p data-bbox="242 1144 1490 1205">A review of contract language reveals the FDC is required to monitor the contract and provide oral reports of monitoring visits and written reports within 30-days of the contract monitoring visit.</p> <p data-bbox="242 1234 373 1263"><b>Conclusion:</b></p> <p data-bbox="242 1292 1473 1420">The Auditor reviewed agency policies and SHISA contract. The Agency contract for the confinement of FDC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Florida Department of Corrections meets the requirements of this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1489 434">The Florida Department of Corrections has a policy which requires the Bureau of Security Operations to develop a post chart for each institution, annex or other facility based on the total number of authorized and funded positions. Policy requires the facility's Chief of Security responsible for documenting compliance with the facility's master security roster. The master security roster is an exact translation of the post chart developed by the Bureau of Security Operations. Policy requires a quarterly review of the facility's master security roster. The quarterly review is conducted by the Warden.</p> <p data-bbox="240 465 1489 555">The Bureau of Security Operations utilizes a relief factor of .66 for eight (8) hour employees and 1.35 for twelve (12) hour employees. Staffing for work release facilities is calculated with a relief factor of .573. The staffing plan provides for adequate levels of staffing and video monitoring to protect offenders from sexual abuse.</p> <p data-bbox="240 586 1489 712">The facility (in consultation with the PREA Coordinator) is required to assess, determine, and document whether adjustments are needed to the staffing plan at least once each year. Agency policy requires the PREA Coordinator to conduct annual staffing reviews for each institution. Facility supervisors are required to document and justify any daily deviations from the staffing plan on a daily shift roster and an Incident Report.</p> <p data-bbox="240 743 1489 904">The Agency's, Shift Supervisor post order requires shift supervisors to conduct daily unannounced rounds and security inspections of all inmate housing units and activity areas. The post order requires the rounds be document in the Control Room Log and the Housing Unit Log. The requirement applies to both day and night shifts. The "General Duties" section of the agency's, General Post Order prohibits staff from alerting other staff that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p> <p data-bbox="240 936 488 963"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 994 766 1021">Policy - 602.030 - Security Staff Utilization pg. 4-6, 9</p> <p data-bbox="240 1052 999 1079">Policy - 602.053 - Prison Rape: Prevention, Detection, and Response, pg. 8</p> <p data-bbox="240 1111 702 1137">Jefferson Correctional Institution Staffing Plan</p> <p data-bbox="240 1169 494 1196">JCI Staffing Plan Review</p> <p data-bbox="240 1227 577 1254">Post Order - 03 - Shift Supervisor</p> <p data-bbox="240 1285 616 1312">Post Order - 01 - General Post Order</p> <p data-bbox="240 1344 408 1370">Incident Reports</p> <p data-bbox="240 1402 440 1429">Control Room Logs</p> <p data-bbox="240 1460 469 1487">Daily Security Rosters</p> <p data-bbox="240 1518 316 1545">Photos</p> <p data-bbox="240 1576 446 1603">Interviews with Staff</p> <p data-bbox="240 1635 497 1662">Interviews with Offenders</p> <p data-bbox="240 1693 376 1720">Observations</p> <p data-bbox="240 1751 466 1778"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1809 1489 1899">The Auditor reviewed the Jefferson Correctional Institution's staffing plan. The post chart (staffing plan) was developed by the Bureau of Security Operations and approved by the Deputy Secretary of Institutions. The current staffing plan includes the following considerations:</p> <ul data-bbox="284 1944 1398 2141" style="list-style-type: none"> <li>• Generally accepted detention and correctional practices;</li> <li>• Any judicial findings of inadequacy;</li> <li>• Any findings of inadequacy from federal investigative agencies;</li> <li>• Any findings of inadequacy from internal or external oversight bodies;</li> <li>• All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated);</li> </ul>

- The composition of the offender population;
- The number and placement of supervisory staff;
- Institutional programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

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

The staffing plan allows for 247 staff. There are 211 security positions and 36 non-security positions authorized for the facility. At the time of the audit there were 10 vacant security positions and 5 vacant non-security positions. At the time of the audit the facility was operating at 6% below its staffing level. The Auditor determined the following:

Staff to offender ratio utilizing the number of authorized positions (247) and rated capacity (1179):

- one staff member for every 4.8 offenders

Staff to offender ratio utilizing the number of authorized security positions (211) and rated capacity (1179):

- one security staff member for every 5.6 offenders

Staff to offender ratio utilizing the current number of staff (232) and current population (809):

- one staff member for every 3.5 offenders

Staff to offender ratio utilizing the current number of security staff (201) and current population (809):

- one staff member for every 4 offenders

The Auditor reviewed the facility's staffing plan review conducted in March 2021. The PREA Coordinator and Correctional Services Consultant participate in the annual staffing plan review and signed the report. The staffing plan review included the following considerations:

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

The staffing plan review determined the current staffing plan is adequate for the protection of the offender population. The facility documented 306 deviations of the staffing plan in calendar year 2020. The deviations include each post that was vacant during each shift during the year. Deviations from the staffing plan are documented on an Incident Report and in daily security rosters by the facility's Officer in Charge (OIC). The OIC is required to complete the Level 1 Vacancy Report and send that report to the regional office weekly. The facility documented the most common reason for deviations from the staffing plan were due to Family Medical Leave Act absences. The facility makes its best efforts to comply with the staffing plan by continual recruitment, filling vacant positions with staff on overtime and adjusting schedules and operations as needed. The facility is required to ensure all Level 1 positions are filled. Level one positions are the minimum positions required for daily operations and require limitation of certain activities.

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

The Auditor reviewed Incident Reports completed by facility supervisors. A review of Incident Reports reveal supervisors are stipulating the post vacant during the shift and documenting the reason for vacating the posts. The Incident Reports include the staff members who were vacant during the shift. Further review revealed supervisors document their attempts to fill the vacant posts by calling in staff from opposite shifts, swing shifts, staff housing and TCRC staff. Each report was submitted through the facility's chain of command for appropriate notification and completion of the Level 1 Vacancy Report.

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

The Auditor conducted formal and informal interviews with staff and supervisors from each shift. Staff was asked if supervisors conduct unannounced rounds throughout the facility. Each staff reported that supervisors do make unannounced security rounds. Supervisors informed the Auditor they make unannounced rounds throughout the entire facility. The Auditor asked supervisors how they prevent staff from alerting other staff when they are making unannounced rounds. Supervisors informed they do not inform staff when they make rounds and they do not conduct rounds in any discernable pattern. Supervisors informed the Auditor staff are prohibited from alerting other staff in their Post Order.

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

The Auditor conducted formal and informal interviews with offenders. Offenders were asked if supervisors always announce their presence when entering a housing unit. Offenders informed the Auditor supervisors do not always announce their presence when entering housing units. Further conversation with offenders revealed male supervisors do not announce their presence. The population is all male offenders and male supervisors are not required to announce their presence when entering living units. Offenders informed the Auditor females do announce their presence when touring the living units. Offenders at the SHISA House informed the Auditor males announce their presence when entering the house. Offenders at the male work release facility stated females announce their presence when entering the units.

The Auditor asked offenders if they feel safe in the facility. Offenders informed the Auditor they do feel safe in the facility. Offenders informed the Auditor staff are professional and respond to incidents and offenders appropriately. During a tour of the facility the Auditor observed staff in all living units, programming, work and other support areas. Interactions observed by the Auditor appeared to be respectful and professional. Cameras and/or mirrors were strategically placed in all areas of the facility.

While touring the Tallahassee Community Release Center the Auditor observed the swill room in the kitchen did not have a lock. The swill room was identified as a potential blind spot. This observation was discussed with the PREA Compliance Manager. The PCM met with the Shift Commander to address the issue. The facility installed a hasp and lock on the swill room door. Photos of the correction were sent to the Auditor once corrected.

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

**Conclusion:**

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

115.14	<b>Youthful inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1449 398">The agency has a policy which requires youthful offenders be housed separate from adult offenders. Policy requires any offender 17 years of age and younger at the time of reception will be housed separated from anyone 18 years of age and older. Agency policy requires youthful male offenders be housed in Sumter Correctional Institution Annex or Suwannee Correctional Institution and female youthful offenders in the Lowell Correctional Institution.</p> <p data-bbox="240 434 1406 488">The Florida Department of Corrections provides specialized housing arrangements for youthful offenders to meet the requirements of this standard.</p> <p data-bbox="240 524 488 551"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 577 1230 604">Policy – 601.211 Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender</p> <p data-bbox="240 640 395 667">Facilities, pg. 5</p> <p data-bbox="240 703 927 730">FAC – 944.1905 Initial Inmate Classification; Inmate Reclassification</p> <p data-bbox="240 766 437 792">Population Reports</p> <p data-bbox="240 828 408 855">Agency Website</p> <p data-bbox="240 891 448 918">Interviews with Staff</p> <p data-bbox="240 954 499 981">Interviews with Offenders</p> <p data-bbox="240 1016 467 1043"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1057 1493 1182">The Auditor reviewed facility population reports from the past 12 months. Population reports reviewed by the Auditor revealed all offenders were 18 years of age or older. The Auditor found no evidence of a youthful offender or an offender under the age of 18 who was tried and certified as an adult offender during the previous 12 months. The facility profile on the agency website lists the Jefferson Correctional Institution as a male facility that houses adult inmates.</p> <p data-bbox="240 1218 1474 1344">The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they have not incarcerated a youthful offender at the Jefferson Correctional Institution. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified and tried as an adult. Staff were not aware of any offender housed as such. The Auditor asked offenders in formal interviews if they were aware of a youthful offender being housed in the facility. No offender was aware of a youthful offender housed in the facility.</p> <p data-bbox="240 1402 1493 1527">The Auditor interviewed staff members who supervise offenders in the segregation housing area. The Auditor asked if a youthful offender has ever been housed in the segregation housing unit. The Auditor was informed the facility does not house youthful offenders. Staff stated youthful offenders are identified during the offender's intake process at the agency level and housed in a facility designated to house youthful offenders.</p> <p data-bbox="240 1563 376 1590"><b>Conclusion:</b></p> <p data-bbox="240 1626 1493 1706">The Auditor reviewed agency policies, procedures, population reports, interviewed staff and offenders to determine the facility meets the requirements of this standard. The Auditor discovered no evidence the Jefferson Correctional Institution housed a youthful offender during this audit period.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 566">The FDOC has a policy which mandates unclothed searches of offenders to be conducted by staff of the same gender as the offender being searched, except in emergency situations as determined by the Shift Supervisor. Unclothed searches of offenders must be conducted in an area where staff of the opposite gender of the offender cannot observe the search and must be performed in an area outside of camera view. The agency's policy allows the Shift Commander to determine emergency situations that may violate this requirement. Body cavity searches may only be conducted by medical professionals. The agency's policy prohibits cross-gender pat-down searches of female offenders by male security staff except in an emergency as determined by the Shift Supervisor. In such cases, staff are required to submit an Incident Report explaining the urgency justifying the search exceptions. The FDOC permits female security staff to conduct cross-gender pat-down searches of male inmates. Policy requires all cross-gender strip searches be documented.</p> <p data-bbox="240 600 1490 757">The FDOC policy requires facilities to allow inmates the opportunity to shower, perform bodily functions, and change clothing without nonmedical personnel of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy states offenders will not be supervised by officers of the opposite gender while offenders are showering or in the toilet areas unless appropriate privacy screening is provided to obscure the offender's breast, genitalia and buttocks.</p> <p data-bbox="240 790 1490 981">Policy prohibits staff from conducting a cross-gender strip search of a gender dysphoria, transgender or intersex inmate for the sole purpose of determining the offender's genital status. If staff cannot determine an offender's genital status, they are to determine through conversation with the offender, reviewing medical documentation, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Florida Administrative Code requires strip-searches shall be conducted only by Correctional Officers who shall be of the same sex as the inmate, except in emergency circumstances.</p> <p data-bbox="240 1014 1458 1070">FDC general post orders require staff of the opposite gender of the offenders announce their presence at the beginning of shift that they will present at any time during the shift.</p> <p data-bbox="240 1104 488 1131"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1164 879 1191">Policy - 602.018 - Contraband and Searches of Inmates pg. 4-6</p> <p data-bbox="240 1225 991 1252">Policy - 602.053 - Prison Rape: Prevention, Detection, and Response pg. 6</p> <p data-bbox="240 1285 1177 1312">Policy - 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments, pg. 3-4</p> <p data-bbox="240 1346 651 1373">FAC - 33-602.204 - Searches of Inmates</p> <p data-bbox="240 1406 671 1433">Post Order - General Post Order 01 pg. 11</p> <p data-bbox="240 1467 416 1494">Preference Form</p> <p data-bbox="240 1527 432 1554">Housing Unit Logs</p> <p data-bbox="240 1588 475 1615">PREA Instructor Guide</p> <p data-bbox="240 1648 512 1675">PREA Guide (staff) pg. 6-7</p> <p data-bbox="240 1709 443 1736">Training Curriculum</p> <p data-bbox="240 1769 416 1796">Training Records</p> <p data-bbox="240 1830 496 1856">Interviews with Offenders</p> <p data-bbox="240 1890 448 1917">Interviews with Staff</p> <p data-bbox="240 1951 379 1977">Observations</p> <p data-bbox="240 2011 467 2038"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 2072 1490 2157">The Auditor reviewed rosters of each shift. Each shift maintains male and female staff to ensure offenders are searched by a staff member of the same gender or as stipulated on an offenders preference form. The Jefferson Correctional Institution is designated as an all male facility. The Auditor verified no females were housed in the facility while touring each living unit, population rosters, and interviewing staff and offenders. At the time of the audit the facility housed one offender who</p>

identified as transgender. The Auditor reviewed population reports from the previous 12 months which show no female offender was housed. The Auditor conducted formal and informal interviews with offenders from each of the facility's housing units at the main facility, men's work release and SHISA house. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

The SHISA house is not staffed by agency personnel. There are no correctional staff present at the SHISA House. Inmates at the SHISA House informed the Auditor they periodically see staff from the main facility coming to the unit. The Classification Officer at the men's work release visits the facility several times each week to conduct classification related issues. If a female at the SHISA house requires a search, female staff from the men's work release unit arrive to conduct the search. The SHISA House is a several minute drive from the men's work release. Female offenders at the SHISA House have individual showers and restrooms. Each offender at the SHISA interviewed stated they had never been searched by a male staff member. Each informed the Auditor male staff announce their presence when entering the house.

Interviews with offenders at the main facility and work release center reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. Offenders at the main facility stated they do not utilize the last three showers near the officer station because they can be seen naked. The Auditor observed the showers. The showers are open and are not protected from view with a curtain or door. Upon entering the bathroom area, there is a clear line of sight into showers near the officer station. The Auditor address the observation with facility staff and the PREA Coordinator. The PREA Coordinator required the facility to develop a plan to correct the concern. Prior to the submission of this report the facility developed a plan of action and submitted it to the PREA Coordinator. The facility placed an order for materials on October 25, 2021. The JCI is installing swinging doors that will allow offenders to shower without staff of the opposite gender seeing them fully naked.

During a tour of the facility the Auditor entered officer stations. The Auditor observed a clear line of sight into the showers located near the officer station. The PREA Compliance Manager was present during the finding. The PCM contacted maintenance personnel to address the concern. Maintenance personnel obstructed the view into the showers from the officer station. The lower portion of the officer station window was painted to obstruct the view. The facility corrected the issue before the auditor was complete with the onsite portion of the audit. The Auditor returned to units and observed the view into showers was corrected in each living unit.

Offenders at the main facility, SHISA House and men's work release stated staff of the opposite gender announce their presence when entering living units. Some offenders stated the announcements are not consistently made. Some of those offenders stated they may not always hear the announcement as they live in the rear of the unit and may be otherwise distracted. Upon further questioning, the Auditor determined announcements are not repeated as the status quo of the units remain female. Staff of the opposite gender announce their presence when the status quo of the unit changes from male to female. Male offenders were asked if they had been strip searched by a female staff member. None of the offenders interviewed had been strip searched by a female staff member. The Auditor asked if female staff were ever present when strip searches were being performed. No male offender stated female staff had been present during a strip search. Each male offender interviewed by the Auditor was asked if he was every fully naked in the presence of a female staff member. Male offenders stated the only time they would have ever been naked in front of a female would be in the shower.

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

The facility housed no offenders who identify as intersex and one offender who identifies as transgender at the time of the audit. The Auditor asked the transgender offender what gender staff conducts searches of the offender. The transgender offender showed the Auditor a preference form authorizing only female staff to conduct the pat-down searches. The Auditor asked if the transgender offender had been pat searched by a male staff member. The offender informed the Auditor no male had conducted a pat search of the offender. In addition to female pat search authorization, the preference form authorizes the offender to shower during count times while other offenders are confined to their bunks. The transgender offender informed the Auditor staff are "very accommodating" towards the needs of the offender. The offender has not been treated any differently by staff and stated staff are respectful and professional to the offender.

The Auditor asked staff how pat searches and strip searches of transgender offenders would be conducted in the facility. The Auditor was informed transgender and intersex offenders have the opportunity to sign a preference form stating which gender staff member they would prefer conduct a pat search of the offender. All strip searches of offenders in the Jefferson Correctional Institution are performed by a male staff member as the facility is designated as an all male facility. When transgender and intersex offenders sign a preference form requesting to be pat searched by a female staff member the facility makes every effort to comply with the preference form.

The Auditor asked staff how showers are conducted for transgender and intersex offenders. The Auditor was informed the offender can request a preference that allows them to shower during count times. Staff stated when an offender has a preference form the offender shows the form to the housing officer and is allowed to shower while other offenders are confined to their beds during the official count.

The Auditor questioned randomly chosen staff about searching transgender and intersex inmates. Staff were asked if they had been trained how to conduct cross-gender searches. Each staff member stated they had been trained to conduct cross-gender pat-down searches of offenders. The Auditor asked each staff member if they had been trained to conduct a pat search of transgender offenders. Staff stated they had been trained to do so.

Each randomly selected staff member was asked if they would perform a strip search of an offender for the sole purpose of determining the gender of the offender. The Auditor was informed staff would not conduct such a search. The Auditor asked how they would determine the offender's genital status. Staff stated they would ask the offender, review facility documents and if needed, contact medical staff. All randomly selected staff was aware medical personnel would have to perform a search of this type as part of a broader medical examination.

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

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

- Pat Down Searches;
- Custodial Search Techniques;
- Male to Female Searches;
- Strip/Unclothes Searches; and
- Body Cavity Searches

The Auditor observed specific language in the agency's search lesson plan that covers searches of transgender and intersex offenders. Staff are trained to conduct searches of transgender and intersex offenders during the portion of training that includes opposite gender searches. During interviews with staff the Auditor determined staff had been trained how to conduct searches of transgender and intersex offenders. None of the staff members interviewed had conducted a pat search of a transgender offender.

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

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

The Auditor conducted a review of facility Housing Unit Logs. Housing Unit Logs are maintained on each living unit and include documentation of opposite gender announcements. A review of logs revealed staff are documenting opposite gender announcements when entering living units. During the tour the Auditor randomly reviewed current logs that were in use. Interviews with offenders confirmed female staff are announcing their presence when entering living units.

**Conclusion:**

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

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">The agency has a policy that requires offenders with disabilities, including Limited English Proficient offenders, be advised of the agency's zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct and sexual harassment in accordance with resources included in agency policy 604.101 Americans with Disabilities Act Provisions for Inmates. Policy stipulates resources many include:</p> <ul data-bbox="280 450 1023 613" style="list-style-type: none"> <li>• Closed captioning (deaf/hard of hearing)</li> <li>• Large print material (impaired vision)</li> <li>• Reading of materials to inmate(s) by staff (blind/limited mental capacity)</li> <li>• Translator list (LEP)</li> <li>• Language Line services (LEP)</li> </ul> <p data-bbox="240 640 1449 701">The agency's policy includes provisions for offenders who are deaf or hard of hearing, blind or have low vision, and those who have medical disabilities. The appropriate steps outlined in the agency's policies include the following:</p> <ul data-bbox="280 752 703 1182" style="list-style-type: none"> <li>• Providing access to interpreters</li> <li>• Providing written materials in large print</li> <li>• FM transmitters</li> <li>• Hearing aids</li> <li>• Sign language interpreters</li> <li>• Telecommunication devices (TTY)</li> <li>• Audio tapes</li> <li>• Closed captioning</li> <li>• Braille materials</li> <li>• Impaired offender assistants</li> <li>• Talking books</li> <li>• Tape recorders for communications</li> <li>• Personal assistance</li> </ul> <p data-bbox="240 1211 1485 1339">The facility's policy states a request for accommodation may be denied if the request does not present a violation of Title II of the ADA or if equally effective access to a program, service, or activity may be afforded through an alternative method that is less costly or intrusive. Agency policy prohibits utilizing offender interpreters or offender readers except in exigent circumstances.</p> <p data-bbox="240 1368 488 1395"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1429 1046 1456">Policy – 604.101 Americans with Disabilities Act Provisions for Inmates, pg. 1-25</p> <p data-bbox="240 1485 1023 1512">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 9-10</p> <p data-bbox="240 1541 580 1568">Language Line Services Contract</p> <p data-bbox="240 1597 580 1624">Language Line Service Directions</p> <p data-bbox="240 1653 675 1680">Inmate PREA Education Facilitator's Guide</p> <p data-bbox="240 1709 389 1736">PREA Posters</p> <p data-bbox="240 1765 443 1792">FDC Translator List</p> <p data-bbox="240 1821 416 1848">Training Records</p> <p data-bbox="240 1877 443 1904">Training Curriculum</p> <p data-bbox="240 1933 778 1960">Acknowledgement of Receipt of Orientation on PREA</p> <p data-bbox="240 1989 600 2016">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 2045 592 2072">Comprehensive Educational Video</p> <p data-bbox="240 2101 448 2128">Interviews with Staff</p>

Interviews with Offenders

Observations

**Analysis/Reasoning:**

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

Offenders who cannot read English or Spanish can benefit from the facility's PREA information through use of the Language Line Service or by direct interpretation from a staff member. The facility maintains a contract with a company who provides translation services through telephone services. The agency's Offender Handbook is maintained in English and Spanish. The agency employs bilingual staff who can interpret for non-English speaking offenders. The agency maintains a list of employees who speak multiple languages in the event an employee is needed for interpretive services. The facility contacts other FDC facilities for translations services from those staff if needed. The agency's interpreter list includes 647 staff members who speak languages other than English. There are numerous staff on the list who speak more than two languages. The Auditor observed 29 different languages included on the interpreter list.

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

The Auditor toured the receiving area where the education/orientation classes occur. There is a television which staff play the comprehensive educational video. All offenders are seated in the waiting area for the education/orientation. The educational video used by the facility is closed captioned in English and Spanish. A staff member plays the video and follows the agency's Instructor Guide. At the conclusion of the education session the staff member allows each offender the opportunity to ask questions. During the risk assessment process, the Classification Officer allows the offender an opportunity to ask questions related to the education on a one-on-one basis.

The Inmate PREA Education Facilitators Guide includes instructions for the staff member conducting the comprehensive education. The guide is used in conjunction with the educational video. The guide informs the instructor to play the video and includes instructions for staff to discuss specific information. The instructor is informed to provide an opportunity for offenders to ask questions.

The Auditor reviewed the files of offenders selected for formal interviews. All 30 offenders had signed the Acknowledgement of Receipt of Orientation on PREA form denoting they had watched the comprehensive educational video and received written information during booking. During interviews with offenders the Auditor discovered several reported they had seen the PREA video multiple times. The Auditor was able to determine offenders had been educated by the facility. Each offender appeared to retain the information provided through the facility's comprehensive educational session.

There were no offenders who were deaf or blind for the auditor to interview. The auditor encountered one offender during interviews who was hard of hearing. The offender informed the Auditor he was able to benefit from the information and comprehensive education. The offender was knowledgeable regarding agency policies and procedures related to sexual abuse and sexual harassment. The offender understands how to report allegations of sexual abuse and sexual harassment. The offender informed the Auditor he understands his rights related to the agency's zero tolerance policies. The offender has seen the posters on the walls in various areas within the facility.

The Auditor interviewed 2 offenders who were identified as Limited English Proficient. The Auditor utilized the Language Line to communicate with each offender. Each offender acknowledged receiving written information and watching the comprehensive educational video. Each received the written information in Spanish and watched the video in Spanish. Offenders informed the Auditor the facility utilized an interpreter to communicate with them. Both offenders understand their rights and how to report allegations of sexual abuse and sexual harassment.

The Auditor conducted formal interviews with facility staff members. Classification staff informed the auditor the comprehensive education video is played when offenders arrive at the facility. When Spanish speaking inmates arrive at the facility the Spanish version is played after the English version. The sexual abuse informational brochure is provided during

the one-on-one interview following the education session. Offenders confirmed they received information during the booking process. The Classification Officer informed the Auditor the agency's PREA policies and information is discussed with each offender during the admission process. Offenders are given an opportunity to ask questions related to the PREA material with the Classification Officer and the staff member conducting the educational session. While conducting interviews with staff the Auditor asked if offender interpreters are utilized by the facility. Each staff member informed the facility does not rely on offender interpreters. Staff stated they use bilingual staff or the language line.

The Auditor determined the offender population was knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Offenders informed the Auditor facility staff are helpful and take allegations of sexual abuse and sexual harassment seriously. Offenders stated staff do not tolerate incidents of sexual abuse and sexual harassment at the facility. Each offender stated they feel safe in the facility.

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

**Conclusion:**

The Auditor was able to conclude the facility provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are limited English proficient. The Classification Officer makes special arrangements for any offender who may be otherwise disabled and cannot attend the booking process. Facility personnel will accommodate any disabled offender's needs to ensure they received information and education related to sexual abuse and sexual harassment policies. The Auditor conducted a review of agency policies, procedures, sexual abuse informational brochure, training curriculum, comprehensive educational video, acknowledgement forms, made observations, interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1441 398">The Florida Administrative Codes makes it a first degree misdemeanor to “Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special trust.” FAC 408.809 includes language regarding background checks that is consistent with this standard.</p> <p data-bbox="240 434 1485 555">The Florida Department of Corrections utilizes a Moral Character and Background Guidelines to screen potential employees. The guideline also refers to the Florida Code for additional disqualifiers. The Moral Character and Background Guidelines includes the following, but not limited to, disqualifiers: Sexual Misconduct with an inmate or an offender supervised by the department; and the following arrests and/or convictions:</p> <ul data-bbox="282 613 703 770" style="list-style-type: none"> <li>• Failure to report sexual battery;</li> <li>• Prostitution/lewdness;</li> <li>• Unnatural and lascivious acts;</li> <li>• Exposure of sexual organs;</li> <li>• Child abuse; and Pornography offenses</li> </ul> <p data-bbox="240 801 1493 958">Florida employee screening statutes stipulate, “All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.”</p> <p data-bbox="240 994 1474 1115">The statute requires the security background investigations “must ensure that no persons subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction:”</p> <ol data-bbox="263 1173 1477 1765" style="list-style-type: none"> <li>1. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.</li> <li>2. Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.</li> <li>3. Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.</li> <li>4. Section 787.025, relating to luring or enticing a child.</li> <li>5. Section 794.011, relating to sexual battery.</li> <li>6. Section 794.05, relating to unlawful sexual activity with certain minors.</li> <li>7. Section 798.02, relating to lewd and lascivious behavior.</li> <li>8. Chapter 800, relating to lewdness and indecent exposure.</li> <li>9. Section 810.14, relating to voyeurism, if the offense is a felony.</li> <li>10. Section 810.145, relating to video voyeurism, if the offense is a felony.</li> <li>11. Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.</li> <li>12. Section 826.04, relating to incest.</li> <li>13. Section 827.071, relating to sexual performance by a child.</li> <li>14. Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.</li> <li>15. Section 985.701, relating to sexual misconduct in juvenile justice programs.</li> </ol> <p data-bbox="240 1800 1485 1957">The FDC policy is to cease a pre-employment investigation and close the applicant's packet once it has been determined the applicant is disqualified through the Moral Character and Background Guidelines. Policy requires the initial background investigation conduct a review of Florida Department of Law Enforcement records for pending or prior officer discipline, prior employment with a criminal justice agency and employment separation reasons that create a conflict. Policy requires a review of previous failings of background investigations through the Corrections Data Center.</p> <p data-bbox="240 1993 1425 2047">The agency's policy requires a criminal records background check through the Florida Criminal Information Center and National Crime Information Center prior to hiring.</p> <p data-bbox="240 2083 488 2110"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 2136 1139 2163">Policy – 208.049 – Background Investigation and Appointment of Certified Officers pg. 5-6</p>

FAC – 435.03 Level 1 Screening Standards

FAC – 435.04 Level 2 Screening Standards

FAC – 435.11 - Penalties

FAC – 408.809 – Background Screening; Prohibited Offenses

FDC Moral Character and Background Guidelines

Prison Rape Elimination Act Compliance Questionnaire for Contractors

Employment Applications

Correctional Officer Supplemental Application and Willingness Questionnaire

Contractor Background Records

Employee Records

Interviews with Staff

Interviews with Contractors

**Analysis/Reasoning:**

The agency's employment application includes the following questions:

- “Have you ever committed a crime, whether arrested or not, that would constitute a felony or a misdemeanor, even if adjudication was withheld, charges were dismissed, that case was not prosecuted, records were sealed or expunged, charges occurred while a juvenile, or the case was disposed of through a pre-trial diversion or intervention program?”
- Have you ever been convicted of a felony or a misdemeanor?
- Have you ever pled Nolo Contendere or pled guilty to a crime which is a felony or a misdemeanor?
- Have you ever had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor, including sealed or expunged records?
- Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment?
- Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you been civilly or administratively adjudicated for having engaged in the sexual activity described in questions #1 and/or #2, above?”

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

The Auditor chose to view the records of the 30 staff and 15 contractors. The agency would not provide copies of the employee records. The Auditor was informed Florida law protects records of law enforcement/correctional personnel. In addition to other information, the Auditor sent a form to the agency requesting specific dates of FCIC/NCIC criminal record checks, hire dates, promotional dates, and information related to previous experience in a correctional setting. The agency Human Resource section completed the specific forms and returned them to the Auditor. Each form included the staff members name and specific dates of the requested information. The agency confirmed it conducted a criminal record check of each staff member prior to employment.

The returned forms from the agency HR included six staff members who had been promoted in the past 12 months. A specific criminal record check was not conducted prior to promotion as the agency receives information when an employee has a negative contact with a law enforcement official on all staff after they are initially entered into the system. The Auditor verified each staff member had completed the supplemental form prior to promotion. The information returned from the agency HR included four staff who had previous experience in a correctional setting. Three of the staff had previously worked at the Jefferson Correctional Institution. The other staff member worked in a non-agency facility. The HR office verified the facility conducted an inquiry if the staff member had a substantiated allegation of sexual abuse or had terminated employment in lieu of termination prior to being hired.

The Agency uses a Background Investigation Checklists when hiring and/or enlisting the services of contractors. The

checklist includes the following, but not limited to information:

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

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

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

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

The facility provided the Auditor with the list of contract personnel. The Auditor randomly selected 15 contractors. The agency verified the facility performed a background check on all contract personnel prior to enlisting their services. The Auditor conducted interviews with contractors. Contractors informed the Auditor they sign a document allowing the facility to conduct a criminal records background check. Contractors are aware the agency is required to conduct a criminal records check every five years. Contractors stated they were asked about previous acts of sexual abuse prior to performing services in the facility. The Auditor was informed contractors were not asked questions related to acts of sexual harassment prior to performing services in the facility.

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

**Corrective Action Required:**

The Auditor determined the facility had no clear method of documenting considerations of sexual abuse before enlisting the services of a contractor. The facility is required to create a method of capturing the considerations of all contractors prior to enlisting services. The facility is required to send copies of completed forms to the Auditor once complete.

**Corrective Action Taken:**

Prior to the submission of this report, the PREA Coordinator created a form that requires each contractor answer questions related to sexual abuse and sexual harassment prior to performing services in the facility. The form is titled, "28 C.F.R Part 115 Prison Rape Elimination Act Standard 115.17(a) & 115.17(b) Compliance Questionnaire for Contractors." The form is completed by each contractor at agency facilities. Prior to the submission of this report contractors at the Jefferson Correctional Institution completed the form and copies were sent to the Auditor. The Auditor verified considerations were made of contractors.

**Conclusion:**

The Auditor concluded the Jefferson Correctional Institution is performing appropriate practices to identify previous acts of sexual harassment and sexual abuse prior to hiring staff and before promoting staff members. After creating a new form, the agency now has an appropriate practice to document considerations of sexual abuse and sexual harassment before enlisting the services of contractors. The Auditor conducted a review of agency policies, procedures, Florida Administrative Code, employee and contractor records, criminal background records documentation, and interviewed staff and determined the facility meets the requirements of this standard. The agency made corrective actions prior to the submission of this report to comply with this standard.

115.18	<p data-bbox="229 69 1509 1296"><b>Upgrades to facilities and technologies</b></p> <p data-bbox="229 136 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 192 1509 248"><b>Auditor Discussion</b></p> <p data-bbox="229 248 1509 360">Facility staff reported the Florida Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Jefferson Correctional Institution within the previous 12 months. The facility has not added cameras or updated its existing video monitoring during this audit period.</p> <p data-bbox="229 360 1509 416"><b>Evidence Relied Upon:</b></p> <p data-bbox="229 416 1509 472">Observations</p> <p data-bbox="229 472 1509 528">Interviews with Staff</p> <p data-bbox="229 528 1509 584"><b>Analysis/Reasoning:</b></p> <p data-bbox="229 584 1509 696">The Florida Department of Corrections has not designed or acquired any new facility during the previous 12 months. The Jefferson Correctional Institution has not planned any substantial expansion or modification of its existing facility during this audit period. The facility has not installed cameras or updated its video monitoring system during this audit period.</p> <p data-bbox="229 696 1509 808">The Auditor conducted a tour of the facility and observed camera placements throughout the facility. The Auditor viewed camera monitors while touring the facility. The facility's cameras have been strategically located to support its efforts in the prevention, detection and response to sexual abuse. The Auditor was informed the agency is currently pursuing adding cameras throughout the facility. Cameras are currently limited to specific areas in the facility.</p> <p data-bbox="229 808 1509 920">Interviews with command staff reveal they are aware of the requirement to consider protection of sexual abuse when designing any new construction or before making substantial modifications to the current facility. No staff was aware of any modifications or updates occurring within the previous 12 months. An interview with the Warden revealed the PREA Compliance Manager provides input in the process for camera placement selection.</p> <p data-bbox="229 920 1509 976"><b>Conclusion:</b></p> <p data-bbox="229 976 1509 1088">The Auditor concluded the agency considers the effects of design on its ability to protect inmates from sexual abuse. The facility is pursuing adding new cameras in an effort to strengthen its ability to protect inmates from sexual abuse. The facility's command staff is aware of the requirement to consider sexual abuse and sexual harassment protections when planning for modifications, expansions or video monitoring updates. The Auditor determined the agency meets the requirements of this standard.</p>
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115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1468 499">It is the practice of the Florida Department of Corrections to ensure all victims of sexual abuse have access to forensic medical examinations at the Jefferson Correctional Institution, at no cost to the offender victim. Forensic medical examinations conducted at the Jefferson Correctional Institution are performed by a certified Sexual Assault Nurse Examiner. Policy requires victim advocacy from a rape crisis center. The agency policy requires the Office of Inspector General to determine the likelihood of the existence of physical evidence if the allegation is reported beyond 72 hours of the incident occurrence.</p> <p data-bbox="242 530 1465 622">The agency policy places responsibility of conducting criminal and administrative investigations with the Office of Inspector General. Policy requires all investigations shall be conducted in accordance with constitutional, statutory, code, rule, procedures, and other authority, including Jefferson or bargaining requirements.</p> <p data-bbox="242 654 1449 714">The agency policy allows a victim advocate or qualified community-based organization staff member to accompany and support a victim through the forensic medical examination process and investigatory interviews if requested by the victim.</p> <p data-bbox="242 745 488 770"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 801 1034 826">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 14-15</p> <p data-bbox="242 857 1257 882">Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 5-12</p> <p data-bbox="242 913 1286 938">Policy – 108.017 Evidence, Property, and Contraband Collection, Preservation, and Disposition, pg. 1-18</p> <p data-bbox="242 969 957 994">Florida Statute 944.31 Inspector General; Inspectors; Power and Duties</p> <p data-bbox="242 1025 611 1050">Evidence Protocol for Sexual Battery</p> <p data-bbox="242 1081 798 1106">Contract with Panhandle Forensic Nurse Specialist, Inc.</p> <p data-bbox="242 1137 820 1162">Contract with Gulf Coast Children's Advocacy Center, Inc.</p> <p data-bbox="242 1193 536 1218">Staff Advocacy Qualifications</p> <p data-bbox="242 1249 504 1274">Interview with Investigator</p> <p data-bbox="242 1305 547 1330">Interview with Health Authority</p> <p data-bbox="242 1361 448 1386">Interview with SANE</p> <p data-bbox="242 1417 464 1442"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 1473 1481 1648">Florida Statute 944.31 places the responsibility of prison inspection and investigations on the Office of the Inspector General. The FAC states, "The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections. The secretary may designate persons within the office of the inspector general as law enforcement officers to conduct any criminal investigation that occurs on property owned or leased by the department or involves matters over which the department has jurisdiction."</p> <p data-bbox="242 1680 1489 1942">The Florida Department of Corrections conducts administrative and criminal investigations of allegations of sexual abuse and sexual harassment. Jefferson Correctional Institution staff conduct a preliminary administrative investigation into allegations of offender-on-offender sexual harassment only. The facility OIC then inputs the information into the agency's Management Information Notification System (MINS) so an investigation by the Inspector General's office may take place. The agency's Office of Inspector General personnel conduct criminal investigations and allegations of staff-on-inmate sexual harassment at the facility. All sexual abuse allegations are investigated by the Office of Inspector General. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. An Inspector from the Office of Inspector General will process evidence from the crime scene.</p> <p data-bbox="242 1973 1465 2101">The Auditor reviewed the Evidence Protocol for Sexual Battery. The protocol is based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Forensic examinations are performed by a Sexual Abuse Nurse Examiner. The SANE completes and signs the written protocol at the conclusion of the examination. The facility does not house youthful offenders.</p> <p data-bbox="242 2132 1442 2157">The Auditor reviewed the contract for forensic services with Panhandle Forensic Nurse Specialist, Inc. The contract term</p>

began on July 16, 2019 and is effective for three years. The contract was signed by the agency and Panhandle Forensic Nurse Specialists, Inc. The SANE is required to provide an on-site assessment, documentation and collection of evidence for sexual assault of offenders at all FDOC facilities. The contract stipulates the SANE will arrive at the institution within no more than 4 hours from the initial call for services. The contract requires the SANE be available for services 24/7. The SANE is required to provide the Alleged Sexual Battery Protocol and any additional assessment forms to facility medical staff to be filed in the offender's medical record. The contract requires the agency to pay for forensic services. The examiner is required to document and follow the agency's Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination form. The contract requires the Registered Nurse hold a SAFE and/or SANE certification.

The agency maintains a Contract with Gulf Coast Children's Advocacy Center, INC. (GCCAC) to provide victim advocacy services for sixteen facilities and any satellite facilities under the supervision of the main units. The Jefferson Correctional Institution is included in the contract. The contract with the Gulf Coast Children's Advocacy Center stipulates the Florida Department of Corrections will:

- inform the GCCAC of any regulatory or operational changes impacting the delivery of services to be provided pursuant to the Contract;
- If requested by the inmate victim, the Department will call the GCCAC to request a victim advocate to accompany the inmate during the sexual assault forensic exam any time that an incident or allegation of sexual abuse is discovered or reported that requires the activation of the Sexual Assault Response Team (SART) to conduct a forensic medical exam;
- ensure the victim receives the appropriate contact information, including the hotline number and mailing address for the GCCAC, any time that an incident or allegation of sexual abuse is discovered or reported that does not require the SART activation.
- provide orientation and training regarding facility operations to the GCCAC's staff and volunteers working in the facilities with inmates, as appropriate;
- ensure that the crisis hotline phone number and mailing address are placed in prominent areas available to all inmates;
- determine and provide a location, within the facility, where the GCCAC's staff and volunteers will meet with inmates; and
- respect the nature of privileged communication between rape crisis center staff, volunteers, and inmates, and abide by all state and federal laws governing confidentiality, including establishing an internal system that will ensure the privacy and confidentiality of phone calls and letters.

The MOU with the Gulf Coast Children's Advocacy Center stipulates the GCCAC is responsible for:

- Providing a 24/7 toll-free rape crisis hotline, staffed by certified victim advocates;
- Provide a mailing address for inmate victims to send correspondence and provide a response to correspondence within seven (7) business days. When letters are received by mail with the intent to report allegations, the victim advocate shall immediately submit a request for a release of information to the Warden. Upon receipt of authorization, via fax or email, the allegation will be forwarded to the Warden and the Department's Contract Manager, or designee, via email, the same business day;
- Provide a certified victim advocate to respond to an inmate's request for advocacy accompaniment during sexual assault forensic exams and investigatory interviews within four (4) hours of notification by the Department. Should the inmate request advocacy services without the accompaniment during sexual assault forensic exams and investigatory interviews, the certified victim advocate will respond within eight (8) hours of notification by the Department;
- Provide follow-up services and crisis intervention to inmate victims of sexual assault, as resources allow;
- Provide the Department with the name of the advocate responding to a pre-scheduled investigatory interview, or individual counseling/advocacy/follow-up session, within one (1) hour of notification by the Department;
- Maintain privileged communication with inmates as required by state and federal law and the GCCAC's policies;
- Terminate the hotline call or individual service session(s) if an inmate's need for services is not, or is no longer, primarily motivated by a desire to heal from sexual violence. All sessions terminated for this reason should be reported to the Department's Contract Manager, or designee;
- Provide inmates with referrals for treatment after release, or upon transfer to another facility;
- Provide inmates with information about how to report sexual abuse and the facility's responsibility to investigate each report and to protect inmates and staff who report from retaliation; and
- Provide a free outside reporting hotline for inmates to report sexual abuse and/or sexual harassment. When inmates call the hotline, they shall have the option to report their allegation to an outside entity. Upon obtaining consent from the inmate to report the allegation, the victim advocate will immediately forward the reported information to the Warden and the Department's Contract Manager, or designee, via email.

The Auditor conducted an interview with an OIG Inspector. The OIG Inspector was asked if a victim advocate can accompany a victim during his investigatory interviews. The investigator informed the Auditor he does allow an advocate to

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

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who provides examinations in accordance with the Memorandum of Understanding. The Auditor asked if the facility has contacted her officer for a forensic examination of an offender in the past 12 months. The SANE informed the Auditor there have been no forensic examinations conducted at the Jefferson Correctional Institution in the past 12 months. The SANE explained forensic examinations are conducted on site in the medical area. The SANE was asked if an advocate can accompany the victim during the examination. The Auditor was informed if the offender requests such the advocate is allowed to accompany the victim.

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

Auditor her staff are readily available to assist the SANE if directed to do so by the SANE. Interviews with nurses reveal they are not authorized and do not perform forensic examinations.

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

The facility reported there have been no allegations requiring a forensic medical examination during this audit period.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Florida Department of Corrections policy mandates administrative and/or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The policy requires an Inspector with the Office of Inspector General conduct investigations. Facility staff will conduct preliminary non-criminal investigations of offender-on-offender sexual harassment. The facility's OIC will then input the information into the facility's MINS so the OIG can initiate an investigation, when warranted. OIG Inspectors conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.

The department's policy gives the primary responsibility of investigating civil, criminal and administrative matters relating to the department and within the jurisdiction of the department to the Office of Inspector General. The Florida Administrative Code places the responsibility of prison inspection and investigations on the Office of the Inspector General. The FAC states, "The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections." Florida Administrative Code states the OIG Inspectors "...have the authority to arrest, with or without a warrant, any prisoner of or visitor to a state correctional institution for a violation of the criminal laws of the state involving an offense classified as a felony that occurs on property owned or leased by the department and may arrest offenders who have escaped or absconded from custody. Persons designated as law enforcement officers have the authority to arrest with or without a warrant a staff member of the department, including any contract employee, for a violation of the criminal laws of the state involving an offense classified as a felony under this chapter or chapter 893 on property owned or leased by the department."

**Evidence Relied Upon:**

Policy – 108.001 Authority of the Inspector General, pg. 4

Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 1-12

Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 10-13

FAC – 944.31 – Inspector General; Inspectors; Power and Duties

Agency Website

Investigative Reports

Interview with Investigators

Interview with Offenders

**Analysis/Reasoning:**

The Auditor reviewed the Florida Department of Corrections website. The website includes a link to the agency's policies regarding the conduct of investigating allegations of sexual abuse and sexual harassment. Policy 108.015 stipulates the Office of Inspector General will conduct criminal investigations into allegations of sexual abuse, sexual battery, sexual misconduct, staff on inmate sexual harassment or voyeurism. Each investigator with the Office of Inspector General is a sworn law enforcement officer with arrest powers. OIG investigators have the legal authority to investigate felony and misdemeanor violations of law committed in and against the Department of Corrections, and serious allegations of staff misconduct and administrative violations. Each Inspector is required to be a sworn police officer in the State of Florida.

When an allegation is made the facility's Officer in Charge immediately notifies the Emergency Action Center (EAC). After notifying the EAC the Officer in Charge will input the information into the Management Information Notification System (MINS). Information in the MINS is automatically received by the Office of Inspector General for investigative referral. When prosecution is warranted, the OIG Inspector coordinates with the State Attorney's office in the appropriate jurisdiction.

Prior to arrival, the facility reported 5 investigations were conducted in the previous 12 months. The Auditor conducted a review of six investigative records from the previous 12 months. During the review it was determined one allegation was made just beyond the 12 months prior to the audit. A review of records revealed the OIG Inspector conducted each investigation promptly. The following allegations were observed:

- 3 allegations of staff-on-offender sexual harassment
- 2 allegations of offender-on-offender sexual abuse
- 1 allegation of staff-on-offender sexual abuse

In each allegation, the OIC notified the Emergency Action Center and input the information into the MINS. The OIG was alerted once the allegation was input into the MINS. There were three administrative and three criminal investigations conducted. The Auditor observed the facility appropriately referred each allegation to the OIG for investigation.

There are no JCI staff trained to conduct sexual abuse investigations and as such, the facility referred each allegation to the Office of Inspector General. The Auditor verified all allegations were investigated. Of the investigations conducted by the OIG, none have been referred for criminal prosecution. The EAC was notified and all allegations of sexual abuse and sexual harassment were entered into the MINS for referral to an Inspector with the Office of Inspector General. The OIG has the option to refer any allegations of sexual harassment that are not criminal back to the facility for an administrative investigation.

The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector informed the Auditor once he receives sufficient evidence to substantiate an allegation, he coordinates with the State's Attorney for prosecutorial efforts. He explained all referrals from the facility are investigated. The Inspector stated the facility's, Officer in Charge (OIC) notifies the Emergency Action Center and inputs information into the MINS to initiate an investigation. If the Office of Inspector General receives an allegation of sexual harassment that does not appear criminal in nature it may be referred to the OIC of the facility for an administrative investigation. The Office of Inspector General may also find an allegation unsubstantiated or unfounded based on initial irrefutable evidence.

At the time of the audit there were no offenders housed at the facility who had filed an allegation of sexual harassment or sexual abuse. The Auditor interviewed one offender who had filed an allegation at another FDC facility. The offender informed the Auditor an Inspector met with him quickly following the allegation. The offender stated he felt the facility and Inspector handled the situation appropriately. He was notified of the results of the investigation. During interviews with offenders the Auditor discovered no offender had filed an allegation of sexual abuse or sexual harassment at the Jefferson Correctional Institution.

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

**Conclusion:**

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

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1155 297">The Florida Department of Corrections policy stipulates the general PREA training includes:</p> <ul data-bbox="284 349 1465 846" style="list-style-type: none"> <li>• A statement on the Department's zero-tolerance for sexual abuse and sexual harassment;</li> <li>• How employees shall fulfill their responsibilities under agency related procedures and policies;</li> <li>• Inmates' right to be free from sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment;</li> <li>• The rights of both staff and inmates to be free from retaliation for reporting sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment;</li> <li>• The dynamics of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings;</li> <li>• Common reactions to sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings;</li> <li>• How to detect and respond to signs of threatened and actual sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment;</li> <li>• How to avoid inappropriate relationships with inmates and offenders;</li> <li>• How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p data-bbox="240 875 1485 1003">The agency's PREA training has been developed by the Bureau of Staff Development and Training. Florida Department of Corrections policy requires PREA training be provided to staff at least every two years. The initial training is conducted during the employee's orientation training and at the training academy. Facility staff provide refresher information every other year. Employees are required to take a test after completing the training.</p> <p data-bbox="240 1032 1457 1126">The Bureau of Staff Development and Training has developed the agency's training to meet the needs of both male and female offenders. Training is not required when a staff member is reassigned from one facility that houses only male offenders to a facility that houses female offenders as the training is designed to address both male and female offenders.</p> <p data-bbox="240 1155 488 1182"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1211 1027 1238">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 8-9</p> <p data-bbox="240 1267 826 1294">FDC Prison Rape Elimination Act (PREA) Instructor Guide</p> <p data-bbox="240 1323 446 1350">PREA Training Test</p> <p data-bbox="240 1379 778 1406">Prison Rape Elimination Act PowerPoint Presentation</p> <p data-bbox="240 1435 411 1462">Training Rosters</p> <p data-bbox="240 1491 724 1518">E-TRAIN Records (Employee Training Records)</p> <p data-bbox="240 1547 446 1574">Interviews with Staff</p> <p data-bbox="240 1603 478 1630">Interviews with Inmates</p> <p data-bbox="240 1659 467 1686"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1715 1469 1787">The Auditor reviewed FDC Prison Rape Elimination Act Instructor Guide and lesson plans utilized to train staff. The training provided to employees includes all bulleted topics listed above.</p> <p data-bbox="240 1816 1481 1977">Each new employee receives the training during their initial orientation prior to performing duties in the institution. The training is conducted at the training academy by training academy instructors. The instructor utilizes the Instructor Guide while conducting the PREA training. At the conclusion of the training, each participant is required to pass a test of the material taught. The training conducted at the academy is not specific to any gender as the agency houses male and female offenders. Training conducted at the facility level is specific to the gender of the facility's population.</p> <p data-bbox="240 2007 1493 2134">At the time of the audit the facility's staff member responsible for training was away from the facility. The Auditor spoke to a staff member familiar with the training class. The Auditor asked the staff member what topics are taught during an employees' initial training. The staff member articulated the topics as previously listed above. The staff member informed the Auditor refresher information is provided to current staff through an online training session. The trainer explained each employee</p>

must pass a test at the conclusion of each training class. The Auditor was informed all contractors receive the same training and information that is provided to FDC employees. The Auditor reviewed a report of training received by facility staff. Training records reveal each staff member had received the PREA training and refresher information.

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

At the time of the Audit the facility employed 201 security and 31 non-security staff members. The Auditor verified staff received their initial PREA training and received refresher training. E-TRAIN records reveal staff are receiving PREA training on an annual basis. During interviews with security and non-security staff, the Auditor was informed they are provided PREA training every year. Staff informed they receive information related to the agency's sexual abuse and sexual harassment policies and procedures in each annual training session and periodically throughout the year. Staff informed the Auditor information is sent to them through emails regarding PREA standards and compliance efforts.

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

The Auditor conducted interviews with randomly selected and specifically targeted offenders. Interviews with offenders reveal staff respond appropriately when allegations are being made. Offenders informed the Auditor they are confident in staffs ability to respond to incidents of sexual abuse and sexual harassment appropriately. Offenders informed the Auditor staff are helpful and responsive to them.

**Conclusion:**

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

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1461 499">The Florida Department of Corrections has a policy which requires institutions ensure all volunteers and contractors who have contact with inmates be trained in their responsibilities under the FDOC’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Policy mandates facilities utilize the agency’s, “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors” book to conduct the training. Each is required to redo the training every three years. Policy also requires the “PREA Brochure for Interns, Volunteers, and Contractors” be provided annually to each volunteer and contractor. Each volunteer is required to read and sign the “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors.</p> <p data-bbox="240 528 1244 555">Long-term contract personnel are provided the same level of training that is provided to agency staff.</p> <p data-bbox="240 584 489 611"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 640 991 667">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 9</p> <p data-bbox="240 696 600 723">Policy – 503.004 Volunteers, pg. 11</p> <p data-bbox="240 752 1153 779">Prison Rape Elimination Act Training for Interns, Volunteers and Contractors (book) pg. 1-6</p> <p data-bbox="240 808 799 835">PREA Brochure for Interns, Volunteers and Contractors</p> <p data-bbox="240 864 628 891">Contractor/Volunteer Training Affidavit</p> <p data-bbox="240 920 632 947">Volunteer/Contractor Training Records</p> <p data-bbox="240 976 515 1003">Interviews with Contractors</p> <p data-bbox="240 1032 507 1059">Interviews with Volunteers</p> <p data-bbox="240 1088 467 1115"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1144 1461 1319">The agency’s, “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors” book includes the agency’s zero tolerance information, procedures for reporting incidents and/or allegations and facility response for failing to report allegations or information related to sexual abuse and sexual harassment. The Auditor reviewed the agency’s, “PREA Brochure for Interns, Volunteers, and Contractors.” The agency provides each volunteer and contractor a copy of the brochure prior to rendering services. In addition to other information, the brochure includes the following:</p> <ul data-bbox="280 1368 975 1464" style="list-style-type: none"> <li>• The agency’s zero-tolerance information;</li> <li>• Reporting allegations of sexual harassment and sexual abuse; and</li> <li>• Responsibilities.</li> </ul> <p data-bbox="240 1494 1493 1686">Each volunteer and contractor are provided the PREA book and brochure during their initial training. The Auditor conducted formal and informal interviews with volunteer and contract staff. Each volunteer and contractor interviewed informed the Auditor they had received training in the agency’s policies and procedures related to sexual abuse. The Auditor was informed the training was conducted in person prior to beginning services. Each was asked if they signed a form notating their understanding of the training. Each stated they did sign a form denoting such. Interviews with volunteers and contractors revealed they are</p> <p data-bbox="240 1693 1461 1789">knowledgeable regarding the agencies policies and procedures and understand how to report allegations and information related to sexual abuse. Each volunteer and contractor stated they receive information from the facility every year. Each volunteer and contractor interviewed had been provided information regarding the agency’s zero-tolerance policy.</p> <p data-bbox="240 1818 1477 2011">At the time of the Audit the facility had 28 volunteers and 55 contractors. The Auditor randomly selected 5 volunteer and 15 contractor “Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Training Affidavit” forms verifying those volunteers and contractors had received the PREA training. The Training Affidavit states, “I confirm that I have read and understand the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors.” The Training Affidavit requires the volunteer and contractor to sign, print and include their work location on the affidavit. The facility’s Chaplain maintains a list of active volunteers.</p> <p data-bbox="240 2040 1493 2136">The Auditor conducted an interview with a facility staff member familiar with training for volunteers and contractors. The staff member explained the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors training book is utilized to conduct PREA training. The staff member explained each volunteer and contractor acknowledges their receipt and</p>

understanding on the signature page. The Auditor was informed each volunteer and contractor is provided the brochure on an annual basis. The Auditor was informed contractors who work in the facility daily with offenders receive the same training as all FDC employees. The contractors are required to pass a test at the conclusion of the training.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

It is the policy of the Florida Department of Corrections to provide offenders with an initial orientation concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. Policy requires the orientation be conducted via approved video presentation that specifies protection issues to include information on preventing and reducing the risk of sexual violence. Policy specifies the orientation include:

- Information on PREA and the Department's zero-tolerance standard relating to sexual assault;
- Viewing of the "PREA - What You Need to Know" DVD;
- How to avoid sexual violence while incarcerated;
- Information on how to prevent and reduce the risk of sexual violence;
- An explanation of appropriate methods of self-protection and intervention;
- Information on how to report sexual assault to staff, including contact information for the Office of the Inspector General;
- Information on available sexual assault counseling and treatment; and
- Instructions on the process for requesting sexual assault counseling and treatment.

The agency policy requires the orientation and written information provided in the inmates' native language if an inmate does not understand English. The facility utilizes staff or the Language Line for interpretive services. Each facility is required to arrange for offenders with recognized disabilities and those who are Limited English Proficient (LEP) to be advised of the zero-tolerance policy in accordance with the resources outlined in the Americans with Disabilities Act Provisions for Inmates policy.

The agency's Americans with Disabilities Act Provisions for Inmates policy states, "The Department is required to authorize and/or provide reasonable accommodation(s) to inmates with documented disabilities to ensure accessibility for services, programs, and activities. When reviewing an inmate's request for an accommodation, decisions are based on the specific inmate's needs, capabilities as well as specific criteria for the program or activity. The inmate's requested accommodation shall be given primary consideration. The Americans with Disabilities Act requires the Department to make decisions on a case-by-case basis with facts, not suppositions."

**Evidence Relied Upon:**

Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 6, 9-10

Policy – 601.210 Inmate Orientation, pg. 3, 5

Policy – 604.101 Americans with Disabilities Act Provisions for Inmates, pg. 6

Acknowledgement of Receipt of Orientation

Zero Tolerance Posters

Offender Handbook

Sexual Abuse Awareness Brochure

Inmate PREA Education Facilitators Guide

FDC Translator List

Language Line Services Contract

Offender Records

Interviews with Staff

Interviews with Offenders

Observations

**Analysis/Reasoning:**

Each offender at the JCI is provided written information and an education/orientation at the time of booking . Staff ensures

each offender watches the comprehensive education video titled, "PREA: What You Need to Know" and provides the initial training in person utilizing the "Inmate PREA Education Facilitators Guide" during the booking process. Offenders are seated in an area in the receiving area while they watch the educational video. The officer explains the orientation process and plays the video. The officer pauses the video after each section of the video and reinforces key points as described in the facilitators guide. Each offender is required to sign the Acknowledgement of Receipt of Orientation form after receiving the information.

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

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

#### Section 1

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

#### Section 2

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

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

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

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

Lastly, the facilitator provides the following information:

- You do not have to report or name the abuser to get help;
- You can also get help from facility medical and mental health staff;
- You can get support from a rape crisis counselor (telephone number and address provided). You can contact the

- center whether you made a report or not, and the center is required to keep your information confidential;
- The facility has an agreement with the rape crisis center so that, if you do report and you need a medical exam, a counselor from the center can provide crisis counseling and information during the exam. A counselor can also help you through any investigative interviews or meetings; and
  - If you report, it is your right to know the outcome of the investigation.

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

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

The Auditor reviewed the records of 30 offenders. The records reviewed were of the offenders selected by the Auditor for interviews. A review of offender records revealed each offender signed the Acknowledgement of Receipt of Orientation on the Prison Rape Elimination Act (PREA) of 2003. The Auditor verified offenders received comprehensive education at the time of booking. Offenders are provided education at the initial reception center and again at each facility they are housed or transferred to.

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

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

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

Offenders interviewed by the Auditor were able to articulate FDC policies and procedures related to sexual abuse and sexual harassment prevention, detection and response. Offenders understand they had a right to be free from sexual abuse/harassment and retaliation. Each offender understands the avenues available to report sexual abuse and sexual harassment. Most offenders were aware the facility provides access to emotional support services through a rape crisis center. Each offender interviewed has seen the posters including such information posted on the walls. Facility posters include information how to contact the Gulf Coast Children's Advocacy Center for services.

The Auditor reviewed the agency's Offender Handbook. The handbook includes zero-tolerance information, how to report, including the hotline information, and prohibits sexual activity between inmates. The Florida Department of Corrections policies related to sexual abuse and sexual harassment apply to all FDC facilities. The JCI is not required to educate offenders prior to transporting to another FDC facility as the policies are the same. Each facility is required to provide an orientation/education that includes information specific to that institution.

The Auditor interviewed two offenders identified as Limited English Proficient. The Auditor determined the offenders were knowledgeable regarding the FDC sexual abuse and sexual harassment policies. The Auditor asked each offender how they could report an allegation of sexual abuse or sexual harassment. The offenders stated they could use the hotline, tell a staff member, file a grievance or have someone else file the allegation for them. Each informed the Auditor they received the PREA brochure and other materials written in Spanish. The Auditor asked each if he was provided a comprehensive education through a video. Each informed the Auditor they watched the video in Spanish. The Auditor asked each offender how staff communicated with them upon their arrival. Each informed the Auditor an interpreter was utilized.

The agency maintains a list of all staff who speak other languages in the event a translator is needed. The agency maintains a contract with a company for language line translation services. Facility personnel attempt to use a staff member for interpretive services prior to utilizing the language line. Facility staff refer to the agency's interpreter list to call an interpreter

at another FDC facility to provide interpretive services, when needed. The agency's interpreter list includes 647 staff members who speak languages other than English. There are numerous staff on the list who speak more than two languages. The Auditor observed the following languages on the Translator List: Haitian Creole, Guyanese, Patios, Chinese, Armenian, Portuguese, Farsi, Yoruba, Italian, Pashto, Spanish, French, Thai, Filipino, Creole, German, Latin, American Sign Language, Russian, Arabic, Persian, Tagalog, Serbo-Croatian, Swahili, Luganda, Kinya-Rwanda, Islamic, Nigerian, and Kyrgyz.

The Auditor conducted an interview with booking and classification staff. Staff informed the Auditor the information is provided as soon as the offender arrives at the facility. After the education session the Classification Officer meets with each offender in a private office. Classification discusses the agency's policies related to sexual abuse and sexual harassment and gives each offender the opportunity to ask questions related to such. The Auditor was informed the information will be read to an offender who has low vision or is blind, or who cannot read. The educational video can be heard by those who have low vision or are blind. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing and the educational video can be read through closed captioning. Interpretive services are provided through use of a language line or a bilingual staff member to offenders who cannot speak English.

The Auditor asked Classification staff how orientation/education is conducted with an offender who is cognitively challenged. The Classification Officer discusses options with the Classification Supervisor and PCM to ensure offenders who cannot otherwise benefit from the education are educated appropriately. One-on-one sessions are conducted to ensure the offender benefits from the education and information.

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

**Conclusion:**

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

115.34	<b>Specialized training: Investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The agency's policy requires investigators receive specialized training before conducting PREA investigations. The policy requires OIG investigators receive the general PREA training provided to all agency employees. Policy stipulates the training include the following:

- Techniques for interviewing sexual abuse victims;
- Appropriate application of Miranda and Garrity warnings;
- Sexual abuse evidence collection in confinement settings; and
- The criteria and evidence required to substantiate a case for prosecution referral.

Policy requires documentation be maintained that each OIG Investigator has completed the required specialized training. The bureau of Professional Development and Training is required to maintain the training documentation.

**Evidence Relied Upon:**

Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 11-12

Investigator Training Records

Training Curriculum

Interview with Investigator

**Analysis/Reasoning:**

At the time of the audit the facility had no staff who had received specialized training to conduct Sexual Abuse Investigations. Administrative and criminal sexual abuse investigations at the facility are conducted by the Office of Inspector General. The agency currently has 120 trained investigators who conduct criminal and/or administrative investigations of sexual abuse and sexual harassment across the state. Investigators are responsible for conducting investigations in their assigned region. The Auditor reviewed the training records of two OIG Inspectors who conduct investigations at the Jefferson Correctional Institution. Each OIG Investigator had received specialized training to conduct sexual abuse investigations in a confinement setting.

The Auditor conducted a review of the specialized training for investigators in confinement settings curriculum. The training was developed by The Moss Group, Inc. Each requirement as listed above is included in the training curriculum. One investigator attended the specialized training in May 2015 while the other completed training in March 2020. The Auditor verified through training records each investigator was provided the regular PREA training offered to all FDC personnel. Investigators receive training on an annual basis.

The Auditor conducted a formal interview with one OIG investigator assigned to the JCI. The Auditor asked the investigator to explain the training he received to conduct sexual abuse investigations in a confinement setting. The investigator was able to articulate the topics as bulleted above. The Investigator was knowledgeable regarding the requirements of conducting sexual abuse investigations. The Auditor asked the Investigator to explain the process he uses when conducting investigations. The investigator explained he interviews the alleged victim, alleged abuser, and witnesses, reviews offender records, collects evidence, notifies the SART, reviews video surveillance, phone records and any other relevant information, and coordinates with the State Prosecutor when needed. The investigator confides in the States Attorney during cases that appear criminal.

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

No Department of Justice component is required to conduct sexual abuse or sexual harassment investigations in the Jefferson Correctional Institution.

**Conclusion:**

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

115.35	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Florida Department of Corrections' Health Services Bulletin, Post Sexual Battery Medical Action requires all medical and mental health staff who work regularly in FDC facilities, including contracted staff are trained in the following:</p> <ul style="list-style-type: none"> <li>• How to detect and access signs of sexual abuse and sexual harassment;</li> <li>• How to preserve physical evidence of sexual abuse;</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment;</li> <li>and</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul> <p>The agency's Prison Rape: Prevention, Detection, and Response policy requires, "In addition to the general PREA training, investigators, medical health care practitioners, and mental health care practitioners who work regularly with inmates shall complete specialized training." The Florida Department of Corrections contracts its medical services with Centurion Managed Care.</p> <p>No Centurion medical or mental health practitioner has been trained to conduct forensic examinations.</p> <p><b>Evidence Relied Upon:</b></p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9</p> <p>FDOC Health Services Bulletin No. 15.03.36 pg. 4</p> <p>Centurion PREA Training PowerPoint</p> <p>Contract with Panhandle Forensic Nurse Specialist, Inc.</p> <p>Training Records</p> <p>Interviews with Medical and Mental Health Personnel</p> <p><b>Analysis/Reasoning:</b></p> <p>Medical services at the Jefferson Correctional Institution are contracted with Centurion Managed Care. All medical and mental health practitioners the Jefferson Correctional Institution are contract employees. The agency requires all medical and mental health practitioners to complete specialized medical training. The Auditor reviewed the training records of all medical and mental health practitioners. A review of the records indicated each medical and mental health practitioner received the specialized medical training.</p> <p>The specialized medical training was developed by Centurion personnel and is conducted either online or in-person. Each medical and mental health practitioner completed the specialized medical training and received a certificate of completion. The Auditor observed the following topics within the Centurion PowerPoint presentation:</p> <ul style="list-style-type: none"> <li>• Signs of Sexual Abuse: Physical Reactions;</li> <li>• Signs of Sexual Abuse: Emotional Reactions;</li> <li>• Gender and Sexual Orientation Considerations;</li> <li>• Voice and Speech;</li> <li>• Body Positioning;</li> <li>• Distance;</li> <li>• Eye Contact;</li> <li>• Reporting Requirements;</li> <li>• Preservation of Physical Evidence of Sexual Abuse; and</li> <li>• How to preserve physical evidence of sexual abuse.</li> </ul> <p>The training files of each medical and mental health professional revealed each had attended the training offered to all agency personnel. Each medical and mental health professional had received the training and signed the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors. The signature on the training affidavit acknowledges the personnel read and understood the training that was provided.</p> <p>The Auditor interviewed medical and mental health contractors employed at the Jefferson Correctional Institution. Each medical and mental health practitioner interviewed stated they had received specialized medical training and received the</p>

training provided by the FDC. The JCI training is provided annually to medical and mental health personnel. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. The Auditor asked medical staff to explain how they preserve physical evidence while attempting to treat medical emergencies that result from an incident of sexual abuse. Practitioners explanations supported the training provided through specialized medical training. The Auditor

was informed medical personnel attempt to preserve any physical evidence and a protocol is followed while doing so. The Auditor was informed life threatening injuries take priority.

Centurion Managed Care personnel do not perform forensic examinations at the Jefferson Correctional Institution. Those examinations are performed on site by a certified Sexual Abuse Nurse Examiner with the Sexual Abuse Response Team. The Auditor reviewed the scope of services section of the contract for forensic examinations. The Panhandle Forensic Nurse Specialist is required to provide an on-site assessments, documentation and collection of evidence for sexual assault of offenders at all Florida Department of Corrections facilities. The Auditor asked each Centurion medical personnel interviewed if they perform forensic examination. Medical practitioners stated they do not perform forensic examinations.

**Conclusion:**

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

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Florida Department of Corrections policy requires classification staff to screen all offenders within 72 hours of intake. Classification are to conduct the assessment for characteristics such as age, criminal record, and prior identified history of sexual victimization or predation to determine if the offender is at risk of future victimization or sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery.</p> <p>The agency's reception process policy requires a screening within 24 hours of arriving at a FDOC facility. The screening is conducted for potential mental and physical vulnerabilities which could jeopardize safety and/or sexually aggressive behavior. This policy also requires a screening within 72 hours after arriving at a facility for the risk of sexual victimization or risk of abusiveness.</p> <p>The agency's risk screening questions include the following:</p> <ul style="list-style-type: none"> <li>• Which of the following best describes your sexual orientation and/or gender identity;</li> <li>• Does the inmate appear to be flamboyant or does s/he display effeminate (male inmates) or masculine (female inmates) features or mannerisms (this question is directed for the assessor to answer based on his/her observations);</li> <li>• Have you ever been a victim of sexual abuse while incarcerated in the Florida Department of Corrections;</li> <li>• Have you ever committed sexual abuse against another person while incarcerated in the Florida Department of Corrections other than what has been previously reported, to include convictions and arrests;</li> <li>• Have you ever been the victim of sexual abuse while incarcerated in a juvenile detention facility, county jail, federal prison or other state prison or detention center;</li> <li>• Have you ever committed sexual abuse against another person while incarcerated in a juvenile detention facility, county jail, federal prison or other state prison or detention center other than what has been previously reported, to include convictions and arrests;</li> <li>• Have you ever been a victim of sexual abuse at any time in your life other than while incarcerated;</li> <li>• Other than while incarcerated, have you ever committed sexual abuse against another person at any time in your life other than what has been previously reported, to include convictions and arrests;</li> <li>• Has the inmate ever been the victim of sexual abuse other than as admitted to during the previous questions (this question is for the assessor based on his/her knowledge or file review);</li> <li>• Has the inmate ever committed sexual abuse against another person other than as admitted to during the previous question (this question is for the assessor based on his/her knowledge or file review);</li> <li>• Do you feel you are adequately familiar with the prison environment;</li> <li>• Are you currently being approached or pressured by other inmates for sexual favors; and</li> <li>• Are there any historical arrest circumstances that suggest sexual violence which are not evident by the offense title (this question is for the assessor)?</li> </ul> <p>The Inmate Behavioral Assessment Scale Sexual Risk Indicator is an objective scoring tool used to determine the potential risk of predatory behaviors or their risk for suffering sexual victimization. The risk indicator factors in the scoring tool include:</p> <ul style="list-style-type: none"> <li>• Sex Offender Status</li> <li>• Jimmy Ryce Status</li> <li>• Current Age</li> <li>• Body Mass Index</li> <li>• Number of Florida Incarcerations</li> <li>• Out-of-State Incarcerations</li> <li>• Violent Offenses</li> <li>• Medical Grade/Impairments</li> <li>• Race/Ethnicity</li> <li>• Disciplinary Record</li> <li>• Close Management Referral Codes</li> <li>• Tentative Release Date</li> <li>• Past PREA Perpetrator of Victim Designations</li> </ul>

- Protective Management
- Sexual Orientation
- Physical Features
- Past Perpetrator/Victim of Sexual Abuse
- Familiarity with Prison Environment
- Verbalized Fear for Personal Safety
- Historical Evidence of Violence During Commission of a Crime
- SRI Calculation (score)

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

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

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

**Evidence Relied Upon:**

Policy – 601.209 – Reception Process – Initial Classification, pg. 5-6

Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 7-8

Inmate Behavioral Assessment Scale Sexual Risk Indicator

Sexual Risk Indicator Assessment Questions

Inmate Risk Management System and Sexual Risk Index IRMS/SRI

Classification Records

Interviews with Staff

Interviews with Offenders

**Analysis/Reasoning:**

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

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

In addition, the agency's screening considers the following for risk of sexual abusiveness:

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

Classification Officers meet with and conduct a screening of each offender who enters the facility. The Classification interviews are conducted in a private office. The Classification Officer asks the offender the sexual risk indicator questions and calculates the score to determine the offenders risk level. Classifications

typically occur the same day offenders arrive to the facility. Any offender who arrives on a Friday will be classified on that Friday or the following Monday, dependent upon the time of arrival. The Auditor asked the Classification Officer if offender classification is ever conducted beyond 72 hours of arrival. The Classification Officer informed the Auditor offenders are never classified beyond 72 hours of arrival.

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

- 2 offenders were identified as previous perpetrators of sexual abuse
- 5 disclosed previous sexual victimization
- 1 identified as transgender
- 4 identified as bisexual
- 1 identified as gay
- 1 was perceived as gender non-conforming

The Auditor conducted a formal interview with three Classification Officers. Classification Officers explained the screening process to the Auditor. The Auditor asked each Classification Officer if they utilize professional judgement when considering vulnerability of an offender. The Auditor was informed Classification Officers input their own judgement when determining an offender's vulnerability. The Auditor asked Classification Officers if they have received a referral, request or additional information that bears on an offender's risk level. The Auditor was informed they have received such. Each Classification Officer stated they are required to conduct a reassessment following an incident of sexual abuse. Each Classification Officer stated they conduct reassessments the same day they are received. Each Classification Officer was asked if they place disciplinary charges on an offender who refuses to answer questions related to the risk screening. The Auditor was informed the policy prohibits them from disciplining offenders for refusing to answer those questions.

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

The Auditor conducted formal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the admission process. Most offenders stated they remember being asked those questions during the admission process. Some offenders informed the Auditor the facility asked them questions but they cannot remember the specific questions asked.

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

The Jefferson Correctional Institution does not detain solely for civil immigration purposes.

**Conclusion:**

The facility's Classification staff is attempting to discover offenders level of risk of sexual victimization and sexual aggressiveness during the admission process and within 30 days of an offender's arrival based upon additional information, an incident or referrals. The Auditor reviewed agency policies, procedures, risk screening forms, classification records, interviewed staff and offenders and determined the facility meets the requirements of this standard.

115.42	<b>Use of screening information</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 432">The Florida Department of Corrections has a policy which stipulates housing for gender dysphoria, transgender and intersex offenders will be determined on a case by case basis. The facility is required to consider each offender's safety and to consider the safety of the institution when making housing determinations. The facility is required by agency policy to conduct a biannually assessment of transgender and intersex inmates housing, program and work assignments. The Classification Officer is required to make this assessment.</p> <p data-bbox="242 463 1481 624">Agency policy is to house and assign work and programs to vulnerable offenders consistent with custody levels and medical status. The goal of the agency's policy is to ensure separation of likely victims from likely aggressors. Offenders who are identified at high risk of victimization may not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers.</p> <p data-bbox="242 656 1489 781">The agency is required by policy to consider on a case-by-case basis in deciding whether to assign a transgender or intersex offender to a male or female facility and when making housing and program assignments. Security and management problems are considered when determining placements. Transgender and intersex offenders' own views of safety are considered when determining placement.</p> <p data-bbox="242 813 1485 907">Policy requires a reassessment of each offender's risk of victimization or abusiveness within 30 days of the initial intake. The policy also states an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.</p> <p data-bbox="242 938 488 967"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 999 1027 1028">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 6-7</p> <p data-bbox="242 1059 1469 1115">Policy – 403.012 – Identification and Management of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria pg. 7</p> <p data-bbox="242 1146 526 1176">Housing Placement Reports</p> <p data-bbox="242 1207 576 1236">Risk Assessment Scoring Report</p> <p data-bbox="242 1267 517 1296">Classification Assessments</p> <p data-bbox="242 1328 668 1357">Shower and Pat Search Preference Memo</p> <p data-bbox="242 1388 695 1417">Transgender/Intersex Housing Determination</p> <p data-bbox="242 1449 497 1478">Interviews with Offenders</p> <p data-bbox="242 1509 446 1538">Interviews with Staff</p> <p data-bbox="242 1570 378 1599">Observations</p> <p data-bbox="242 1630 466 1659"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 1691 1469 1852">The Auditor reviewed 30 offender classification records. Of the records reviewed, one offender identified as transgender, four as bisexual, and one identified as gay. The classification screening tool requires the Classification Officer make individualized considerations when determining housing, bed, work and other assignments to ensure transgender offenders and those identified as potential victims are maintained away from sexual predators. The objective classification tool requires staff consider a transgender and intersex offender's views when determining assignments.</p> <p data-bbox="242 1883 1485 2112">The Auditor conducted an interview with each of those offenders. Each was asked if they had been housed in a dedicated housing unit. None of the offenders stated they had been housed in such a unit. The Auditor asked each if they have been treated any different after informing staff of their identification status. Each of the offenders stated they have not been treated differently than other offenders. The transgender offender was asked if the facility allows the offender to shower separately from other offenders. The transgender offender informed the Auditor the facility allows the offender to shower during count times while other offenders are confined to their beds. The transgender offender showed the Auditor a signed preference form that authorizes the offender to shower during count times.</p>

The Auditor reviewed two memorandums written by the Assistant Warden of Programs. Each memo provides direction to staff of transgender inmates preference regarding pat searches and showers. The transgender inmate receives a copy of the memorandum. One transgender inmate was approved for separate showering and for female staff to conduct pat searches of the inmate, if available and it does not deviate from normal security operations. One transgender inmate opted not to shower separately or to have female staff conduct searches. Each memo was signed by the inmate and a staff witness.

The Auditor reviewed a Transgender/Intersex Housing Determination. The Auditor observed the following section in the form; inmate's preference, security, medical/mental health, final review/housing determination, and approvals/signatures. The form includes considerations made by the facility to ensure the inmate's safety, the safety of other inmates, and the safety and security of the facility when determining the inmate's appropriate housing. The facility documents the final decision and includes the reason in the comments section.

The Classification Assessment tool utilized by classification staff requires individualized determinations be made for each offender. The tool also has questions directed to the assessor to include their own perceptions of the offender's risk level. The Auditor observed the assessment tool includes a question regarding the offender's own perceptions of his/her safety. A review of records revealed none of the offenders had concerns of his/her own safety. One offender was perceived as gender non-conforming by the Classification Officer.

The Auditor reviewed the files of five offenders who disclosed suffering sexual victimization while in the community. The Auditor conducted a formal interview with each offender. Each was asked if they had been housed in a unit with a known sexual abuser. None were aware of such in their housing unit. The Auditor asked each offender if he attended programs, education, or work with known abusers. Each stated they do attend programs and/or work with known abusers in the facility. There were no offenders housed at the facility at the time of the Audit who filed an allegation of sexual abuse at the facility.

The Auditor observed all facility living units during a detailed facility tour. Transgender and intersex inmates are given the opportunity to shower separately from the population. The facility's policy is to allow each transgender and intersex offender the opportunity to shower alone during one of the facility's count times. The transgender offender verified the facility allows the shower to take place during count time. The transgender offender presented a preference form to the Auditor during the formal interview. The preference form authorizes the offender to shower during the count time. The transgender offender informed the Auditor staff are "very accommodating." At the time of the Audit the transgender offender was housed in a general population housing unit.

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

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

**Conclusion:**

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

115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1497 533">The Florida Department of Corrections policy allows victims of sexual abuse to immediately indicate their housing preference. When a victim requests such, he/she is housed in Administrative Confinement, upon their consent. When a sexual abuse victim indicates he/she wishes to remain in general population the facility is required to consider available alternatives. If no alternatives exist, the offender can be placed in Administrative Confinement involuntarily. In such cases, the Institutional Classification Team (ICT) is required by policy to conduct a 72- hour review. The review team must review the victim and allegation, verify the offender's housing preference, and reassess the availability of any alternative housing. If after the 72-hour review the offender remains in Administrative Confinement the ICT is required to document the basis for concern for the offender's safety and why no alternative means of separation can be arranged.</p> <p data-bbox="240 562 1497 790">Florida Administrative Code requires an ICT member to conduct a weekly review of all offenders on Protective Management. The code requires the ICT conduct the review weekly for the first 60 days. If an inmate is housed in Protective Management for more than 30-days, the inmate is given a psychological screening assessment by a mental health professional to determine the inmate's mental condition. The code requires the inmate's participation and the assessment be documented. The report must be provided to the ICT so a decision can be made regarding continuation of the protection needs. The ICT is also required to conduct a review every 30 days. The ICT report is required to include the basis for protection, what transpired since the last report, the decision concerning continued protection, and the basis for that decision.</p> <p data-bbox="240 819 488 846"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 880 730 907">FAC – 33-602.220 – Administrative Confinement</p> <p data-bbox="240 936 692 963">FAC – 33-602.221 – Protective Management</p> <p data-bbox="240 992 1053 1019">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 11-12</p> <p data-bbox="240 1048 416 1075">Training Records</p> <p data-bbox="240 1104 638 1131">PREA Victim Housing Preference Form</p> <p data-bbox="240 1160 469 1187">Classification Records</p> <p data-bbox="240 1216 446 1243">Interviews with Staff</p> <p data-bbox="240 1272 379 1299">Observations</p> <p data-bbox="240 1328 464 1355"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1388 1473 1617">The Auditor reviewed the agency's records and observed no offender was placed in involuntary Administrative Confinement to protect him from the risk of sexual abuse. The facility had one allegation in which an offender was placed in Administrative Confinement following an allegation of sexual abuse. The Auditor reviewed the records of the allegation. A review of records revealed the offender was offered the Housing Preference Form. The offender elected to be housed in Administrative Custody. The preference form was provided to the offender prior to placing the offender in Administrative Custody. The form acknowledges the Officer in Charge discussed housing options with the offender. The form notifies the offender the ICT will conduct a review of his placement within 72 hours.</p> <p data-bbox="240 1646 1485 1910">The Auditor conducted formal interviews with classification staff. The Auditor asked classification to explain the process when placing a high-risk offender involuntarily in segregation. Classification informed the Auditor if an offender is placed involuntarily in segregation an assessment is conducted to consider available alternatives. The Auditor was informed victimized offenders can be separated from aggressive offenders as the facility has multiple living units. The number of living units allows staff the option of housing vulnerable offenders in a general population housing unit and not in segregated housing. Classification and security staff were aware that offenders in Administrative Confinement are required access to programs, privileges, education, and work opportunities, to the extent allowable.</p> <p data-bbox="240 1939 1437 2136">At the time of the audit there was no offender involuntarily housed in segregated housing to maintain separation from likely abusers. The Auditor asked the Warden how difficult it is for him to ensure a transfer of an offender. The Warden informed the Auditor he has the ability to quickly transfer an offender. The Auditor was informed by classification staff they can recommend a transfer to another FDC facility in the event an offender identified at high risk of sexual victimization or abusiveness is identified and cannot otherwise be housed in the facility. The Auditor interviewed medical and mental health personnel. Medical and mental health staff are</p>

informed when offenders are identified at high risk of sexual victimization.

The Auditor interviewed a staff member who supervises offenders in the segregation housing unit. The staff member was asked if offenders in segregated housing receive access to programs, privileges, education, and work opportunities. The Auditor was informed offenders have access to programs, education and work opportunities upon request, dependent upon legitimate facility security concerns. Privileges are provided to all offenders in the segregation housing unit. The Auditor asked if staff have ever supervised an offender in segregation housing who was identified at high risk of sexual victimization to keep him separate from likely abusers. No staff member interviewed could recall doing so.

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

At the time of the audit there were no offenders housed who had filed an allegation of sexual abuse or an offender who had been identified at high risk of sexual victimization.

**Conclusion:**

During the previous 12 months the Jefferson Correctional Institution has not placed an offender involuntarily in segregated housing following an allegation or after being identified at high risk of sexual victimization. After making observations and conducting a review of policies, procedures, classification records, Florida Administrative Codes and interviewing staff, the Auditor determined the facility meets the requirements of this standard.

The Auditor observed the agency policy mirrors the Florida Administrative Code. The Auditor informed the PREA Coordinator the policy and Florida Administrative Code violates the requirements of this standard when the facility places an offender in Administrative Confinement involuntarily. The standard requires a review conducted within 24 hours. The agency policy and Florida Administrative Code allows for the offender to be placed in Administrative Confinement for up to 72 hours while making an assessment. The Auditor informed the PREA Coordinator the Florida Administrative Code does not address placing an offender in Administrative Confinement involuntarily. The Auditor informed the PREA Coordinator to review the Florida Administrative Code and consider revising the agency policy.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 365">The Florida Department of Corrections policy is to provide multiple internal ways for offenders to report sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. Offenders at the Jefferson Correctional Institution may report allegations in the following ways:</p> <ul data-bbox="280 421 1273 745" style="list-style-type: none"> <li>• A verbal report to any staff member, volunteer or contractor;</li> <li>• Calling the TIPS line (number provided);</li> <li>• Calling an outside entity (Gulf Coast Children's Advocacy Center) (number provided);</li> <li>• Filing a Request Form;</li> <li>• Filing an informal and/or formal grievance;</li> <li>• Have a family member, friend or other member of the public fill out the online Citizen's Complaint form;</li> <li>• Have a family member, friend, or other member of the public submit a third-party grievance;</li> <li>• Write or e-mail the Office of Inspector General; and</li> <li>• Write or email the PREA Coordinator.</li> </ul> <p data-bbox="240 779 1315 969">The agency provides offenders the option of reporting sexual abuse and sexual harassment through the offender telephone system with a quick dial option. Agency policy requires employees to receive and immediately forward offender reports of sexual abuse or sexual harassment, retaliation, staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Supervisors are required to notify the Emergency Action Center (EAC) and electronically enter the information in the Management Information Notification System (MINS).</p> <p data-bbox="240 1003 1315 1126">Agency policy requires staff to immediately notify the Shift Supervisor, Chief of Security, Warden, or the Office of Inspector General after observing, having knowledge of, or receiving information, written or verbal (either first-hand or from a third party). Facility staff are required to promptly document any verbal reports on an Incident Report.</p> <p data-bbox="240 1160 1294 1249">The agency had no offenders who were detained solely for civil immigration purposes at the time of the audit. The Florida Department of Corrections does not house persons detained solely for civil immigration purposes at the Jefferson Correctional Institution.</p> <p data-bbox="240 1283 488 1310"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1339 1078 1366">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 8, 10-11</p> <p data-bbox="240 1395 679 1422">Policy – 601.210 – Inmate Orientation pg. 6</p> <p data-bbox="240 1451 887 1478">FAC - 33-103.006 Formal Grievance - Institution or Facility Level</p> <p data-bbox="240 1507 389 1534">PREA Posters</p> <p data-bbox="240 1563 608 1590">Inmate Orientation Handbook pg. 19</p> <p data-bbox="240 1619 600 1646">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 1675 772 1702">Gulf Coast Children's Advocacy Center, Inc. contract</p> <p data-bbox="240 1731 408 1758">Incident Reports</p> <p data-bbox="240 1787 523 1814">Website Reporting Avenues</p> <p data-bbox="240 1843 456 1870">Employee Handbook</p> <p data-bbox="240 1899 440 1926">Training Curriculum</p> <p data-bbox="240 1955 469 1982">Staff Training Records</p> <p data-bbox="240 2011 459 2038">Investigative Records</p> <p data-bbox="240 2067 443 2094">Interviews with Staff</p>

Interviews with Offenders

Observations

**Analysis/Reasoning:**

The Auditor reviewed the Sexual Abuse Awareness brochure provided to each offender during the admission process. The brochure informs offenders they can report allegations through the TIPS number and provides the number, request form or formal grievance process, tell any staff member, or tell a friend or family member. The Brochure provides offenders the address and contact number for the Gulf Coast Children's Advocacy Center. During a tour of the facility the Auditor observed posters in each housing unit and in support areas. Posters inform offenders how to report sexual abuse and sexual harassment.

The Auditor reviewed the agency's Inmate Orientation Handbook. The handbook informs offenders they may report sexual assault/battery and sexual harassment by immediately notifying a staff member. The handbook informs there are posters with toll-free, secure numbers posted in common areas. Offenders are informed these calls are confidential and are not recorded. Each offender receives an Inmate Orientation Handbook upon admission to the facility.

The facility maintains a contract with the Gulf Coast Children's Advocacy Center. The center accepts reports of sexual abuse and sexual harassment through a hotline. The center forwards allegations of sexual abuse and sexual harassment after receiving written authorization from the inmate. The TIPS hotline is available to the population. Allegations made through the TIPS line are immediately forwarded to the PREA Coordinator by Global Tel Link.

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

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

The Auditor conducted formal interviews with contract and volunteer personnel. Each was asked what actions they would take if they received an allegation of sexual abuse from an offender. The Auditor was informed they would immediately inform a security staff member. The Auditor asked each if they were required to document information they receive regarding sexual abuse or sexual harassment. Each stated they are required to document the allegation on an Incident Report. Each informed the Auditor they are required to report any and all information, knowledge, or suspicion regarding sexual abuse or sexual harassment.

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

The Auditor reviewed investigative records. Investigative records included Incident Reports submitted by

staff. A review of records revealed staff are verbally reporting allegations to supervisors and submitting an Incident Report of the allegation. The Auditor conducted an interview with an OIG Inspector. The inspector informed the Auditor he has conducted investigations into allegations that were reported anonymously and has conducted investigations that were received by a third party. He explained anonymous allegations are typically made through the hotline and forwarded to the inspector. The Auditor reviewed evidence staff are accepting verbal reports and submitting Incident Reports of the verbal allegation. Investigative records reveal staff are immediately informing their supervisors and investigations are completed promptly.

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

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

**Conclusion:**

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

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1337 533">The Florida Department of Corrections is not exempt from this standard as the Florida Administrative Code stipulates procedures to address offender grievances alleging sexual abuse. Florida Administrative Code does not impose a time limit when offenders may file a grievance alleging sexual abuse. The FAC does stipulate an offender must follow time limits after receiving a response to a formal grievance and elects to proceed to the next level of review. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or submit the grievance to the individual who is the subject of complaint. The Auditor observed nothing in Florida Administrative Code that restricts the agency's ability to defend against a lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p data-bbox="240 562 1326 725">Florida Administrative Code does not require any offender wishing to submit a grievance alleging sexual abuse against a staff member to submit the grievance to a staff member who is the subject of the complaint. The FAC prohibits such grievances from being referred to a staff member who is the subject of the complaint. The Florida Administrative Code for informal grievances stipulates offenders can skip the informal grievance process when submitted an allegation of sexual abuse.</p> <p data-bbox="240 754 1326 916">Florida Administrative Code requires informal grievances are responded to within 15 calendar days from the date of receipt. Formal grievances must be responded to within 20 calendar days from the date of receipt. All grievance appeals and direct grievances to the Office of the Secretary must be responded to within 30 calendar days from receipt. Emergency grievances alleging a substantial risk of imminent sexual abuse shall be responded to within 5 calendar days of receipt and corrective action taken within 48 hours of receipt.</p> <p data-bbox="240 945 1326 1207">Extensions may be granted for reasonable periods agreeable to both parties if the extension is agreed to in writing by the offender. Unless the offender has agreed in writing to an extension, expiration of a time limit at any step in the process shall entitle the complainant to proceed to the next step of the process. The offender is required to clearly indicate such when filing to the next step. If an offender has not agreed to an extension of time at the central office level of review, he will be entitled to proceed with judicial remedies as he would have exhausted his administrative remedies. The bureau of Policy Management and Inmate Appeals will ensure the grievance is investigated and responded to even though an extension has not been agreed to by the offender.</p> <p data-bbox="240 1236 1326 1431">The FDOC allows third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing requests for grievances relating to allegations of sexual abuse and to file such requests on behalf of the offender. The agency requires a condition of processing the request that the alleged victim agree to have the request filed on his/her behalf. The alleged victim must personally pursue subsequent steps in accordance with the grievance procedure. When an offender declines to have the request processed on his/her behalf, the institution documents the offender's declination.</p> <p data-bbox="240 1460 1422 1556">FAC 33-103.017 makes knowingly filing false, threatening, obscene, or profane statements in a grievance or any of its attachments subject to disciplinary action. The code requires staff found to be obstructing an inmate's access to the grievance process shall be subject to disciplinary action up to and including dismissal.</p> <p data-bbox="240 1585 491 1612"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1641 999 1668">Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 10</p> <p data-bbox="240 1697 628 1724">FAC – 33-103.005 Informal Grievance</p> <p data-bbox="240 1753 619 1780">FAC – 33-103.006 Formal Grievance</p> <p data-bbox="240 1809 730 1836">FAC – 33-103.017 Inmate Grievances - Reprisal</p> <p data-bbox="240 1865 799 1892">FAC – 33-103.011 Time Frames for Inmate Grievances</p> <p data-bbox="240 1921 612 1948">Inmate Orientation Handbook pg. 18</p> <p data-bbox="240 1977 603 2004">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 2033 485 2060">Inmate Grievance Form</p> <p data-bbox="240 2089 453 2116">Interviews with Staff</p>

## Interviews with Offenders

### **Analysis/Reasoning:**

The Jefferson Correctional Institution reported one grievance alleging an incident of sexual abuse in the past 12 months. The Auditor reviewed the record in which the allegation was reported through a grievance. The Grievance Officer ensured the allegation was forwarded to the OIC. The OIC immediately notified the EAC and input the information in the MINS. The Office of Inspector General was notified so an investigation would take place. The grievance was answered and returned to the offender informing the offender the OIG was notified and an investigation had taken place. The facility processed the grievance in accordance with the agency policy. The facility reported no emergency grievances were received alleging a substantial risk of imminent sexual abuse within the last 12 months.

The Auditor reviewed the agency's Inmate Orientation Handbook. The handbook informs offenders how to report allegations of sexual abuse. The handbook includes a section titled, "Grievances." Offenders are informed they have both formal and informal grievances available to them. Each offender receives a handbook at the time of admission. The handbook informs offenders more information regarding filing grievances is explained during their orientation process. Each offender receives a Sexual Abuse Awareness brochure during the admission process. The brochure informs offenders they can submit a grievance to report allegations of sexual abuse.

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

The Auditor conducted formal interviews with random and specialized staff. Staff was asked if the facility allows offenders the opportunity to submit grievances alleging a risk of imminent sexual abuse or to report an allegation of sexual abuse. The Auditor was informed offenders can submit such grievances. Facility staff understand the procedures for submitting emergency grievances alleging a risk of imminent sexual abuse. Supervisors interviewed by the Auditor were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

The Auditor was unable to interview the offender who submitted the grievance alleging sexual abuse as he was no longer housed at the facility during the audit.

### **Conclusion:**

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

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1326 432">The FDOC has a policy to provide sexual abuse or sexual battery victims with a form advising them of their rights to access crisis intervention services. Offenders are provided mailing addresses and telephone numbers, including toll-free hotline numbers of community victim advocates for emotional support services. The agency allows offenders in facilities to communicate reasonably between with a community organization in as confidential manner as possible.</p> <p data-bbox="240 465 1294 555">The Florida Department of Corrections requires facilities to inform offenders of the extent to which communications to those organizations and agencies will be monitored and forwarded in accordance with mandatory reporting laws prior to giving the offenders access.</p> <p data-bbox="240 589 1315 678">The agency maintains a Memoranda of Agreement with a community service provider who can provide offenders with confidential emotional support services related to sexual abuse. Copies of those agreements are maintained by the PREA Coordinator.</p> <p data-bbox="240 712 488 739"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 772 1038 799">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 12, 15</p> <p data-bbox="240 833 600 860">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 893 608 920">Inmate Orientation Handbook pg. 19</p> <p data-bbox="240 954 671 981">Inmate PREA Education Facilitators Guide</p> <p data-bbox="240 1014 435 1041">Posted Information</p> <p data-bbox="240 1075 831 1102">Contract with Gulf Coast Children's Advocacy Center, INC.</p> <p data-bbox="240 1135 435 1162">Interview with Staff</p> <p data-bbox="240 1196 488 1223">Interview with Offenders</p> <p data-bbox="240 1256 467 1283"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1317 1257 1406">The Auditor reviewed the Contract between the Florida Department of Corrections and the Gulf Coast Children's Advocacy Center, Inc. (GCCAC). The contract includes, but is not limited to, the following services provided by the GCCAC:</p> <ul data-bbox="280 1440 1485 2159" style="list-style-type: none"> <li>• Provide a 24/7 toll-free rape crisis hotline, staffed by certified victim advocates;</li> <li>• Provide a mailing address for inmate victims to send correspondence and provide a response to correspondence within seven (7) business days;</li> <li>• Provide a certified victim advocate to respond to an inmate's request for advocacy accompaniment during sexual assault forensic exams and investigatory interviews within four hours of notification by the Department. Should the inmate request advocacy services without the accompaniment during the sexual assault forensic exams and investigatory interviews, the certified victim advocate will respond within eight hours of notification by the Department;</li> <li>• Provide follow-up services and crisis intervention to inmate victims of sexual assault, as resources allow;</li> <li>• Provide the Department with the name of the advocate responding to a pre-scheduled investigatory interview, or individual counseling/advocacy/follow-up session, within one hour of notification by the Department;</li> <li>• Maintain privileged communication with inmates as required by state and federal law and the Contractor's policies;</li> <li>• Terminate the hotline call or individual service session(s) if an inmate's need for services is not, or is no longer, primarily motivated by a desire to heal from sexual violence;</li> <li>• Provide inmates with referrals for treatment after release, or upon transfer to another facility;</li> <li>• Provide inmates with information about how to report sexual abuse and the facility's responsibility to investigate each report and to protect inmates and staff who report from retaliation; and</li> <li>• Provide a free outside reporting hotline for inmates to report sexual abuse and/or sexual harassment. When inmates call the hotline, they shall have the option to report their allegation to an outside entity. Upon obtaining consent from the inmate to report the allegation, the victim advocate will immediately forward the reported information to the Warden and the Department's Contract Manager, or designee, via email.</li> </ul>

The contract stipulates the Department:

- Will provide the Contractor with access to all applicable Department rules and regulations. The Department will inform the Contractor of any regulatory or operational changes impacting the delivery of services to be provided pursuant to the contract;
- Call the Contractor to request a victim advocate to accompany the inmate during the sexual assault forensic exam any time that an incident or allegation of sexual abuse is discovered or reported that requires the activation of the Sexual Assault Response Team (SART) to conduct a forensic medical exam, when requested by the inmate victim;
- Ensure the victim receives the appropriate contact information, including the hotline number and mailing address for the Contractor, any time that an incident or allegation of sexual abuse is discovered or reported that does not require the SART activation;
- Provide orientation and training regarding facility operations to the Contractor's staff and volunteers working in the facilities with inmates, as appropriate;
- Ensure that the crisis hotline phone number and mailing address are placed in prominent areas available to all inmates;
- Determine and provide a location, within the facility, where the Contractor's staff and volunteers will meet with inmates; and
- Respect the nature of privileged communication between rape crisis center staff, volunteers, and inmates, and abide by all state and federal laws governing confidentiality, including establishing an internal system that will ensure the privacy and confidentiality of phone calls and letters.

The Auditor conducted a telephone interview with an advocate from the GCCAC. The agreement is to provide confidential crisis intervention and emotional support services related to sexual abuse to FDC offender victims. The GCCAC hotline is monitored by trained staff. The hotline is monitored 24 hours each day, seven days each week. The GCCAC links offender victims to accompaniment services by trained victim advocates upon request of the victim and when appropriate to do so. The poster on the walls in housing units and service areas refers offenders to the Sexual Abuse Brochure for limitations on confidentiality for crisis intervention services offered through the GCCAC.

The Auditor reviewed the agency's Sexual Abuse Awareness brochure. The brochure provides the name, address and information how to contact the Gulf Coast Children's Advocacy Center by telephone. The Auditor observed the GCCAC information posted in each living unit. The postings were near telephones in each unit. The postings and Sexual Abuse Awareness brochure include the quick dial access telephone number and the address to the GCCAC. Offenders are not required to enter their identifying pin number when calling the GCCAC. Upon arrival at the JCI each offender is provided the Sexual Abuse Awareness brochure.

The Auditor conducted a review of the agency's Inmate Orientation Handbook. The handbook informs offenders of the posters in living units. Offenders are informed the telephone numbers are secure and all calls to the TIPS line and all calls made to the advocacy hotline will remain confidential. The handbook informs offenders the calls will not be recorded.

The Auditor conducted a formal interview with an OIG investigator. The Investigator stated victim advocates are escorted into the facility to accompany an offender victim of sexual abuse during the forensic examination and criminal interviews, when requested by the victim. The Investigator stated he has not conducted an interview in which a victim advocate had been requested at the Jefferson Correctional Institution. An interview with the SANE revealed an advocate from the Gulf Coast Children's Advocacy Center is allowed to accompany the victim during a forensic examination when requested by the offender victim. When an offender requests the accompaniment of an advocate from the GCRCC the facility's OIC or OIG Inspector contacts the organization.

The Auditor conducted a formal interview with a mental health practitioner. The Auditor asked the practitioner to explain services that are offered to offender victims of sexual abuse. The practitioner informed the Auditor facility mental health practitioners meet with a victim following an incident of sexual abuse. All victims are informed and offered services through the Gulf Coast Children's Advocacy Center after an incident. Victims are offered follow-up services, counseling and other crisis intervention services through the GCCAC and facility mental health practitioners.

The Auditor conducted formal interviews with offenders. Each offender was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. The Auditor discovered offenders have seen the postings on the walls in the facility. Most offenders were aware of the community support services but were not aware of the organizations name . The Auditor asked offenders if they were provided a Sexual Abuse brochure during their receiving process or at any other time during their incarceration. Offenders stated they had been provided the information. Most offenders are aware the facility provides victim advocacy from a community organization.

There have been no offenders requesting services from the GCCAC in the past 12 months. At the time of the audit there were

no offenders detained solely for immigration purposes.

**Conclusion:**

The facility maintains documentation it provides emotional support services for sexual abuse victims through an agreement with the Gulf Coast Children's Advocacy Center. Contact information with the organization is provided to each offender upon booking in the Sexual Abuse Awareness brochure. The Auditor reviewed agency policies, procedures, contracts, offender brochure, orientation handbook, posters, conducted interviews with staff and offenders, and determined the facility meets the requirements of this standard.

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1329 465">It is the policy of the Florida Department of Corrections to accept third-party reports of sexual abuse and sexual harassment. The agency's policy allows reports of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment by calling an outside entity or by having a family member, friend, or other member of the public submit a third-party grievance. Any offender may also file a request, write or e-mail the Office of Inspector General, or write or e-mail the PREA Coordinator to file a third-party allegation of sexual abuse.</p> <p data-bbox="240 495 488 524"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 553 1015 582">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 10</p> <p data-bbox="240 611 408 640">Agency Website</p> <p data-bbox="240 669 517 698">Third Party Reporting Form</p> <p data-bbox="240 728 600 757">Sexual Abuse Awareness Brochure</p> <p data-bbox="240 786 469 815">Zero Tolerance Poster</p> <p data-bbox="240 844 446 873">Interviews with Staff</p> <p data-bbox="240 902 499 931">Interviews with Offenders</p> <p data-bbox="240 960 379 990">Observations</p> <p data-bbox="240 1019 466 1048"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1077 1313 1167">The Auditor reviewed the Florida Department of Corrections website. The website includes a link titled, "Instructions for Filing a Third-Party Grievance." After opening the link there are instructions and links to the following:</p> <ul data-bbox="284 1218 970 1379" style="list-style-type: none"> <li>• Request for Administrative Remedy or Appeal Form</li> <li>• List and contact information for facility Wardens</li> <li>• Facility directory</li> <li>• Bureau of Policy Management and Inmate Appeals phone number</li> <li>• Third Party Grievance Form</li> </ul> <p data-bbox="240 1411 1294 1500">The Third-Party Reporting Form must be filled out and submitted to the Warden of the facility in which the alleged incident occurred. The Third-Party Reporting Form is published in English. The form includes directions for the public to submit the form and provides contact information for submission of the form.</p> <p data-bbox="240 1532 1469 1727">The Auditor observed a Zero Tolerance poster in all offender housing units and service areas in the facility. The poster includes information to offenders directing them how to report allegations of sexual abuse and sexual harassment. The poster informs offenders they can "Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf through a third party grievance, through the online citizen's complaint form or by contacting the PREA office at [email provided]. You also can submit a report on someone's behalf, or someone at the facility can report for you using the methods listed above."</p> <p data-bbox="240 1758 1452 2018">FDC staff is required to accept all reports of sexual abuse and sexual harassment, including those made by telephone, verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with randomly selected and specialized staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, verbally inform a supervisor immediately, and document the allegation on an Incident Report. The Auditor asked each when they are required to submit the Incident Report. Each informed they submit the report promptly.</p> <p data-bbox="240 2049 1303 2139">The Auditor conducted formal interviews with offenders. The Auditor asked offenders in what ways the facility makes available for them to file an allegation of sexual abuse or sexual harassment. Offenders informed the Auditor they could call the hotline, tell a staff member, write a formal or informal grievance, or</p>

inform someone from the public or another inmate to make an allegation for them. Offenders were aware they could make an allegation anonymously. All offenders interviewed were aware of the toll free PREA Hotline available for reporting. All offenders interviewed understand how to have a third-party make an allegation of sexual abuse or sexual harassment on their behalf. The Auditor observed the hotline number posted by each telephone with information regarding rules on recording and monitoring of calls.

A review of the Sexual Abuse Awareness brochure reveals offenders are informed they can tell a friend or family member to file an allegation on their behalf. The Auditor interviewed an OIC Investigator. The investigator informed the Auditor he conducts investigations made anonymously and those submitted by a third-party.

**Conclusion:**

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

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1350 499">Agency policy stipulates staff, volunteers and contractors will promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse, sexual battery, staff sexual misconduct or sexual harassment. Staff, volunteers, contractors and interns are required to promptly report any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. All agency staff, volunteers and contractors are required to immediately report any knowledge, suspicion, or information related to the following:</p> <ul data-bbox="284 551 1262 678" style="list-style-type: none"> <li data-bbox="284 551 1262 611">• An inmate acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that an inmate poses a risk of being sexually victimized; and</li> <li data-bbox="284 616 1262 678">• All incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.</li> </ul> <p data-bbox="240 707 1321 835">Staff, volunteers and contractors who observe, has knowledge of, or receives information, written or verbal (either first-hand or from a third-party), regarding the fear of coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment is required to immediately notify the Shift Supervisor, Chief of Security, Warden or the Office of Inspector General.</p> <p data-bbox="240 864 1469 1093">Staff is prohibited by policy from revealing any information related to an allegation of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to anyone except as permitted by law. Staff may disclose the information to staff who make treatment, investigation, and other security and management decisions. Policy requires all incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment are reported on an Incident Report. Shift Supervisors are required to immediately notify the Emergency Action Center and report the information in the Management Information Notification System. This process automatically initiates a response for an investigation.</p> <p data-bbox="240 1122 1318 1182">The agency's policy mandates information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and other staff as necessary.</p> <p data-bbox="240 1211 488 1238"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1267 1090 1294">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response, pg. 10-11, 17</p> <p data-bbox="240 1323 456 1350">Investigative Reports</p> <p data-bbox="240 1379 437 1406">Population Reports</p> <p data-bbox="240 1435 619 1462">Interviews with Medical Professionals</p> <p data-bbox="240 1491 659 1518">Interview with Mental Health Professional</p> <p data-bbox="240 1547 448 1574">Interviews with Staff</p> <p data-bbox="240 1603 499 1630">Interviews with Offenders</p> <p data-bbox="240 1659 467 1686"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1715 1469 1989">The Auditor reviewed investigative reports from the previous 12 months. The investigative records reviewed revealed staff are immediately reporting allegations to their supervisors. The Auditor observed written Incident Reports documenting the information received verbally and written by staff who received the information. The Auditor was unable to conduct an interview with an offender who made an allegation at the facility. Each offender who had made an allegation in the previous 12 months had been released from the facility. During random interviews the Auditor discovered one offender made an allegation at another agency facility. The offender was asked if he felt the agency handled the incident appropriately. The offender informed the Auditor it was handled quickly and appropriately.</p> <p data-bbox="240 2018 1326 2145">The Auditor conducted formal interviews with randomly selected and specifically targeted staff at the JCI. Each was asked if they were required to report any and all knowledge, suspicion or information related to sexual abuse or sexual harassment. The Auditor was informed staff are required to verbally report the information immediately to a supervisor. The Auditor asked each staff member if they were required to report</p>

knowledge, suspicion, or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. All staff interviewed were aware of the agency's requirement to immediately report such activity. Each staff member explained the process of submitting Incident Reports within the facility. The process explained by each staff verifies the requirement is promptly after conclusion of the incident and/or learning of the information. Staff informed the Auditor they are required to submit their Incident Reports before leaving shift for the day.

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

The Auditor conducted formal interviews with medical and mental health practitioners. Each was asked if they are required to report any and all information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident of sexual abuse. Each informed the Auditor they are mandatory reporters of such information. The Auditor asked how they are required to report the information. Each informed they immediately and verbally report the information to a security supervisor. Medical and mental health practitioners are also required to document and submit the information on an Incident Report.

The Auditor asked each medical and mental health professional who they report information related to a sexual victimization that occurred in a community setting to. Each informed they do not report without first obtaining written consent from the offender. Medical and mental health practitioners have not had an instance in which they reported information regarding a sexual abuse that occurred in the community during this audit period. Each is aware of the requirement to obtain written informed consent and to provide the limitations of confidentiality at the initiation of services. Medical and mental health practitioners informed the auditor they immediately report victimization suffered in an institutional setting to security supervisors.

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

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

**Conclusion:**

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

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1318 432">The Florida Department of Corrections policy requires facility staff to take immediate actions to protect an offender when learning an offender is at risk of imminent sexual abuse. Each offender is screened for potential vulnerabilities or tendencies for acting out with sexually aggressive behavior within 72 hours of admission to the agency, and in most cases within 24 hours. Offenders who are discovered at risk of sexual victimization are referred to a qualified mental health professional.</p> <p data-bbox="240 461 489 488"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 517 1015 544">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 11</p> <p data-bbox="240 573 469 600">Classification Records</p> <p data-bbox="240 629 461 656">Investigative Records</p> <p data-bbox="240 685 445 712">Interviews with Staff</p> <p data-bbox="240 741 499 768">Interviews with Offenders</p> <p data-bbox="240 797 378 824">Observations</p> <p data-bbox="240 853 467 880"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 909 1441 1077">The Auditor participated in a detailed tour of all facility areas. The Auditor observed all living units available to ensure an offender who is at risk of imminent sexual abuse can be housed separately from abusers. The facility can transfer abusers or victims to another FDC facility if need be. The agency screens all offenders at the time of intake and upon arrival at each institution. Offenders are screened and identified for their level of risk during the booking procedure. The Auditor observed twelve distinct general population housing units and one segregation housing unit in the facility. The facility can separate offenders at risk of victimization from offenders identified as likely abusers by placing them in a different housing unit.</p> <p data-bbox="240 1200 1489 1435">Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how offenders are protected when learning an offender is at substantial risk of sexual abuse. The Auditor was informed if there is a specific allegation made both inmates are moved to Administrative Custody until an assessment can be made of the inmates housing placement. The investigator is notified to determine the validity of the risk. The inmate at risk would be provided a housing preference form to determine if the offender requests to remain in Administrative Custody. If the offender chooses not to remain in Administrative Custody, the facility reviews other housing options. If there is no specific allegation, the offender at risk may be placed in another general population housing unit.</p> <p data-bbox="240 1469 1473 1794">The Auditor conducted formal interviews with classification staff. Classification staff was asked how they ensure the protection of an offender who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked classification staff to explain what considerations are given when making their determination. Classification informed they review program, work, and educational assignments to ensure an offender at risk of sexual victimization will not encounter an offender who is a likely abuser. Classification stated they would meet with the offender who alleged an imminent risk of sexual abuse to ensure he is maintained safely in the facility. If need be, the Classification Officer would recommend a transfer to another FDC facility to ensure a victim is housed away from a likely abuser. The Auditor was informed an abuser will be removed from the facility if found to have committed an act of sexual abuse against another inmate.</p> <p data-bbox="240 1827 1477 2085">The Auditor conducted formal interviews with security and non-security staff members. Each was asked what actions they take if they were the first person to learn an offender was at risk of imminent sexual abuse. Staff informed the Auditor they would immediately remove the offender from the situation and verbally notify their supervisor. The Auditor asked staff to explain how they keep the offenders separated until a supervisor responded to the area. Each staff member was able to articulate reasonable explanations to ensure separation of both offenders. Non-security personnel stated they would immediately notify a security staff member and stay with the alleged victim to ensure he was safe. Supervisors informed the Auditor they would make sure the victim was separated from the aggressor and initiate information in the EAC so an investigation could be conducted.</p> <p data-bbox="240 2119 1453 2145">Interviews were conducted with randomly selected and specifically targeted offenders. The Auditor asked each if they felt</p>

safe in the facility. Each offender stated they do feel safe in the facility. The Auditor asked each if they felt confident in staff's ability to ensure their protection. Each inmate informed the Auditor they feel confident in staff's abilities to protect them from sexual abuse, harassment and retaliation and to appropriately respond to incidents of sexual abuse.

The Auditor reviewed investigative records from incidents alleged in the previous 12 months. In each case, the alleged victim was separated from the alleged abuser. Supervisors documented their actions of separating the alleged victim and alleged abuser. A review of investigative records reveal staff are taking immediate action to ensure the protection of offenders at risk of sexual abuse and those who have made an allegation of sexual abuse.

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

**Conclusion:**

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

115.63	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency policy requires the Warden notify the Warden of the facility where an alleged sexual abuse occurred upon receiving an allegation that an offender was sexually abused while confined at another facility. Policy dictates the notification must be documented and take place within 72 hours after receiving the allegation. Policy stipulates the receiving institution will be responsible for contacting the Emergency Action Center and entering the appropriate information in the Management Information Notification System. The EAC notifies an OIG Inspector for investigation.</p> <p>The Jefferson Correctional Institution reported there were no sexual abuse allegations received from offenders who alleged being sexually abused at another facility during this audit period. The Jefferson Correctional Institution reported receiving no sexual abuse allegation from another facility in the previous 12 months.</p> <p><b>Evidence Relied Upon:</b></p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 13</p> <p>Interviews with Staff</p> <p>Interviews with Volunteers</p> <p>Interviews with Contractors</p> <p><b>Analysis/Reasoning:</b></p> <p>The Auditor conducted an interview with the Jefferson Correctional Institution Warden. The Warden is aware of his requirement to report allegations of sexual abuse to other confinement facilities within 72 hours after receiving the allegation. Notifications to other facilities are made by email and telephone. The current Warden has not had to make a notification since being assigned to the Jefferson Correctional Institution. The Warden has been assigned to the facility for approximately one year. The Warden has not received a notification from another facility that a former JCI offender alleged suffering sexual abuse while housed at the JCI. The Warden ensures all allegations received by other facilities are sent to the OIG Investigator for investigation. The Agency has a process in which direct notification is made electronically. The Officer in Charge immediately notifies the Emergency Action Center by telephone and electronically enters the information in the MINS. This information goes directly to OIG investigators and an investigation is conducted. The EAC automatically informs OIG investigators.</p> <p>The Auditor conducted formal interviews with facility staff, volunteers and contract personnel. Each person interviewed stated they are required to immediately report and document any and all knowledge, suspicion and information regarding sexual abuse and sexual harassment. The Auditor asked each how quickly they are required to report the information and was informed “immediately.” They report the information to their supervisor.</p> <p>The OIG investigator informed the Auditor he has the authority and ability to travel to other FDC facilities to investigate such allegations when an offender is housed in another FDC facility. The investigator stated when information is put in the MINS an automatic notification is sent to the investigator. The investigator stated when a facility contacts the EAC a notification is made to the investigator.</p> <p>In the past 12 months the facility has not received notification from an offender that he was sexually abused while housed at another FDC facility. In the past 12 months the JCI has not received notification from another facility that a former JCI offender was sexually abused while housed in the JCI.</p> <p><b>Conclusion:</b></p> <p>The Warden understands the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff, volunteers and contractors at the Jefferson Correctional Institution understand the agency requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed agency policies, procedures, interviewed staff, volunteers and contractors and determined the facility meets the requirements of this standard.</p>

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1273 331">The Florida Department of Corrections maintains a policy that requires the first security staff member to respond to an alleged sexual abuse perform the following steps:</p> <ul data-bbox="280 383 1310 745" style="list-style-type: none"> <li>• Separate the alleged victim and abuser;</li> <li>• Preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence;</li> <li>• If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and</li> <li>• If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any actions that could destroy physical evidence, including but not limited to, washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.</li> </ul> <p data-bbox="240 775 1366 835">Agency policy requires a non-security first responder to request the alleged victim not take any actions that could destroy physical evidence and notify a security staff member.</p> <p data-bbox="240 864 488 891"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 920 1002 947">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 12</p> <p data-bbox="240 976 1246 1003">Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 5-6</p> <p data-bbox="240 1032 568 1059">JCI Coordinated Response Plan</p> <p data-bbox="240 1088 451 1115">OIC PREA Checklist</p> <p data-bbox="240 1144 517 1171">Interviews with Supervisors</p> <p data-bbox="240 1200 772 1227">Interviews with Medical and Mental Health Personnel</p> <p data-bbox="240 1256 659 1283">Interviews with Security First Responders</p> <p data-bbox="240 1312 707 1339">Interviews with Non-Security First Responders</p> <p data-bbox="240 1368 467 1395"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1424 1422 1697">The Auditor conducted interviews with security and non-security staff who could potentially act as a first responder. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. Each security staff member was able to articulate an appropriate response which included the above listed actions following an alleged sexual abuse incident. The Auditor asked each how they would ensure the alleged victim and alleged abuser were separated. Staff informed they immediately secure the living unit and remove the victim and abuser from the unit. Staff stated they would immediately call for assistance and inform their supervisor.</p> <p data-bbox="240 1727 1477 2022">Each staff member was asked how they ensure the protection of evidence of the crime scene .The Auditor was informed the area would be secured and no person would be allowed in the crime scene. The population would remain on lockdown or kept away from the area until the investigator was able to process the crime scene. Staff include information in the logbook to ensure each person who entered the crime scene and any removal of items would be included in the logbook. Facility policy also requires an Incident Report from each person who enters the crime scene. The Auditor asked staff who would process evidence in the crime scene. Staff informed the Auditor the SART team would be activated following an incident. Staff informed the Auditor the OIG Investigator is part of the SART team and would collect evidence from the crime scene.</p> <p data-bbox="240 2051 1291 2145">The Auditor asked supervisory staff to explain who would be allowed in a crime scene following an alleged sexual abuse. Staff stated the OIG Inspector would be the only person allowed in a crime scene to process physical evidence. Supervisors were asked to explain their response following an</p>

alleged sexual abuse. The Auditor was informed they would ensure the alleged victim and alleged abuser were immediately removed from the area and maintained separately in the facility. They would ensure the crime scene was secured and a staff member posted to ensure no one enters the crime scene. Supervisors stated they would send the victim to medical for immediate medical treatment. Supervisors stated they would then immediately make the notifications to the EAC and MINS so an investigation will begin. Supervisors were asked if they would ensure the abuser received medical attention and informed the Auditor "yes." Facility supervisors stated they follow and document their actions on the PREA Checklist.

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

Medical and mental health practitioners at the facility have received specialized training to preserve physical evidence while treating victims of sexual abuse. Medical personnel informed they would treat any immediate medical needs. They would request the victim not use the restroom, shower, or take any other actions which could destroy evidence. The Auditor asked medical staff how they preserve evidence while treating the offender. Staff explained how they attempt to preserve evidence while treating a sexual abuse victim. Any item of clothing removed from a victim while treating life threatening injuries are placed in a brown paper bag and provided to the investigator. Medical and mental health practitioners informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. The Auditor was informed forensic examinations occur at the facility by a certified SANE. The Auditor observed the area where the examinations occur. Forensic examinations occur in the facility's emergency room in the medical area.

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

- Separation of abuser and victim;
- First responder duties;
- Securing the crime scene;
- Housing of victim;
- Contacting EAC;
- Evaluation by medical; and
- Complete MINS.

The OIC PREA Checklist requires the staff member completing the form to check a box next to each action included on the form and acts as a guide to ensure proper protocol is followed. The Auditor reviewed investigative records. Investigative records included the completed OIC PREA Checklist, when appropriate. The checklists were completed following each sexual abuse allegation.

**Conclusion:**

The Auditor observed agency policies require the first responder to take immediate actions that align with this standard. The Auditor determined both security and non-security staff are knowledgeable in their duties as first responders of sexual abuse. The Auditor reviewed agency policies, procedures, Coordinated Response Plan, OIC PREA Checklist, conducted interviews with staff, and determined the facility meets the requirements of this standard.

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The agency's Prison Rape: Prevention, Detection, and Response policy includes information that was utilized to create a coordinated response plan for the Jefferson Correctional Institution.

The facility utilizes the agency's OIC PREA Checklist to supplement the coordinated response plan. The OIC PREA Checklist requires the Office in Charge to ensure actions in the coordinated response plan are followed.

**Evidence Relied Upon:**

Policy – 602.053 – Prison Rape: Prevention, Detection, and Response

JCI Coordinated Response Plan

OIC PREA Checklist

Investigative Records

Training Curriculum

Training Records

Staff Interviews

**Analysis/Reasoning:**

The Jefferson Correctional Institution has a written Coordinated Response Plan. The plan includes response actions for staff first responders, supervisors, medical and mental health practitioners, investigators and facility leadership. Prior to arriving on site the Auditor observed the coordinated response plan included instructions for staff first responders to ensure an abuser not take actions to destroy physical evidence. The Auditor informed the Corrections Consultant the plan was missing instructions for the first responder to request the victim not take actions to destroy physical evidence. The Consultant immediately sent the Auditor another copy of the facility's Coordinated Response Plan. The plan sent by the consultant included the required actions. The plan was signed by the facility Warden.

Facility supervisors are required to complete a OIC PREA Checklist following an allegation of sexual abuse. The OIC Checklists supplements the Coordinated Response Plan. The OIC Checklist ensures all required actions are taken during the response to allegations of sexual abuse. Each supervisor interviewed by the Auditor are aware of the checklist. Supervisors informed the Auditor the checklist makes it easier for them to respond appropriately to allegations of sexual abuse.

During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, and command staff questions regarding their specific duties in response to an alleged sexual abuse incident. Each first responder and specialized staff interviewed by the Auditor was able to articulate their required response actions following an alleged sexual abuse incident. Specialized staff interviewed by the Auditor understand and make appropriate response efforts to an alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.

The Auditor reviewed investigative records from the previous 12 months. In each alleged sexual abuse case the facility completed the OIC PREA Checklist. Facility staff appeared to have responded appropriately to each allegation. The response efforts were in accordance with the facility's Coordinated Response Plan.

The Auditor reviewed the agency's training curriculum. The curriculum includes first responder duties for security and non-security personnel. Medical and mental health practitioners are trained in their response efforts in the specialized medical training. The agency trains each investigator for appropriate response efforts in the investigative training. Volunteers and contractors are trained to stay with a victim and immediately notify a security staff member. The Auditor verified all staff, contractors and volunteers have received the applicable training.

**Conclusion:**

The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency's policies, procedures, coordinated response plan, OIC PREA Checklist, investigative records, and interviews with staff, the Auditor determined the facility meets the requirements of this standard.

115.66	<p data-bbox="231 71 1508 1321"><b>Preservation of ability to protect inmates from contact with abusers</b></p> <p data-bbox="231 145 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 201 1508 246"><b>Auditor Discussion</b></p> <p data-bbox="231 268 1508 336">The Florida Department of Corrections has a collective bargaining agreement with the Florida Police Benevolent Association. The agreement was effective January 27, 2021 and expires June 30, 2023.</p> <p data-bbox="231 358 1508 392"><b>Evidence Relied Upon:</b></p> <p data-bbox="231 414 1508 448">Florida Police Benevolent Association Agreement</p> <p data-bbox="231 470 1508 504">Staff Interviews</p> <p data-bbox="231 526 1508 560">Offender Interviews</p> <p data-bbox="231 582 1508 616"><b>Analysis/Reasoning:</b></p> <p data-bbox="231 638 1508 772">The Auditor reviewed the agreement between the Florida Police Benevolent Association and the Florida Department of Corrections. The agreement does not limit the FDC's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="231 795 1508 974">Interviews with staff reveal participation with the Florida Police Benevolent Association is optional. Interviews with command staff reveal alleged staff sexual abusers can be removed from contact with offenders pending the outcome of an investigation. The Warden informed the Auditor he can reassign a staff member to another post, shift, or ensure the staff member is placed on leave pending an investigation. The Warden ensures a staff member has no contact with an offender following an allegation of sexual abuse while the investigation is pending.</p> <p data-bbox="231 996 1508 1086">The facility has not had an allegation during the previous 12 months that required the facility remove an alleged staff sexual abuser from contact with an alleged inmate victim. The facility has not disciplined a staff member for violating agency sexual abuse and sexual harassment policies during the previous 12 months.</p> <p data-bbox="231 1108 1508 1142"><b>Conclusion:</b></p> <p data-bbox="231 1164 1508 1299">The Auditor determined the agency has not entered into an agreement that limits its ability to remove alleged staff sexual abusers from contact with offenders. The Auditor reviewed the agency's agreement with the Florida Police Benevolent Association, interviewed staff and offenders and determined the facility meets the requirements of this standard.</p>
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115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 463">The FDOC has a policy to ensure the protection of offenders and staff from retaliation who report allegations of sexual abuse, sexual harassment, or those who cooperate with sexual abuse/harassment investigations. Agency policy requires retaliation monitoring for a period of at least 90 days, to include at least three contact status checks during the 90-day period at the 30, 60 and 90-day marks from the date of allegation. The Retaliation Monitor is required to review disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor, in addition to the periodic status checks.</p> <p data-bbox="240 495 1490 589">Agency policy requires a receiving institution to continue monitoring for acts of retaliation if an offender is transferred during the 90-day monitoring period. If an OIG Inspector determines an allegation to be unfounded the facility may cease monitoring for acts of retaliation against the offender.</p> <p data-bbox="240 620 1329 813">The agency's PREA Guide includes the following direction to those who monitor for acts of retaliation, "If an inmate alleges retaliation during the 90-day monitoring period, the incident will be reported and a new 90-day monitoring period will initiate. After reporting the incident, close out the old monitoring appointment by using the 20-code and entering comments about why you are canceling it. Then you will create a new monitoring appointment on the JM03 screen. The obligation to monitor for retaliation will terminate (within the 90 days) if the allegation is deemed unfounded."</p> <p data-bbox="240 844 489 871"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 902 1046 929">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 12-13</p> <p data-bbox="240 960 590 987">Prison Rape Elimination Act Guide</p> <p data-bbox="240 1019 507 1046">Retaliation Monitoring Log</p> <p data-bbox="240 1077 461 1104">Investigative Records</p> <p data-bbox="240 1135 576 1162">Interview with Retaliation Monitor</p> <p data-bbox="240 1193 466 1220"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1252 1372 1346">The agency's policy includes elements of PREA standard 115.66 to ensure offenders and staff are protected from retaliation by staff or other offenders. The Jefferson Correctional Institution has designated two classification staff members and one Sergeant responsible for monitoring retaliation as required by PREA standard 115.67.</p> <p data-bbox="240 1377 1484 1601">The Retaliation Monitor inputs retaliation monitoring activity into each offender's electronic case management log. The Auditor reviewed each investigation of allegations made during the previous 12 months. In each case, other than unfounded, the facility monitored offenders for acts of retaliation. The electronic log includes the names of offenders who are being monitored for acts of retaliation. The log includes a notation of 1st, 2nd, 3rd PREA retaliation review. The comments section of the log notates discipline, programming, and other relevant information. The Retaliation Monitor meets with each offender as required by agency policy and this standard. Retaliation is monitored for each offender who files an allegation of sexual abuse/harassment. There were no acts of retaliation discovered during the previous 12 months.</p> <p data-bbox="240 1632 1493 1861">The Auditor conducted a formal interview with a staff member responsible for monitoring retaliation. The Auditor asked the staff member to explain what she reviews when performing retaliation monitoring. The monitor informed she meets with the offender, reviews disciplinary charges, grievances, Incident Reports, housing and programming changes, staff evaluations, speaks to staff and offenders and reviews staff duty assignments. The Retaliation Monitor reviews documents maintained in an offender's electronic record. The Auditor asked the staff member to discuss the process if retaliation is against a staff member. The monitor does make recommendations for staff shift and/or post assignment changes if need be.</p> <p data-bbox="240 1892 1337 2152">The Auditor asked the Retaliation Monitor if there is a maximum amount of time she will monitor for acts of retaliation. She stated the FDC does not designate a maximum amount of time to monitor for acts of retaliation. Monitoring continues until the threat of retaliation no longer exists or the offender or staff member is no longer at the facility. The Auditor asked the minimum amount of time for monitoring retaliation. The retaliation monitor stated she monitors retaliation for a period no less than 90 days . The Auditor asked the monitor to explain what actions she takes to ensure offenders are protected if she discovers the offender is being retaliated against. The monitor explained she will recommend housing assignment changes, program assignment changes, reassignment of work positions and education adjustments, and place disciplinary</p>

charges against the person who is retaliating against the offender. If retaliation is occurring by a staff member the monitor discusses the issue with the staff member's supervisor.

The retaliation monitor stated she will coordinate with medical and mental health personnel if referrals for support services are needed for the victim of retaliation. If the Retaliation Monitor determines the offender cannot be protected at the facility, she can make a recommendation to transfer the offender to another FDC facility. The Auditor asked the monitor what she would do if an offender requested she stop monitoring. The staff member stated the monitoring would continue for 90 days even if the offender request to stop monitoring.

There were no offenders housed at the Jefferson Correctional Institution at the time of the audit who had filed an allegation during the previous 12 months.

**Conclusion:**

The JCI has designated staff members responsible for monitoring acts of retaliation against offenders and staff. The staff are educated in their responsibilities for monitoring retaliation. The Auditor reviewed agency policies, procedures, Retaliation Monitoring Log, investigative records, conducted formal interviews with staff, and determined the facility meets the requirements of this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1329 365">The Florida Department of Corrections has a policy which requires the protection of an offender who is alleged to have suffered sexual abuse. The FDOC policy includes elements of standard 115.43 when placing offenders in segregated housing.</p> <p data-bbox="240 398 1485 689">Florida Administrative Code 33-602.220 states, "Inmates shall be placed in administrative confinement pending review of the inmate's request for protection from other inmates pursuant to Rule 33-602.221, F.A.C. The inmate shall be placed in administrative confinement by a senior correctional officer when the inmate presents a signed written statement alleging that the inmate fears for his or her safety from other inmates, and that the inmate feels there is no other reasonable alternative open to him or her. A senior correctional officer shall place an inmate in administrative confinement pending review for protective management based on evidence that such a review is necessary and the senior correctional officer determines that no other reasonable alternative is available. " Among several other requirements, the code requires the following elements be considered in determining whether protective management is necessary: a record of having been assaulted, verified threats, verbal abuse, or harassment, and reliable, confirmed evidence of sexual harassment.</p> <p data-bbox="240 723 488 750"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 779 1027 806">Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 11-12</p> <p data-bbox="240 835 730 862">FAC – 33-602.220 – Administrative Confinement</p> <p data-bbox="240 891 683 918">FAC - 33-602.221 - Protective Management</p> <p data-bbox="240 947 544 974">Segregation Housing Records</p> <p data-bbox="240 1003 467 1030">Classification Records</p> <p data-bbox="240 1059 692 1086">Interview with Segregated Housing Unit Staff</p> <p data-bbox="240 1115 488 1142">Interview with Offenders</p> <p data-bbox="240 1171 376 1198">Observations</p> <p data-bbox="240 1232 464 1258"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1292 1318 1489">The Auditor reviewed the agency's policy regarding the use of segregation housing to protect offenders who have suffered sexual abuse. The agency policy states offenders who have alleged sexual victimization will be immediately offered the Housing Preference form. If the offender indicates he wishes to remain in Administrative Confinement the offender will no longer be considered involuntarily housed. If the offender requests to remain in general population the facility is required to conduct an assessment of available alternatives for his separation. If no alternatives are available, the offender may remain in segregation.</p> <p data-bbox="240 1518 1485 1742">The Auditor conducted a formal interview with a staff member who supervises offenders in segregation housing. The Auditor asked if the staff member has supervised an offender who has been placed in segregation housing after allegedly suffering sexual abuse. The Auditor was informed there have been no offenders housed in segregated housing solely to protect them from sexual abuse. The Auditor was informed there have been offender victims placed in Administrative Confinement following an allegation and upon their request. The staff member was asked if offenders in segregation housing have access to programs, education, work and other privileges. The Auditor was informed any offender victim placed in involuntary Administrative Confinement will have access to such, to the extent possible.</p> <p data-bbox="240 1776 1286 2004">The Auditor discussed the use of segregated housing with the classification staff. The Auditor asked classification staff if they conduct a review of those placed in segregation after suffering sexual abuse. Classification staff informed the Auditor the OIC conducts an immediate review and the Institutional Classification Team conducts a review within 72 hours. The Auditor asked if the victimized offender is removed from programming, education or work status as a result of being placed in segregation housing. The Auditor was informed the offender can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.</p> <p data-bbox="240 2033 1286 2161">Classification staff informed the Auditor there are multiple housing options available and therefore do not automatically place a sexual abuse victim in segregation for his protection. Classification explained other alternatives are explored prior to housing a victim in segregation. The Auditor was informed there are numerous areas in the facility to place sexual abuse victims to ensure they are protected from abusers</p>

without having to place the victim in segregation housing. Classification and the facility's Warden stated they can transfer a victim to another FDC facility if needed. The Auditor was informed an abuser will be removed from the facility when determined to have committed an act of sexual abuse. The offender would be transferred to another FDC facility.

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

The Auditor conducted interviews with offenders. None of the offenders interviewed had been placed in Administrative Confinement at the facility. At the time of the audit there were no offenders at the facility who made an allegation of sexual abuse. The Auditor interviewed one offender who made an allegation at another FDC facility. The offender informed the Auditor he was not housed in Administrative Confinement.

**Conclusion:**

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

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1294 432">The Florida Administrative Code states, "The inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections." The Florida Department of Corrections OIG Inspectors conduct administrative and criminal investigations. The FDC requires OIG Inspectors receive special training to conduct sexual abuse investigations in confinement settings. FDC policy requires the specialized training include:</p> <ul data-bbox="280 488 1118 611" style="list-style-type: none"> <li>• Techniques for interviewing sexual abuse victims;</li> <li>• Appropriate application of Miranda and Garrity warnings;</li> <li>• Sexual abuse evidence collection in confinement settings; and</li> <li>• The criteria and evidence required to substantiate a case for prosecution referral.</li> </ul> <p data-bbox="240 645 1326 835">Agency policy prohibits facility staff from conducting interviews with a criminal suspect unless necessary for immediate security concerns to be dispelled. OIG Inspectors consult with the State's Attorney during prosecutorial efforts. Policy prohibits requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. Policy requires administrative investigations include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse.</p> <p data-bbox="240 869 1326 1025">Agency OIG Inspectors are required to refer substantiated allegations which appear to be criminal in nature to the State's Attorney for prosecution. Policy requires investigative records be retained for ten years after the date of initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Policy prohibits the termination of an investigation if an offender is released or a staff member is terminated or terminates employment.</p> <p data-bbox="240 1059 1305 1149">The Office of Inspector General Sexual Abuse Investigators are required to cooperate with the prosecutors and to endeavor to remain informed about the progress of a sexual abuse investigation. The Office of Inspector General is required to inform the facility during investigative processes.</p> <p data-bbox="240 1182 1302 1272">At the time of the audit there were no regular facility staff who had received specialized training to conduct sexual abuse investigations in confinement facilities. There are two district investigators who conduct investigations in the Jefferson Correctional Institution.</p> <p data-bbox="240 1305 488 1332"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1366 1257 1393">Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 5-11</p> <p data-bbox="240 1426 927 1453">Policy – 602.053 Prison Rape: Prevention, Detection, and Response</p> <p data-bbox="240 1487 887 1514">FAC – 944.31 Inspector General; Inspectors; Powers and Duties</p> <p data-bbox="240 1547 539 1574">Investigator Training Records</p> <p data-bbox="240 1608 528 1635">Interview with OIG Inspector</p> <p data-bbox="240 1668 459 1695">Investigative Records</p> <p data-bbox="240 1729 376 1756">Observations</p> <p data-bbox="240 1789 464 1816"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1850 1485 2085">The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector discussed the procedure he utilizes when investigating allegations of sexual abuse and sexual harassment. He explained he reviews electronic information maintained in offender records, conducts interviews with the victim, perpetrator and any witnesses, including staff witnesses, collects physical evidence, reviews video footage, phone records and any relevant documents. The Auditor asked what the Inspector looks for when he reviews information maintained in offender records. The Inspector explained he reviews criminal history, disciplinary records, submitted grievances, and applicable Incident Reports submitted by staff regarding the victim, abuser, and witnesses.</p> <p data-bbox="240 2119 1329 2145">Video monitoring is reviewed by the Inspector when available. The Auditor asked the Inspector if he attempts</p>

to discover whether staff actions or failures to act contributed to an incident of sexual abuse or sexual harassment. The Inspector attempts to discover if staff actions or failures to act contributed to an incident of sexual abuse or sexual harassment during his investigatory efforts. The Auditor asked the Inspector to explain the types of evidence he attempts to gather during his investigation process. The Inspector explained he gathers video footage, Incident Reports, Request Forms, grievances, telephone recordings, facility logs, testimonies and any other relevant documents and items which could be considered evidence to support his determination. The Inspector explained he begins his investigation efforts as soon as he receives an allegation. During off hours the inspector is required to immediately report to the facility to begin a sexual abuse investigation. The Auditor asked the investigator to explain how he assesses the credibility of an alleged victim, perpetrator and witnesses. The investigator explained he does not make personal judgements.

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

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

In the previous 12 months the State's Attorney has not prosecuted a JCI offender or staff member as a perpetrator of sexual abuse. Three allegations of sexual abuse were referred to the OIG for criminal investigation. Two of the allegations were offender-on-offender sexual abuse and one was an allegation of staff-on-offender sexual abuse. One allegation of offender-on-offender allegation was unsubstantiated. The finding was "activity suspended" in the other cases as there was insufficient evidence to prosecute a case.

The Auditor reviewed all investigative files in which offenders alleged sexual abuse/harassment during the previous 12 months. Each investigation was conducted by a trained Inspector from the Office of Inspector General. The Auditor observed the written reports did not include testimonial evidence or the reason behind a credibility assessment. The agency requires the OIG office to review and approve investigations prior to finalizing the investigative report. The investigative reports provided to the Auditor were a printout of the information documented in the MINS. The OIG Investigator documents his/her findings in the MINS. The MINS does not require the reason behind credibility assessments or testimonial evidence be documented in the system.

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

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

**Corrective Action Required:**

Administrative investigative reports do not include the reason behind credibility assessments or a description of testimonial evidence as required in section (f)(2) of this standard. The Auditor was provided witness statements that supplement the investigation. The witness statements were collected by facility personnel. It appears the investigative results are based on a review of information provided by the facility. The investigative report is a printout of the MINS. Most information in the MINS is input by facility personnel. The MINS includes a section where the investigator inputs the "OIG Action." The comments made in the "OIG Action" are no more than a paragraph. After reading the "OIG Action" section, it appears investigations are no more than a review of submitted documents. Investigative reports (MINS printouts) state, "AFTER INITIAL REVIEW BY THE OFFICE OF INSPECTOR GENERAL IT HAS BEEN DETERMINED THAT THERE IS INSUFFICIENT EVIDENCE..." The Auditor observed this pattern in each MINS provided during the audit.

Reading the "OIG Action" section of the MINS gives the appearance the investigator only reviews facility provided documents and does not formally interview the alleged victim, abuser, or witnesses. The Auditor feels an appropriate credibility assessment cannot be made without formally interviewing the alleged victim, abuser, and witnesses. None of the MINS provided during the audit included documentation stating the reason behind credibility assessments. The Auditor observed no evidence a credibility assessment was performed.

The agency shall update the MINS or develop another means of capturing testimonial evidence and the reason behind credibility assessments in investigative reports. Agency investigators shall be trained on the process created to comply with this standard. The agency shall provide the Auditor with completed administrative investigative reports after updating the report process. The Auditor will communicate with the PREA Coordinator regarding the number of investigative reports needed after the updated process has been finalized by the agency. The agency shall provide the Auditor with training records or other means of capturing investigators have been notified of the updated investigative reporting process. The agency is provided six months from the date of this report to correct the finding.

**Corrective Action Taken:**

The Office of Inspector general now assigns all cases to field inspectors for review. Investigative reports for abusive sexual contact, nonconsensual sex acts, and staff sexual misconduct are sent to the Criminal Unit while reports of allegations of staff sexual harassment are sent to the Administrative Unit for review. Allegations of inmate-on-inmate sexual harassment are referred to the facility for investigation. Previously to this change, the investigator would make the disposition entries in the MINS. The Office of Inspector General's Office did not re-train investigators. Each investigator has received the specialized investigative training before conducting sexual abuse investigations. The agency was not required to retrain investigators as investigators have received appropriate training. A directive was issued to ensure investigative reports are reviewed prior to finalization.

The Auditor reviewed the specialized training curriculum. The curriculum includes the elements of this standard. The PREA Coordinator sent the Auditor the OIG review of allegations reviewed by the Auditor while on site. The Auditor observed each report included testimonial statements and the reason behind credibility assessments. Each report referred for review included the reviewer's comments. The review includes a statement of the investigator affirming the following:

- "That I have read the foregoing document and, to the best of my knowledge, information, and belief, the facts stated therein are true and accurate;
- That, to the best of my personal knowledge, information, and belief, I have not knowingly or willfully deprived, or allowed another to deprive, the subject of the investigation of any of the rights contained in § 112.532 and 112.533, Florida Statutes; and
- That the investigation was conducted in compliance with the Quality Standards for Investigations found within the Principles and Standards for Offices of Inspector General."

The Auditor reviewed evidence the agency has implemented an appropriate practice to ensure written investigative reports include testimonial evidence and the reason behind credibility assessments. The reviewer is responsible for ensuring investigative reports include all requirements of this standard.

**Conclusion:**

After making corrective actions, the Auditor determined the agency is documenting the reason behind credibility assessments and testimonial evidence in investigative reports. Each agency Investigator has received the appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. The Auditor determined the facility meets the requirements of this standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1294 365">The Florida Department of Corrections, Office of Inspector General has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 396 488 425"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 454 831 483">Office of Inspector General Directive – 2.005 Investigations</p> <p data-bbox="242 512 456 542">Investigative Reports</p> <p data-bbox="242 571 504 600">Interview with Investigator</p> <p data-bbox="242 629 464 658"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 687 1294 880">The agency policy includes the following definition for preponderance of evidence: “where used herein, refers to the greater weight of evidence, not necessarily established by the greater number of witnesses testifying to a fact, but by evidence that has the most convincing force; superior evidentiary weight that although not sufficient to free the mind wholly from all reasonable doubt, remains sufficient to incline a fair and impartial mind to one side of the issue rather than the other; evidence which indicates the behavior, action, or incident more likely occurred than did not.”</p> <p data-bbox="242 909 1485 1102">The Auditor conducted a formal interview with an OIG Sexual Abuse Investigator. The Investigator was asked what standard of evidence he uses to substantiate an allegation of sexual abuse and sexual harassment. The Investigator explained a preponderance of evidence is needed to substantiate an allegation during an administrative investigation. When asked what a preponderance is the investigator explained 51 percent will determine the outcome.</p> <p data-bbox="242 1131 1262 1196">The Auditor reviewed six investigative reports. A review of the reports revealed the OIG Inspectors are utilizing a preponderance of evidence when making an investigative determination.</p> <p data-bbox="242 1225 373 1254"><b>Conclusion:</b></p> <p data-bbox="242 1283 1481 1377">The Auditor was able to determine OIG Inspectors utilize a preponderance as the basis for their determinations. The Auditor reviewed agency policies, procedures, investigative reports, interviewed an agency investigator, and determined the facility meets the requirements of this standard.</p>

115.73	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Florida Department of Corrections policy requires offenders be notified whether a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy requires the OIG's case Inspector make the notification to the offender if the allegation was against a staff member. The institution is responsible for notifying inmates following allegations made against other inmates. Agency policy requires an offender be notified of the results following an allegation of sexual abuse, sexual battery, sexual misconduct, sexual harassment or voyeurism against a staff member. The investigative results include the following:</p> <ul style="list-style-type: none"> <li>• Exonerated;</li> <li>• Sustained;</li> <li>• Partially sustained;</li> <li>• Not sustained;</li> <li>• Unfounded;</li> <li>• Closed by arrest;</li> <li>• Exceptionally cleared; or</li> <li>• Placed in open-inactive status.</li> </ul> <p>Policy requires the Warden or his/her designee inform an offender whenever a staff member is no longer assigned to the facility or employed with the department.</p> <p>After an offender's allegation that he/she has been sexually abused by another offender, the agency requires the offender be informed when:</p> <ul style="list-style-type: none"> <li>• The FDC learns that the alleged abuser has been indicted on a charge related to sexual abuse; or</li> <li>• When the FDC learns that the alleged abuser was convicted on a charge related to sexual abuse.</li> </ul> <p>The facility's Prison Rape Elimination Act Guide informs, "Following an investigation an inmate will be informed of the outcome of the investigation. Allegations that are returned to management, to include OIGRM, the facility will be responsible for notifying the inmate of the outcome of the administrative investigation."</p> <p><b>Evidence Relied Upon:</b></p> <p>Policy – 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, pg. 10-11</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 16-17</p> <p>Prison Rape Elimination Act Guide</p> <p>Inmate Notification Form</p> <p>Investigative Records</p> <p>Interview with Investigator</p> <p><b>Analysis/Reasoning:</b></p> <p>The agency's policy allows offender victims of sexual battery the opportunity to review investigative reports and provide a statement as to its accuracy prior to the report being finalized. The report must first be approved by an investigative supervisor before the offender is given the opportunity to review the report. The OIG must redact any confidential material in the report prior to the offender reading the report. The OIG documents the victim's review and any statements provided by the victim on the "Sexual Battery Victim Review" form. The Auditor reviewed investigative reports in which the OIG Investigator documented the alleged victim was provided the victim review and signed the document.</p> <p>The Auditor conducted a formal interview with an agency OIG Inspector. The Inspector informs offenders of the results of an allegation of sexual abuse at the conclusion of the investigation. The Auditor asked who informs the offender victim when charges are placed on the abuser or the abuser has been convicted. The Inspector informed the Auditor the OIG inspector makes those notifications to the offender as the Sexual Battery Victim Review must be performed by the inspector. The inspector stated he sends notification to the facility in cases that do not involve sexual abuse and the facility informs the offender victim of the outcome of</p>

the investigation.

The Auditor reviewed six investigative records from the previous 12 months. In each criminal allegation, the alleged victim was notified of the investigative findings. The Auditor observed each offender was notified of the investigative determination at the

conclusion of the investigation. None of those cases were substantiated allegations. Florida Administrative Code permits a victim of sexual abuse the opportunity to review and provide a statement as to the accuracy of the final report prior to the submission of the final report of a substantiated allegation. Each offender signs the review form. The investigative reports include the Inspectors determination. Offenders are provided the opportunity to include comments as to the findings or other information contained in the Inspector's report.

Following an administrative investigation the offender is notified of the investigative determination on the Inmate Notification (PREA) form. The form includes the case number, date and time of notification, and the result of the investigation. The staff member making the notification and the offender are both required to sign the form. The Auditor observed completed notifications following an administrative investigation included in investigative files.

At the time of the audit there were no offenders housed who made an allegation of sexual abuse during the previous 12 months. The Auditor interviewed one offender who alleged sexual abuse at another FDC facility. The offender was asked if a staff member met with him about his allegation. The offender stated an investigator did meet with him after filing the allegation. The Auditor asked the offender if he was informed of the investigative finding following the investigation. The offender stated he was notified of the results.

**Conclusion:**

The Auditor concluded the OIG Inspectors inform offenders of investigative findings after the conclusion of a criminal investigation. Facility staff notify the offender victim following an administrative investigation. The Auditor reviewed agency policies, procedures, investigative records, notifications, conducted an interview with an OIG Inspector, and determined the facility meets the requirements of this standard.

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1436 434">The Florida Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. The Agency Employee Counseling and Discipline policy allows the following disciplinary measures against an employee:</p> <ul data-bbox="282 488 496 645" style="list-style-type: none"> <li>• Counseling</li> <li>• Written Reprimand</li> <li>• Suspension</li> <li>• Demotion</li> <li>• Dismissal</li> </ul> <p data-bbox="240 676 1278 801">The disciplining authority is given flexibility in selecting appropriate discipline in order to take into consideration mitigating or aggravating circumstances. The agency uses the following factors when determining discipline for those who have not engaged in sexual abuse but have violated agency sexual misconduct policies:</p> <ul data-bbox="282 855 836 949" style="list-style-type: none"> <li>• The nature and circumstances of the acts committed;</li> <li>• The staff members disciplinary history; and</li> <li>• Similar treatment in like circumstances.</li> </ul> <p data-bbox="240 981 1297 1070">The Florida Department of Corrections must comply with the Florida Administrative Code (FAC). The FAC outlines discipline sanctions for staff who violate Florida law and FDOC policies. The FAC includes termination as a sanction for the first violation of sexual harassment and sexual abuse.</p> <p data-bbox="240 1102 1302 1191">The FDOC notifies the Criminal Justice Services Training Center through the Florida Department of Law Enforcement when criminal violations of sexual abuse or sexual harassment are committed by staff. Policy requires the notification be made within 45 days after the conclusion of a "qualified violation."</p> <p data-bbox="240 1223 488 1249"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 1281 890 1308">Policy – 208.039 – Employee Counseling and Discipline pg. 4-11</p> <p data-bbox="240 1339 746 1366">FAC – 33-208.003 – Range of Disciplinary Actions</p> <p data-bbox="240 1397 695 1424">FAC – 60L – 36.005 – Disciplinary Standards</p> <p data-bbox="240 1456 1457 1482">FAC – 944.35 – Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required; penalties</p> <p data-bbox="240 1514 446 1541">Interviews with Staff</p> <p data-bbox="240 1572 466 1599"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1630 1321 1787">The Auditor conducted formal interviews with staff at the Jefferson Correctional Institution. Staff have been made aware termination is the presumptive disciplinary measure for engaging in acts of sexual abuse. The facility's leadership utilizes a zero-tolerance approach and disciplines staff for violating agency sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will terminate a staff member who engages in sexual abuse with an offender.</p> <p data-bbox="240 1818 1331 2011">Agency investigators in the Office of Inspector General have the legal authority to place criminal charges against a staff member who engages in acts of sexual abuse or a criminal act of sexual harassment. The investigator informed the Auditor he coordinates with the State Attorney's office following such an incident if the act was clearly criminal. Agency staff report criminal acts of sexual abuse to the Criminal Justice Services Training Center following an incident of such or following a resignation which would have resulted in a termination. The Criminal Justice Services Training Center maintains correctional officer certifications.</p> <p data-bbox="240 2042 1445 2132">If a medical or mental health professional is found to have engaged in sexual abuse the Florida Board of Nursing will be notified. The Department of Education is notified if a licensed DOE personnel commits and act of sexual abuse. The agency does not notify relevant licensing bodies if an act of sexual abuse or sexual harassment is clearly not</p>

criminal. The agency does notify relevant licensing bodies when a staff member terminates employment if that staff member would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The agency reported there were no substantiated incidents of staff-on-offender sexual abuse at the Jefferson Correctional Institution in the previous 12 months. There have been no staff members disciplined or relevant licensing body notified in the previous 12 months.

**Conclusion:**

The Florida Department of Corrections has an appropriate policy to ensure JCI personnel who violate sexual abuse or sexual harassment policies are appropriately disciplined and the appropriate agencies are notified.

The Auditor conducted a review of agency policies, procedures, interviewed staff, and determined the facility meets the requirements of this standard.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1329 499">The Florida Department of Corrections has a policy which mandates contractors and volunteers who engage in sexual abuse are prohibited from contact with offenders. The agency's policy is to notify law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal in nature. The agency takes appropriate remedial measures and considers prohibiting further contact with offenders for violations of other agency sexual abuse or sexual harassment policies. The agency's contract management policy allows for contract termination for any contractor who fails to comply with the department's PREA policies and procedures and/or Federal Rule 28 C.F.R. Part 115.</p> <p data-bbox="242 528 489 557"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 586 716 616">Policy – 205.002 Contract Management, pg. 19</p> <p data-bbox="242 645 1002 674">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 16</p> <p data-bbox="242 701 1011 730">Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors</p> <p data-bbox="242 757 442 786">Training Curriculum</p> <p data-bbox="242 813 416 842">Training Records</p> <p data-bbox="242 869 446 898">Interviews with Staff</p> <p data-bbox="242 925 504 954">Interviews with Contractor</p> <p data-bbox="242 981 507 1010">Interviews with Volunteers</p> <p data-bbox="242 1039 466 1068"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 1099 1323 1261">The Jefferson Correctional Institution has had no reported incidents in which a volunteer or contractor has engaged or been alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with volunteer and contract personnel. Each volunteer and contract personnel interviewed was aware of agency discipline sanctions for violating sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1290 1329 1518">Volunteers and contractors are made aware of the agency's sexual abuse and sexual harassment policies during their orientation training. Each volunteer and contractor received a Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors. Each volunteer and contractor signed receipt of the training material. The Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors book informs Volunteers and Contractors failing to report or take immediate action, intentionally inflicts humiliation toward the victim or informant, or trivializes a report of sexual battery will be subject to appropriate discipline, up to and including termination.</p> <p data-bbox="242 1547 1497 1709">The facility's leadership is aware of the requirement to notify relevant licensing bodies following a contractor or volunteer's participation in sexual abuse. Command staff informed the Auditor a contractor or volunteer would be prohibited from offender contact if determined to have participated in an act of sexual abuse. The agency does not notify relevant licensing bodies if an act of sexual abuse committed by a volunteer or contractor is clearly not criminal.</p> <p data-bbox="242 1738 376 1767"><b>Conclusion:</b></p> <p data-bbox="242 1798 1398 1960">The Florida Department of Corrections maintains appropriate policies to ensure contractors and volunteers at the JCI are removed from offender contact after committing an act of sexual abuse or sexual harassment. The Auditor reviewed agency policy, procedures, volunteer and contractor training, training records, conducted formal interviews with staff, volunteer and contract personnel to determine the facility meets the requirements of this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1326 533">The agency’s policy allows staff to discipline an offender for participating in an act of offender-on-offender sexual abuse. Any offender found guilty of sexual abuse are referred for Close Management review and/or issued a Discipline Report. Offenders will not be disciplined for sexual contact with a staff member if the staff member consented to the act. Policy requires discipline sanctions only after the offender participates in a formal disciplinary hearing and the hearing committee finds evidence of guilt or the offender has been found guilty in a criminal proceeding. The discipline process is required to consider whether the offender’s mental disabilities or mental illness contributed to the abuser’s behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 562 1326 656">Agency staff is prohibited from disciplining an offender who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish enough evidence to substantiate the allegation.</p> <p data-bbox="240 685 1305 815">Sexual activity between offenders is prohibited within agency facilities. Any offender found to have participated in sexual activity (even consensual) is disciplined for such activity. If sexual activity between offenders is found to be consensual the Florida Department of Corrections personnel may not consider the sexual activity as an act of sexual abuse.</p> <p data-bbox="240 844 488 871"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 900 1002 927">FAC – 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions</p> <p data-bbox="240 956 632 983">FAC – 33-601.800 Close Management</p> <p data-bbox="240 1012 767 1039">FAC - 33-601.301 Inmate Discipline - General Policy</p> <p data-bbox="240 1068 1002 1095">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 16</p> <p data-bbox="240 1124 647 1151">Interview with Sexual Abuse Investigator</p> <p data-bbox="240 1180 619 1207">Interviews with Medical Professionals</p> <p data-bbox="240 1236 668 1263">Interview with Mental Health Professionals</p> <p data-bbox="240 1292 496 1319">Interviews with Offenders</p> <p data-bbox="240 1348 464 1375"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1404 1326 1579">Florida Administrative Code allows placing an offender in Close Management following a finding the offender participated in an act of sexual assault or battery. FAC 33-601.800 defines close management as “the confinement of an inmate apart from the general population, for reasons of security or the order and effective management of the institution, where the inmate, through his or her behavior, has demonstrated an inability to live in the general population without abusing the rights and privileges of others.”</p> <p data-bbox="240 1608 1497 1769">The facility has had no substantiated administrative or criminal case in which an offender was found to have participated in an act of sexual abuse in the previous 12 months. The facility reported no incidents in which an offender had been disciplined for filing a report of sexual abuse. The Auditor conducted formal interviews with staff. The Auditor asked each if they were aware of an offender receiving disciplinary charges for filing an allegation of sexual abuse. No staff member was aware of an offender receiving charges for such.</p> <p data-bbox="240 1798 1318 1960">The Auditor conducted a formal interview with an OIG Investigator. The Investigator was asked if he has ever disciplined an offender for filing an allegation of sexual abuse. The Investigator informed the Auditor he has not placed disciplinary charges on an offender who filed a report of sexual abuse or sexual harassment. The Auditor discovered no evidence which reveals an offender received a disciplinary charge for making an allegation of sexual abuse or sexual harassment or an offender for perpetrating sexual abuse.</p> <p data-bbox="240 1989 1337 2150">The Auditor conducted formal interviews with medical and mental health practitioners. The Auditor was informed Centurion Managed Care staff offer counseling, therapy and other interventions to address and correct underlying reasons or motivations for committing acts of sexual abuse. The Auditor was informed an offender’s participation or non-participation in such interventions do not hinder the offender’s ability to attend programming or other benefits. Mental health personnel stated they attempt to address underlying reasons for</p>

perpetrating sexual abuse. Efforts are made if the offender is willing to participate. Offenders have the right to refuse mental health services at the facility.

At the time of the audit there were no offenders housed at the facility who had filed an allegation of sexual abuse or who have been found to have perpetrated an act of sexual abuse. The Auditor interviewed one offender who filed an allegation at another FDC facility. The offender had not been disciplined for filing the allegation.

**Conclusion:**

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

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1353 398">The Florida Department of Corrections policy requires if the results of an SRI assessment or medical assessment indicate an offender experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender will be offered a follow up meeting with a mental health professional and must occur within 14 days of arriving at the facility.</p> <p data-bbox="240 432 1299 622">Policy stipulates information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p data-bbox="240 656 488 685"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 712 1002 741">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 14</p> <p data-bbox="240 768 424 797">Offender Records</p> <p data-bbox="240 824 616 853">Mental Health Screening Evaluations</p> <p data-bbox="240 880 619 909">Interviews with Medical Professionals</p> <p data-bbox="240 936 659 965">Interview with Mental Health Professional</p> <p data-bbox="240 992 499 1021">Interviews with Offenders</p> <p data-bbox="240 1055 467 1084"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1111 1489 1339">The Auditor selected 30 offenders for formal interviews. Fifteen were specifically targeted and 15 were randomly selected. The Auditor asked to see the records of all 30 offenders. Of the records reviewed, five disclosed previously suffering sexual abuse. The Auditor reviewed the records of the offenders who previously suffered sexual victimization. A review of the record revealed each offender was offered a follow-up meeting with a mental health professional. The Auditor verified mental health professionals met with each offender who accepted the meeting within 14 days of learning of the offender's victimization. During a review of files the Auditor observed two offenders were identified as perpetrators of sexual abuse during the booking process. Each was offered a follow-up meeting with a mental health professional.</p> <p data-bbox="240 1373 1485 1532">The Auditor reviewed the files of offenders who reported an allegation of sexual abuse at the facility. Records reveal each was offered a follow-up with a mental health professional. The mental health practitioner met with each offender within several days of the allegation. The Auditor also observed evidence mental health follow-up meetings are conducted due to a referral from staff. In one case, an offender was referred to mental health by a medical practitioner. The mental health practitioner met with the offender within four days.</p> <p data-bbox="240 1565 1326 1861">The Auditor conducted a formal interview with a mental health professional. The mental health professional stated mental health staff meets with offenders who request a meeting, are referred, or who accepts a 14-day follow-up after informing of previous victimization. The mental health professional stated they are on site during the week and always meet with offenders within 14 days. The Auditor asked who the mental health professional shares information with relating to sexual victimization or abusiveness that occurred in an institutional setting. The mental health professional informed only those who need to know. The mental health professional stated informed consent would be obtained prior to sharing information related to sexual victimization suffered in the community. The Auditor was informed there has been no need to report victimization suffered in a community setting with anyone other than a medical or mental health professional.</p> <p data-bbox="240 1895 1350 2123">The Auditor asked the mental health professional if a 14-day follow-up is offered to those who perpetrate sexual abuse. The Auditor was informed when an inmate answers "yes" to the victimization and/or perpetrating questions on the risk screening an electronic alert is sent to the mental health professionals. The Auditor was informed abusers are offered follow-ups within 14 days of learning of their abusiveness. The Auditor asked if counseling, treatment or other intervention services are offered to sexual abusers to determine why they perpetrate such acts. The Auditor was informed such services are offered. Mental health professionals stated they begin these services within 60 days of learning of their abusiveness.</p>

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

The Auditor conducted formal interviews with offenders who disclosed prior victimization during the booking process. Each offender was asked if they were offered a follow-up meeting with a mental health practitioner. Each offender stated they were offered a chance to meet with a mental health practitioner. Offenders who accepted the meeting were asked how long after arriving did they meet with mental health. Each offender stated they met with a mental health practitioner within a couple days.

Follow-up meetings with mental health are automatically scheduled through the facility's offender management system. When staff check the "yes" box on any of the SRI questions during the offender's admission process, the offender is electronically scheduled to meet with the mental health professional. Mental health staff are responsible for accessing the electronic system to review the offenders who need a follow up meeting. The automatic notifications occur for those who disclose sexual victimization and those who have perpetrated sexual abuse.

**Conclusion:**

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

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1318 465">It is the policy of the Florida Department of Corrections to ensure offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p data-bbox="240 499 1326 622">Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.</p> <p data-bbox="240 656 1114 683">Policy waives offender payment for services involving a sexual abuse or sexual battery.</p> <p data-bbox="240 712 488 739"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 770 1003 797">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 14</p> <p data-bbox="240 826 1059 853">Policy – 401.010 Co-Payment Requirements For Inmate Medical Encounter, pg. 3</p> <p data-bbox="240 884 1046 911">FDC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action</p> <p data-bbox="240 943 536 969">FDC Medical Protocol Forms</p> <p data-bbox="240 1001 868 1028">Adult/Adolescent Forensic Sexual Assault Examination Report</p> <p data-bbox="240 1059 652 1086">Offender Medical/Mental Health Records</p> <p data-bbox="240 1117 753 1144">Interviews with Medical/Mental Health Practitioners</p> <p data-bbox="240 1176 703 1202">Interview with Sexual Assault Nurse Examiner</p> <p data-bbox="240 1234 571 1261">Interviews with First Responders</p> <p data-bbox="240 1292 466 1319"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1350 1334 1543">The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the Jefferson Correctional Institution are consistent with a community level of care. Each medical and mental health professional interviewed stated they feel services are consistent with a community level of care. The Auditor asked if there is ever a time when no medical practitioner is on duty. The Auditor was informed there was never a time because the facility provides 24-hour coverage at the JCI.</p> <p data-bbox="240 1574 1337 1798">The Auditor was informed offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical personnel if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to offender victims. The Auditor was informed information and access to sexually transmitted infection prophylaxis is offered during the forensic examination and by medical personnel. Medical staff will offer access to sexually transmitted infection prophylaxis if a victim refuses to undergo a forensic examination.</p> <p data-bbox="240 1830 1481 2121">The Auditor reviewed the record of one offender who was sent to the medical department following an allegation of sexual abuse at the facility. Medical staff had documented treatments on protocol forms. The Auditor observed there were no present injuries at the time of examination. Nurses document any immediate medical attention provided to the offender victim. The report reveals the nurse assessed the alleged victim for life-threatening and non-life threatening injuries. The report reveals sexually transmitted disease testing and information was offered to the alleged victim. The offender informed staff the alleged incident occurred two weeks prior to reporting the allegation. The medical documentation reveals the offender was referred to mental health following the examination. A forensic examination was not conducted due to the time transpiring between the alleged incident date and the date the offender reported the allegation. The offender was not charged a fee for medical services related to the allegation.</p>

The Auditor reviewed mental health documents that reveal the offender was seen by a mental health practitioner. The mental health practitioner met with the offender four days after being referred by medical staff. Mental health records reveal the offender was ordered for continued meetings with mental health. The offender was not charged for mental health services related to the alleged incident.

The Auditor interviewed staff who perform the duties of first responders to incidents of sexual abuse. Each staff member stated they immediately separate the victim from the abuser and contact their supervisor. Supervisors interviewed by the Auditor stated they immediately escort the victim to the medical area for treatment. The Auditor asked first responders what they would do if a supervisor was unable to respond to the area. They stated they would ensure the victim was immediately sent to medical area for treatment. Each officer is certified in CPR and first aid to render immediate life-saving assistance if required.

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

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

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

**Conclusion:**

The facility provides access to timely and unimpeded access to emergency medical services. Medical personnel provide offender victims with sexually transmitted infection prophylaxis and emergency contraception. The Auditor reviewed agency policies, procedures, offender records, interviewed staff, medical/mental health practitioners, and determined the facility meets the requirements of this standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1329 365">The FDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul data-bbox="280 416 1297 510" style="list-style-type: none"> <li>• Follow-up services; and</li> <li>• Referrals for continued care following a transfer to, or placement in, another facility, or release from custody.</li> </ul> <p data-bbox="240 539 1286 667">The FDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.</p> <p data-bbox="240 696 1297 790">All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 819 488 848"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 878 1053 907">Policy – 401.010 Co-Payment Requirements for Inmate Medical Encounter, pg. 3</p> <p data-bbox="240 936 1035 965">Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 14-15</p> <p data-bbox="240 994 1123 1023">FDC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action pg. 1-4</p> <p data-bbox="240 1052 868 1081">FDC Office of Health Services Alleged Sexual Battery Protocol</p> <p data-bbox="240 1111 528 1140">Review of Offender Records</p> <p data-bbox="240 1169 619 1198">Interviews with Medical Professionals</p> <p data-bbox="240 1227 668 1256">Interviews with Mental Health Professional</p> <p data-bbox="240 1285 499 1314">Interviews with Offenders</p> <p data-bbox="240 1344 467 1373"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1402 1457 1693">The Auditor conducted formal interviews with medical and mental health professionals. Mental health personnel do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health personnel meet with victims and abusers when medically necessary. The Auditor asked what services are provided to offender victims of sexual abuse. Mental health personnel informed the Auditor offender victims participate in counseling sessions, are referred to the psychiatrist or psychologists if needed, treatments, follow-up services, and referrals for continued care when needed. The Auditor asked if medical and mental health practitioners develop and follow treatment plans for offender victims of sexual abuse. The Auditor was informed treatment plans are created and followed. Medical personnel stated they do offer tests for sexually transmitted infections when ordered by the SANE or the facility physician.</p> <p data-bbox="240 1722 1469 2016">The Auditor asked each medical and mental health practitioner if they feel their services are consistent with a community level of care. The Auditor was informed medical and mental health services are consistent with a community level of care. Medical personnel stated offenders are offered testing for sexually transmitted infections following a sexual abuse incident. The facility does offer pregnancy tests and lawfully related pregnancy services for female victims housed at the SHISA House. The Auditor was informed by medical and mental health personnel that offenders are not charged a fee for services related to sexual abuse victimization. The Auditor asked mental health personnel if they meet with abusers to determine the underlying cause for their actions. The Auditor was informed they do attempt to meet with the abusers but do not force them to participate if they refuse.</p> <p data-bbox="240 2045 1442 2139">The Auditor conducted a formal interviews with offenders who reported suffering sexual abuse in a community setting. The Auditor asked each offender if they were offered mental health services after reporting the victimization. Each offender was offered mental health services following the notification. A review of each offender's</p>

record revealed they were offered a meeting with a mental health professional. None of the offenders were charged a fee for the services.

There were no offenders housed at the facility at the time of the Audit who reported suffering sexual abuse at the facility. The Auditor reviewed the records of one offender who reported suffering sexual abuse at the facility within the previous 12 months. A review of records revealed the offender was offered immediate medical treatment. The offender was offered information and access to sexually transmitted infection prophylaxis and sexual transmitted disease testing. Medical staff documented an order for the offender to follow up with changes and documented a referral to mental health. The mental health record revealed the offender was ordered for continued mental health care. Records reveal medical and mental health follow protocols, develop treatment plans and offer continued care. Pregnancy testing and emergency contraception were not required following the allegation as the alleged victim was a male offender. The allegation against the other offender was not substantiated by the investigator.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Florida Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the PREA Coordinator. The FDOC policy requires the review team consist of:

- Assistant Warden;
- Chief of Security;
- Classification Supervisor; and
- Obtains input from line supervisors, investigators, and medical or mental health practitioners.

Agency policy requires the review team conduct the following tasks:

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

The Prison Rape Elimination Act Guide states, "After every sexual abuse investigation, except those that are determined to be unfounded, a review team consisting of upper-level management (with input from line supervisors, investigators and medical and mental health care staff) shall conduct a sexual abuse incident review (SAIR) via .DC6-2076. The review should take place within 30 days of the conclusion of the investigation."

**Evidence Relied Upon:**

Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 17

Prison Rape Elimination Act Guide

Investigation Files

Sexual Abuse Incident Review – Facility Investigation Summary

Interview with Incident Review Team Member

**Analysis/Reasoning:**

The facility reported receiving five allegations of sexual abuse and sexual harassment in the previous 12 months. There were three allegations of sexual abuse made. The Auditor conducted a review of each investigative record. A review of records revealed the facility is conducting an incident review following the conclusion of each investigation.

A review of the Sexual Abuse Incident Review form completed by the review team revealed the team conducted the review in accordance with the agency's policy. The agency's policy does include the elements of this standard for the team to consider when conducting its incident review. The Auditor observed each SAIR was conducted within 30 days after the conclusion of the investigation. Members of the team who signed the report were the Chief of Security, Warden or Designee, Classification Supervisor, and PREA Compliance Manager. The team completes a formatted report that ensures each element of this standard are discussed during the review.

The Auditor conducted a formal interview with an Incident Review Team member. The team member informed the Auditor the team is required to review each alleged incident (other than unfounded incidents) of sexual abuse to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The team member informed the Auditor they review the area of the incident, discuss the need for policy changes, review the staffing level, and the deployment of video monitoring

technologies. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does such.

The Auditor conducted a formal interview with the Warden. The Warden informed the Auditor he is not required to participate in the SAIR. The Warden stated the review team submits the report for his review. The Warden ensures any corrective actions recommended by the team are considered and enacted, when appropriate. The Warden documents his reason for not making changes when changes are not implemented.

**Conclusion:**

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

The Auditor made a recommendation to the facility to include written information in the facility's incident review report that input was provided by a line supervisor and a medical or mental health professional.

115.87	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>FDC policy requires the PREA Coordinator to compile and report data related to PREA incidents. The collected data is required by policy to include necessary information to complete the U. S. Department of Justice's, Survey of Sexual Violence. Facility Compliance Managers are responsible for compiling institutional specific PREA data annually and preparing an annual corrective action plan for their specific institution. The data is compiled using a standardized instrument and set of definitions as included earlier in this report. After receiving the Survey of Sexual Violence, the FDC is required to submit the previous calendar year's data to the U. S. Department of Justice no later than June 30th.</p> <p><b>Evidence Relied Upon:</b></p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response, pg. 15</p> <p>Survey of Sexual Victimization</p> <p>Completed BJS Surveys</p> <p>Agency Website</p> <p><b>Analysis/Reasoning:</b></p> <p>The Auditor observed the agency has posted annual reports on its website. Annual reports were posted for 2015 through 2020. The reports were easily accessible as the agency's website was simple to navigate. The data collected included information derived from the following set of definitions:</p> <ul style="list-style-type: none"> <li>• Nonconsensual Sexual Acts</li> <li>• Abusive Sexual Contact</li> <li>• Sexual Harassment by Another Inmate</li> <li>• Staff Sexual Misconduct</li> <li>• Staff Sexual Harassment</li> </ul> <p>Data reviewed by the Auditor for each report was aggregated from January 1st to December 31st and the public has access to the agency's reports through its website.</p> <p>The Auditor reviewed the Bureau of Justice's Survey of Sexual Violence reports submitted by the agency for 2019. The agency has posted all reports from 2013 through 2019. The agency has not yet posted the 2020 Survey of Sexual Violence from the Bureau of Justice Statistics. Each report was completed and submitted to the U. S. Department of Justice by the Secretary of the Florida Department of Corrections. The FDC Secretary submitted each survey before June 30th of the report year.</p> <p>The facility's data is compiled through the Agency's electronic Management Information Notification System. All allegations of sexual abuse and sexual harassment must be reported through MINS. The PREA Coordinator receives data input through the MINS to compile for reporting. Data from all investigative reports of OIG investigators is input in the MINS system and utilized at the corporate level for annual collection and reporting. The MINS system has various levels of access based on job duties. All information collected by investigators is used for the data reporting.</p> <p><b>Conclusion:</b></p> <p>The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed agency policies, procedures, SSV reports, website and determined the facility meets the requirements of this standard.</p>

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1326 362">The Florida Department of Corrections requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted to:</p> <ul data-bbox="282 421 1307 544" style="list-style-type: none"> <li>• identify problem areas;</li> <li>• Take corrective action on an ongoing basis; and</li> <li>• Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ul> <p data-bbox="240 575 1090 602">Agency personnel are required to submit an annual report that includes the following:</p> <ul data-bbox="282 656 1090 779" style="list-style-type: none"> <li>• A comparison of the current year's data and corrective actions with prior years;</li> <li>• Provide an assessment of the FDC's progress in addressing sexual abuse;</li> <li>• Must be approved by the Director; and</li> <li>• Must be readily available to the public through the agency's website.</li> </ul> <p data-bbox="240 810 488 837"><b>Evidence Relied Upon:</b></p> <p data-bbox="240 869 1027 896">Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 15-16</p> <p data-bbox="240 927 549 954">Agency Corrective Action Plan</p> <p data-bbox="240 985 507 1012">JCI Corrective Action Plan</p> <p data-bbox="240 1043 408 1070">Agency Website</p> <p data-bbox="240 1102 435 1128">Interview with Staff</p> <p data-bbox="240 1160 464 1187"><b>Analysis/Reasoning:</b></p> <p data-bbox="240 1218 1318 1406">The Auditor reviewed the Florida Department of Corrections website. The agency maintains annual reports that include its findings and corrective actions for each facility and the agency as a whole. The Agency's report is accessible through the agency's website by accessing the "Correctional Institutions" link and then through the "More Information" link. Within the "More Information" link the user can access the "Prison Rape Elimination Act (PREA)" tab. Each report is hyperlinked by year and titled, "Corrective Action Plan." The reports published on the agency's website include data collected from 2015 through 2020.</p> <p data-bbox="240 1438 1433 1697">The Auditor reviewed the Jefferson Correctional Institutions 2020 PREA Facility Corrective Action Plan. The report was submitted by the PREA Compliance Manager to the PREA Coordinator. Each facility in the agency is required to submit a report of facility data to the PREA Coordinator so comparisons can be made at the agency level. The agency PREA Coordinator collects data from each facility and attempts to discover problem areas within the agency and each facility based on a review of data collected by each facility. The agency's annual report includes corrective actions. The agency had an increase in allegations during 2020 and attributed the increase in allegations to its change in the process of reporting incidents. The agency's annual report includes the number of allegations made at the Jefferson Correctional Institution separated by definition.</p> <p data-bbox="240 1729 1326 1989">The Auditor discussed the annual reporting process with the Correctional Services Consultant. The information for the annual report is derived from investigative reports as submitted electronically in the MINS. The data is received and compiled in the agency's cooperate office. Corrective actions and identified problem areas are documented in the annual report. The Auditor conducted an interview with the agency's PREA Compliance Manager. The Compliance Manager compiles facility specific data and submits it to the PREA Coordinator. The PCM is responsible for submitting the JCI annual report to the PREA Coordinator. When problem areas are discovered, agency staff recommend a solution to address the problem area and include the specifics in the annual report.</p> <p data-bbox="240 2020 1313 2110">The FDC annual report is signed by the secretary of the FDC. The Auditor did not observe personal information redacted from the annual report as the agency does not include personal identifying information in its annual report.</p>

**Conclusion:**

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

The agency annual report did not specifically state if the agency discovered problem areas within the agency as a whole or in any specific institution. The Auditor recommends the agency and each facility include language in annual reports that address if problem areas were or were not identified. This language would strengthen the agency's documentation for compliance with this standard. Furthermore, the Auditor recommends the agency consider including a comparison of data beyond the previous year.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1331 499">The agency's policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all case or investigative records, including but not limited to, any criminal investigations, administrative investigations, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery are retained for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Inspectors at agency facilities maintain facility data in their offices and on their computers.</p> <p data-bbox="242 528 489 557"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 586 1051 616">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 15, 17</p> <p data-bbox="242 645 408 674">Agency Website</p> <p data-bbox="242 703 391 732">Annual Report</p> <p data-bbox="242 761 435 790">Interview with Staff</p> <p data-bbox="242 819 379 848">Observations</p> <p data-bbox="242 878 466 907"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 936 1337 1162">The Auditor conducted a formal interview with an agency OIG Inspector. Information for the agency's annual report is maintained by each OIG Inspector and is derived from investigative files. Each Inspector's report and supporting documents is sent to the OIG office where a collection of data is electronically maintained. Each OIG Inspector maintains data in his/her office and on a computer. Each Inspector must use a username and password to access data on their computer. Each Inspector has a locked office where he/she maintains their data. Data is electronically maintained at the corporate office as information is submitted in the Management Information Notification System.</p> <p data-bbox="242 1191 1485 1451">The Auditor reviewed the agency website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2015 and is maintained through 2020. The annual reports includes data from private facilities the agency contracts with. The Auditor reviewed the sexual abuse data published on the website and found no personal identifiers within. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. A username and password are required to gain access to the computers utilized by personnel in the OIG office and in the MINS. The PREA Coordinator securely maintains aggregated data in the corporate office.</p> <p data-bbox="242 1480 376 1509"><b>Conclusion:</b></p> <p data-bbox="242 1538 1275 1599">The Auditor reviewed the agency website, collected data, made observations, and interviewed staff and determined the agency meets the requirements of this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1324 365">Each facility under the direct control of the Florida Department of Corrections has been audited at least once during previous audit cycles. During the three-year audit cycle, the Florida Department of Corrections ensured at least one-third of its facilities were audited each year.</p> <p data-bbox="242 396 489 425"><b>Evidence Relied Upon:</b></p> <p data-bbox="242 454 544 483">Previous PREA Audit Reports</p> <p data-bbox="242 510 368 539">Facility Tour</p> <p data-bbox="242 566 462 595">Interactions with Staff</p> <p data-bbox="242 622 467 651"><b>Analysis/Reasoning:</b></p> <p data-bbox="242 680 1457 875">The Auditor reviewed the agency website. The website included agency PREA Audit Reports. The Auditor observed eight reports published for 2019, eighteen for 2020 and eleven for 2021. The PREA Coordinator schedules audits to ensure at least one-third of agency facilities are audited during each year of the audit cycle. This is the third year of the current audit cycle. The Florida Department of Corrections has direct control of 50 major institutions, including satellite facilities.</p> <p data-bbox="242 904 1334 1234">The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency's level of compliance with relevant standards. Of the documents the Auditor reviewed a relevant sampling of the previous 12-month period. The facility provided the Auditor with a detailed tour of the facility in its entirety. During the audit the Auditor requested and was provided copies of additional documents to aid in a determination of the agency's level of compliance. The Auditor conducted formal and informal interviews of staff and offenders as previously listed in this report. The facility provided a private office for the Auditor to conduct the interviews. The Auditor was provided the opportunity to review video footage while in the facility. Offenders were provided the opportunity to correspond with the Auditor prior to and after arriving on site.</p> <p data-bbox="242 1263 1493 1458">The Auditor reviewed the Jefferson Correctional Institutions' previous PREA audit report and observed the Auditor documented the facility exceeded 3 standards and met the requirements of 42 standards. The facility was not required to make any corrective actions during the previous audit. The previous Auditor was allowed access to all facility areas, interview staff and offenders, was provided with facility documents and offenders could communicate confidentially with the Auditor through written correspondence during that audit. The Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility during the audit process.</p> <p data-bbox="242 1487 1437 1749">On August 3, 2021 the Auditor sent a letter to be posted in all offender living areas. The notices included the Auditor's address and instructions how to confidentially communicate with the Auditor. The Auditor sent an English and Spanish version of the notice. The Auditor received no correspondences from an offender prior to arriving on site for the audit. The Auditor observed confidential correspondence notices were posted in each offender living unit on August 4, 2021. The notices were emailed to the PREA Coordinator and Correctional Services Consultant to post in each living unit prior to the audit. The notices to offenders were posted approximately 6 weeks in advance of the Auditor's arrival at the JCI.</p> <p data-bbox="242 1778 1303 1843">The Department of Justice did not send a recommendation to the Florida Department of Corrections for an expedited audit of the Jefferson Correctional Institution during this audit cycle.</p> <p data-bbox="242 1872 376 1901"><b>Conclusion:</b></p> <p data-bbox="242 1930 1005 1960">The Auditor determined the agency meets the requirements of this standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1278 331">The agency has published the previous PREA Audit report of the Jefferson Correctional Institution on its website.</p> <p data-bbox="244 360 488 387"><b>Evidence Relied Upon:</b></p> <p data-bbox="244 421 408 448">Agency Website</p> <p data-bbox="244 477 533 504">Previous PREA Audit Report</p> <p data-bbox="244 533 464 560"><b>Analysis/Reasoning:</b></p> <p data-bbox="244 593 1410 654">The Auditor reviewed the agency's website which includes a link for all its previous PREA Audit reports. The Auditor observed two previous PREA Audit Reports of the Jefferson Correctional Institution published on the website.</p> <p data-bbox="244 683 373 710"><b>Conclusion:</b></p> <p data-bbox="244 743 1007 770">The Auditor determined the agency meets the requirements of this standard.</p>

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

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

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

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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

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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

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

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

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

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

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

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

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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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