

PREA Facility Audit Report: Final

Name of Facility: Tomoka Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/31/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Paul Perry	Date of Signature: 07/31/2019

AUDITOR INFORMATION	
Auditor name:	Perry, Paul
Address:	
Email:	paul.perry@carolinedf.org
Telephone number:	
Start Date of On-Site Audit:	2019-06-25
End Date of On-Site Audit:	2019-06-27

FACILITY INFORMATION	
Facility name:	Tomoka Correctional Institution
Facility physical address:	3950 Tiger Bay Road, Daytona Beach, Florida - 32124
Facility Phone	386-323-1070
Facility mailing address:	

Primary Contact	
Name:	Genya Plumley
Email Address:	Genya.Plumley@fdc.myflorida
Telephone Number:	386-254-2613

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
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Name:	Genya Plumley
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Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	1158
Current population of facility:	1228
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	5
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	291
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Florida Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	501 S Calhoun Street, Tallahassee, Florida - 32399
Mailing Address:	
Telephone number:	850-488-5021

Agency Chief Executive Officer Information:	
Name:	Mark Inch
Email Address:	Mark.Inch@fdc.myflorida.com
Telephone Number:	850-488-5021

Agency-Wide PREA Coordinator Information			
Name:	Judy Cardinez	Email Address:	Judy.Cardinez@fdc.myflorida.com

AUDIT FINDINGS

Narrative:

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

The Florida Department of Corrections contracted with PREA Auditors of America for Prison Rape Elimination Act audit services of the Tomoka Correctional Institution. The Auditor selected by PREA Auditors of America to perform audit services at the Tomoka Correctional Institution has been certified by the United States Department of Justice to conduct PREA audits of adult facilities. The purpose of this audit was to determine the Tomoka Correctional Institution's level of compliance with standards required by the Prison Rape Elimination Act of 2003. This is the second Prison Rape Elimination Act audit of the Florida Department of Corrections' Tomoka Correctional Institution. The facility was previously audited in April 2016.

The Auditor sent two notices by email to the agency's Correctional Services Consultant on May 8, 2019. One notice was written in English and the other in Spanish. Both notices contained information and an address how offenders were able to confidentially contact the Auditor prior to arriving on site. The notices informed the offender population their communications to the Auditor's address would be treated as confidential correspondence by facility staff. The notice required an agency representative's name and date upon posting the notice in areas throughout the facility. While touring the facility the Auditor observed all notices were posted on May 10, 2019 in all offender living units. The Auditor received no correspondence from an offender before arriving at the facility. While at the facility no offender specifically requested to speak to the Auditor.

The Auditor received the Tomoka Correctional Institution's completed Pre-Audit Questionnaire through the secure Online Audit System. Once received, the Auditor immediately began a pre-audit review of the material. The information was submitted by the facility's Classification Officer and included; but was not limited to: annual reports, policies, procedures, organizational charts, forms, training materials, educational materials, floor plans, schematics, staffing plan, population reports, Memorandums of Understanding, investigative reports, copies from offender medical and central records, contracts, and handbooks.

The Auditor began communications with the Correctional Services Consultant through email. The Auditor asked numerous questions through email prior to arriving on site. The Auditor requested additional information periodically from the Correctional Services Consultant. The Correctional Services Consultant maintained communications with the Auditor and responded to the Auditor's questions, comments, and/or concerns in a timely manner. The Auditor requested some additional information prior to arriving on site and was provided in a timely manner. The Auditor had a telephone conversation with the Correctional Services Consultant prior to arriving on site.

The Auditor discovered the contact information of the Volusia Rape Crisis Center (VRCC) in the Pre-Audit Questionnaire. The facility's Memorandum of Understanding requires the VRCC be contacted to provide for victim advocacy. The Auditor communicated with a victim advocate with the VRCC by telephone.

Details of the telephone interview are provided later in this report.

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

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

The Auditor arrived at the Tomoka Correctional Institution the morning of June 25, 2019. A meeting with key personnel was held by the Auditor prior to beginning the audit process. The following personnel were in attendance:

- Chris Lane – Warden
- Ralph Blackman – Assistant Warden
- Jennifer Haas – Assistant Warden
- Katrina Kulpa – Chief of Security
- Kellie Eberlein – Correctional Services Consultant
- Teddy Key – Classification Supervisor
- Genya Plumley – Classification Officer

The Auditor introduced himself and discussed the methodology utilized to determine the facility's level of compliance with the standards. The Auditor was offered a tour of the facility after the meeting. Several of the above listed staff members accompanied the Auditor during the tour. The Auditor asked the TCI staff to distance themselves when the Auditor speaks to offenders and staff during the facility tour. The Auditor explained this allows offenders and staff to speak freely and confidentially with the Auditor. After completion of the tour the Auditor was offered the facility's conference room to conduct work and a private area in the facility to conduct interviews with offenders and staff.

Staff accompanying the Auditor on the tour escorted the Auditor through all facility areas. The tour included visits to the administrative, reception, property, control booths, visitation, classrooms, recreation yards, laundry, commissary, library, medical, kitchen, work areas and all offender living units. During the tour the Auditor observed for blind spots, opposite gender announcements, the overall level of supervision of the offender population, staff interactions with the population and camera placements within the facility. Observations were made of PREA posters and other PREA related materials posted throughout the facility.

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

process of such.

While touring the facility the Auditor conducted informal interviews with staff and offenders. TCI staff distanced themselves when the Auditor approached a staff member and offenders so they could speak freely and confidentially to the Auditor. The Auditor informally interviewed 12 offenders while touring the facility. Offenders were informally asked the following, but not limit to, questions: if they felt safe in the facility, if they knew how to report an allegation of sexual abuse, if they felt comfortable making an allegation verbally to a staff member, if they have received education regarding the facility's sexual abuse policies, and if they received information regarding sexual abuse and sexual harassment when arriving at the facility. The Auditor informally interviewed 15 staff members throughout the duration of the audit. Staff was informally asked the following, but not limit to, questions: if they have received PREA training, if they have had an offender report an allegation to them, what action they would take if they were the first responder to an incident of sexual abuse, if opposite gender staff make announcements, and if supervisors conduct unannounced rounds.

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

The Auditor requested additional supportive records from facility staff and the Correctional Services Consultant. In addition to the records provided prior to arriving on site, the randomly and targeted supportive records included 2 investigative reports, 30 personnel and training records (including volunteer and contractors) and 50 offender medical and classification records while on site. The Auditor visited with day and night shifts during the audit.

Formal interviews were conducted with randomly chosen and specifically targeted offenders. The Auditor utilized the facility's housing report to randomly chose offenders from each living area. Classification records and reports were utilized to choose offenders for targeted interviews. The facility provided a private room for the Auditor to interview offenders without staff and other offenders able to observe or overhear the information exchanged between the Auditor and offender being interviewed. The private room did not have a camera or audio monitoring device located within. The auditor randomly chose 25 offenders and specifically chose 25 offenders for formal interviews. Offenders specifically chosen for interviews included 6 who identified as transgender, 4 who were limited English proficient, 3 who identified as gay, 3 who reported suffering previous victimization in the community, 3 who reported an allegation of sexual abuse while housed in the facility, 4 perpetrators of sexual abuse, 1 vision impaired and 1 hearing impaired. The Auditor did not interview an offender who wrote the Auditor prior to arriving on site as no correspondences were received. There were no offenders who were blind or deaf for the Auditor to interview.

The Auditor randomly chose 25 offenders from the TCI population housing list. A sampling of offenders was chosen from each of the facility's living units. During random interviews the Auditor discovered offenders who did not report victimization in the community during the admission process. Several informed the Auditor they were gay but did not tell staff and several offenders who identified as transgender so they could shower alone.

Formal interviews were conducted with staff. The Auditor conducted random formal interviews with 14 staff members and specialized interviews with 16 staff members. Specialized interviews were conducted with intake, classification, medical and mental health, investigator, supervisors, intermediate and high-level staff, PREA Compliance Manager, line staff, retaliation monitor, command staff, Warden, volunteer, contract, Human Resources, and first responders. Formal staff interviews were conducted in a private office and other private areas.

The Auditor concluded the onsite portion of the audit on June 27, 2019 in an exit meeting with the following personnel:

- Chris Lane – Warden
- Ralph Blackman – Assistant Warden
- Jennifer Haas – Assistant Warden
- Katrina Kulpa – Colonel
- Kellie Eberlein – Correctional Services Consultant
- Teddy Key – Classification Supervisor
- Julie Wise – Health Services Administrator
- Genya Pumley – Classification Officer
- Rebecca Ferrer – Mental Health Psychologist
- Bryan Carter – Administrative Lieutenant
- Torquise Barbero – Sergeant
- Andrew Williams – Director of Work Release Center and Reality House
- Dennis Alsobrook – Work Camp Lieutenant
- Yavis Perry – Work Camp Administrative Sergeant

The Auditor informed the group the on-site portion of the audit was completed but the Auditor still had work reviewing documents provided by facility staff while the Auditor was on site. The group was informed the Auditor was unable to make all determinations of compliance while on site. Staff were informed the Auditor still may request copies of additional documents and require other supporting documentation and explanations after leaving the facility. The Auditor briefed staff in the exit meeting with the Auditor's experiences during the tour, reviewing documents and interacting with staff and offenders. The Auditor informed the group TCI staff treated the Auditor with respect, were cooperative, professional and receptive during formal and informal interactions. The offender population was respectful and cooperative with the Auditor. Facility operations appeared to be well managed while the Auditor was on site. No major complaints were exposed to the Auditor by offenders during the audit.

The facility is accredited through the American Correctional Association. The facility received a final score of 98.13% on its last ACA audit in January 2017.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Tomoka Correctional Institution is in Daytona Beach, Florida. It is on Florida's east coast approximately a thirteen-minute drive west of the Daytona International Speedway and 25 minutes from the famous, Daytona Beach. The Tomoka Correctional Institution was established in 1981 and received its first accreditation through the American Correctional Association in June of 1985.

The TCI main facility encompasses 38.93 acres and is designated to accept adult community, minimum, medium and close custody offenders. The facility is rated with a maximum capacity of 1324. The compound has two guard towers and is surrounded by a 10-foot inner and 12-foot outer fence supplemented with electronic intrusion detection and roving patrol. The main facility has nine separate living units. Open bay living units have an officer control booth with two distinct sides to each open bay dormitory. Each open bay living unit is similar in design and house either up to 144, 150 or 160 total offenders (dependent on living unit). Each living unit is monitored by cameras and have a television, kiosk, telephones and dayroom adjacent showers and restrooms.

The TCI main facility has two living units with double bunked cells. Each cell in both units have a toilet and sink inside. Showers for these units are located at the end of each wing. Viewing into showers is partially blocked by a panel on the shower door. The main facility has one living unit utilized for confinement purposes. The living unit has both single and double occupancy cells with a toilet and sink inside. Showers are located at the end of each wing and protected with a panel on the door.

The kitchen area has walk-in refrigerator and freezers, dry storage, offices, and restrooms. Cameras monitor work activities in the food services area. The kitchen is operated by FDOC food service employees while FDOC Correctional Officers maintain security in the area. The kitchen employs 94 offenders who work across two separate shifts. Food is prepared in the kitchen and either delivered to living units or to serving lines. The kitchen area has two dining halls where general population offenders sit and eat.

The facility's medical area has a lobby, records room, pharmacy, treatment rooms, emergency room, supply room, examination rooms, dental lab and triage area. There are 2 single occupancy isolation and one multiple occupancy cell in the medical area; both maintain negative pressure in the event an offender has a communicable disease. There is an infirmary that maintained 5 beds at the time of the audit. Sick call is conducted Monday through Friday. Medical services are contracted with Corizon Correctional Healthcare. Corizon employs doctors, dentists, psychiatrists and psychologists, in addition to nursing staff.

The facility has a separate barbershop and commissary building. There is a large education/vocational building where offenders attend classes and learn carpentry and masonry skills. Laundry is conducted three times each week from the Laundry room. There is a sewing room inside where offenders make and repair offender uniforms. A building known as the "Pride Building" is where offenders learn and perform

restoration services on vehicles, welding, fabrication, body work, upholstery, graphics and carpentry.

There is a large outdoor recreation yard where offenders participate in outdoor recreational activities. Library activities, including legal library are conducted in the library building. The library is operational Monday through Friday and offenders can attend one time each week. Offenders can go to law library more often. Religious services are conducted in the facility's Chapel building. Religious services are conducted by volunteers and coordinated through the facility's chaplain.

Offenders can participate in contact visitation on Saturdays, Sundays and holidays. Visitation is from 9 a.m. to 3 p.m. If space allows, offenders may visit for the entire time period. The visitation area has indoor and outdoor space. There is an attorney visit room adjacent to the indoor visitation area.

The Tomoka Correctional Institution has a separate work camp located on the end of the facility's property. The work camp is self-sufficient and maintains 4 offender living units. Each living unit houses 73 offenders and has a kiosk, television, cameras, telephones and has showers, sinks and toilets adjacent to the dayroom. There is a barber shop, small kitchen with a dining hall, central recreation yard, visitation area and chapel on the work camp. The work camp is surrounded by a fence supplemented with electronic intrusion detection and roving patrol.

The Tomoka Correctional Institution maintains a contract with Stewart Marchman Act Behavioral Healthcare for rehabilitative services. The Stewart Marchman Group operates two separate facilities for the Tomoka Correctional Institution. Offenders participate in work release and rehabilitative programs. Food services is provided by the Stewart Marchman group from the facility's main kitchen. Food is delivered from one building to the other daily. One building houses 84 offenders while the other houses 109. All rooms in each are multiple occupancy rooms. There are separate shower and restroom areas for offenders. Cameras are in both buildings. Each building has laundry and visitation areas.

Cameras are strategically located throughout all facility areas with video surveillance capabilities. Some of the cameras have pan, tilt and zoom features. Cameras are being recorded on DVR recording system. Personnel who enter the facility are provided a body alarm device in the event they are under duress.

On the first day of the Audit there were 1265 offenders incarcerated in the main facility at the Tomoka Correctional Institution. There were 287 offenders housed at the work camp, 79 at the Work Release Center and 98 in the Reality House. All offenders in each location were adult males. At the time of the audit the average number of years in custody was .87 years. The age of the youngest offender was 19 while the oldest was 86.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

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

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

Facility staff and offenders were receptive and respectful to the Auditor. Facility staff were very helpful in providing additional documentation for the Auditor when asked. There were no major complaints made to the Auditor by the offender population. All areas of the facility were made accessible to the Auditor during the tour and during other times when asked by the Auditor.

After conducting the audit of the Tomoka Correctional Institution the Auditor found the facility's leadership makes prevention, detection, and response to sexual abuse a priority in the facility. Offenders informed the Auditor staff respond to, and take seriously, incidents of sexual abuse and sexual harassment. The Auditor found the Warden and his staff makes compliance with the Prison Rape Elimination Act standards a top priority at TCI.

The Auditor made recommendations for the facility to consider that will strengthen its compliance efforts with these standards. Those recommendations are included in the body of this report in the applicable standard.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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

designated a Correctional Services Consultant to assist with PREA efforts within the region assigned.

The Tomoka 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 acts as a liaison for the region and assists each facility in the region with PREA compliance.

Evidence Relied Upon:

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

PREA Coordinator Appointment Email

Agency Organizational Chart

Facility Organizational Chart

Staff Interviews

Offender Interviews

Analysis/Reasoning:

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

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

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

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

The Auditor conducted both formal and informal interviews with random and targeted offenders. The Auditor was able to determine the agency has successfully created a zero-tolerance culture towards sexual abuse and sexual harassment. That culture has resonated from the command staff to lower level facility staff. The offender population understood and articulated the agency's policies towards prevention, detection and response towards sexual abuse and sexual harassment. The offender population had been provided information and

been appropriately educated regarding such. Offenders informed the Auditor they watched a PREA video upon arrival at the Tomoka Correctional Institution. Offenders stated they had been provided the information at each FDOC facility they were incarcerated. Offenders at the work camp and both work release buildings first arrive at the main facility. They attend orientation after arrival at the main facility.

The offender population informed the Auditor facility staff takes sexual abuse and sexual harassment seriously and had confidence in the facility's ability to respond appropriately to acts of sexual abuse and sexual harassment. Movement of the population is strictly monitored by staff. The Auditor asked each offender if he believed staff would keep allegations confidential after reporting an allegation. Most offenders informed the Auditor they felt there are staff they could report to and were confident the allegation would be held in confidence after reporting. Each offender was asked if he had heard of an incident of sexual abuse occurring at the WRSP. A few offenders stated they had heard of an incident of sexual abuse at the facility. Most offenders interviewed by the Auditor informed staff are professional and respond to incidents appropriately.

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

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

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

Conclusion:

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

culture towards all forms of sexual abuse and sexual harassment.

The agency has not only designated an agency wide PREA Coordinator and a facility PREA Compliance Manager, but also designated a Correctional Services Consultant who works directly with the facility's PREA Compliance Manager at facilities within the region. The zero-tolerance culture is evident amongst facility leadership and subordinate staff. Offenders informed the Auditor sexual abuse allegations are responded to and taken seriously in the facility. The Auditor determined the facility meets the requirements of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a contract with the Stewart Marchman Act Behavioral Healthcare for the confinement of offenders participating in a residential treatment program. The agency's policy requires new and renewed contracts include provisions for the contracting agency to comply with the Prison Rape Elimination Act standards and the Florida Department of Corrections' policies relating to PREA.</p> <p>Evidence Relied Upon:</p> <p>Policy – 205.002 – Contract Management pg. 12 Stewart Marchman Act Behavioral Healthcare Contract Amendments #5 and #6 Observations</p> <p>Analysis/Reasoning:</p> <p>The Florida Department of Corrections contracts for confinement of offenders with the Stewart Marchman Act Behavioral Healthcare to provide work release and residential treatment to FDOC offenders. The Stewart Marchman staff operate two facilities; one houses up to 84 offenders and the other 109.</p> <p>The Auditor reviewed the two most recent contract amendments between the Florida Department of Corrections and the Stewart Marchman Act Behavioral Healthcare. The contract was originally established in July 2008. The Auditor reviewed the contract amendments entered in December 2013 and July 2014. Each contract amendment included provisions for the Stewart Marchman Act Behavioral Healthcare to comply with the Prison Rape Elimination Act standards and all FDOC policies related to such.</p> <p>A review of the contract amendments revealed the FDOC is required to monitor the contract and provide oral reports of monitoring visits and written reports within 30-days of the contract monitoring visit.</p> <p>The auditor toured both Stewart Marchman Act Behavioral Healthcare facilities.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policies, contract renewals and toured the facility. Agency contract amendments for confinement of FDOC offenders included the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Florida Department of Corrections meets the requirements of this standard.</p>

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

considerations:

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

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

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

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

The staffing plan review determined the current staffing plan is adequate for the protection of the offender population. The facility documented 42 deviations of the staffing plan in 2018. 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 most common reasons for deviations from the staffing plan were:

- Family Medical Leave Act;
- Sick Leave Usage;
- Annual Leave Usage;
- In-Service Training;
- Basic Training Academy; and
- Unscheduled Absences.

The Tomoka Correctional Institutions current staffing plan authorizes 324 total positions. There are 280 security and 44 non-security positions authorized. At the time of the audit the facility had 35 security and 5 non-security vacancies. The facility was 88% staffed at the time of the audit. Security staffing was 12.5% below total while non-security staffing was 11% below capacity. The current staffing plan is predicated utilizing the average daily offender population

of 1234. The staffing ratio as designed allows 1 staff member for every 3.8 offenders. The facility makes its best efforts to comply with the staffing plan by continual recruitment, filling vacant positions with staff on overtime and adjusting schedules and operations as needed.

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

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

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

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 begin formal discipline procedures. The Auditor asked staff if they notify others of supervisory rounds. Staff was aware they are prohibited from alerting other staff of supervisory rounds.

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

The Auditor asked offenders if they feel safe in the facility. The Auditor received varying responses from the offenders interviewed. Most informed the Auditor they do feel safe in the facility. Some informed they did not feel safe in the facility. Offenders did inform the Auditor most staff are professional and respond to incidents and offenders appropriately. During a

tour of the facility the Auditor observed staff in all living units, programming, work and other support areas. Cameras were strategically placed in all areas of the facility.

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

Conclusion

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

115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The agency has a policy which requires youthful offenders be housed separate from adult offenders. Policy requires any offender 17 years of age and younger at the time of reception will be housed separated from anyone 18 years of age and older. Agency policy requires youthful male offenders be housed in Sumter Correctional Institution Annex or Suwannee Correctional Institution and female youthful offenders in the Lowell Correctional Institution.</p> <p>The Florida Department of Corrections provides specialized housing arrangements for youthful offenders to meet these requirements.</p> <p>Evidence Relied Upon: Policy – 601.211 – Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities pg. 3,5 Population Reports Interviews with Staff Interviews with Offenders</p> <p>Analysis/Reasoning: The Auditor reviewed facility population reports from the past 12 months. Population reports reviewed by the Auditor revealed all offenders were 18 years of age or older. The Auditor found no evidence of a youthful offender or an offender under the age of 18 who was tried and certified as an adult offender during the previous 12 months.</p> <p>The Auditor conducted formal and informal interviews with staff. Staff informed the Auditor they have not incarcerated a youthful offender at the Tomoka Correctional Institution. The Auditor asked staff if they have housed an offender under the age of 18 who had been certified and tried as an adult. Staff were not aware of any offender housed as such. The Auditor asked offenders in formal interviews if they were aware of a youthful offender being housed in the facility. No offender was aware of a youthful offender housed in the facility.</p> <p>The Auditor interviewed staff members who supervise offenders in the segregation housing area. The Auditor asked if a youthful offender has ever been housed in the segregation housing unit. The Auditor was informed the facility has never housed a youthful offender. Staff stated youthful offenders are identified during the offender’s intake process at the agency level and housed in a facility designated to house youthful offenders.</p> <p>Conclusion: The Auditor reviewed agency policies and procedures, TCI population reports, and interviewed staff and offenders to determine the facility meets the requirements of this standard. The Tomoka Correctional Facility has not housed a youthful offender during this audit period.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The FDOC has a policy which mandates unclothed searches of offenders to be conducted by staff of the same gender as the offender being searched. Unclothed searches of offenders must be conducted in an area where staff of the opposite gender of the offender cannot observe the search and must be performed in an area outside of camera view. The agency’s policy allows the Shift Commander to determine emergency situations that may violate this requirement. Policy requires body cavity searches be conducted by medical professionals. The agency’s policy prohibits cross-gender pat-down searches of female offenders by male security staff except in an emergency as determined by the Shift Commander. In such cases, staff are required to submit an Incident Report explaining the urgency justifying the search exceptions. The FDOC permits female security staff to conduct cross-gender pat-down searches of male inmates. Policy requires all cross-gender strip searches be documented.</p> <p>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>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.</p> <p>FDOC general post orders require staff of the opposite gender of the offenders announce their presence at the beginning of their shift.</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – 602.018 – Contraband and Searches of Inmates pg. 2, 4-7 Policy – 602.036 – Gender Specific Security Positions, Shifts, Posts, and Assignments pg. 3-4 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 6 Post Order – General Post Order 01 pg. 10 Housing Unit Log PREA Guide (staff) pg. 6-7 Population Reports Training Lesson Plans Training Curriculum Training Records Interviews with Offenders Interviews with Staff

Observations

Analysis/Reasoning:

The Auditor reviewed shift rosters of each shift. All shifts maintained enough male staff to ensure offenders are searched by a staff member of the same sex. The Tomoka Correctional Institution does not house female Offenders. The Auditor verified no females were housed in the facility while touring each living unit and interviewing staff and offenders. The Auditor reviewed population reports from the previous 12 months which show no female offender was housed. The Auditor conducted formal and informal interviews with male offenders from each of the facility's living units. The Auditor conducted formal and informal interviews with male and female staff members from each shift.

Interviews with offenders reveal they can shower, perform bodily functions, and change clothing without security staff of the opposite gender seeing them do so. Offenders stated staff of the opposite gender announce their presence when entering living units. Some offenders stated female staff will announce their presence sometimes and not others. After further questioning the Auditor determined the female staff announce their presence at the beginning of shift. The offenders hear this announcement at the beginning of the shift. Offenders were asked if female staff conduct strip searches in the prison. No offender had seen or heard of female staff conducting strip searches. The Auditor asked if female staff were present when strip searches were being performed. Offenders were not aware of such practice. Each offender interviewed by the Auditor was asked if he was every fully naked in the presence of a female staff member. No offender informed the Auditor he was or had ever been.

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

The Auditor conducted interviews with four (4) offenders who identified as transgender. The transgender offenders stated staff did not conduct a strip search to determine their genital status. The Auditor asked each transgender offender to explain how staff conduct pat down and strip-searches. Each offender informed female staff always conduct the pat-down searches and male staff conduct the strip-searches. Each offender informed the auditor they submitted paperwork stating their designation as a transgender. The paperwork must be approved by medical/mental health professionals. Once approved special considerations are made for the offender.

The Auditor asked each transgender offender to explain how they take showers in the facility. Each informed the Auditor facility staff allow them to shower alone during the master count. Each transgender was asked if staff treat the offenders any differently after knowing their identification as a transgender offender. Each informed the Auditor they were not treated unprofessionally. The Auditor was informed staff are professional when interacting with the offender. The Auditor asked each transgender if they were placed in a designated housing unit for LGBTI offenders; they had not been housed as such. None of the transgender

offenders had been placed involuntarily in segregated housing for their protection.

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

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

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

The Auditor conducted a detailed tour of the facility and was granted access to all offender living units, programs, work and other support areas. The Auditor observed all shower and restroom areas in the facility. All showers have 3/4 walls with a curtain on one end to allow offenders the opportunity to shower without a staff member of the opposite sex seeing their buttocks or genitalia. Showers in some units include privacy screens on the otherwise visible doors to ensure the offender can shower without staff of the opposite gender seeing them do so. Offender living units have toilets inside of each cell or toilets adjacent to the dayroom protected with half walls. Offenders can utilize the restroom and change clothes without staff of the opposite gender viewing their buttocks or genitalia.

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

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

The Auditor did not observe specific language in the agency's search lesson plan that covers searches of transgender and intersex offenders. The Auditor asked the trainer to explain how search procedures of a transgender and intersex offender are conducted. The trainer explained those procedures are conducted during the portion of training that includes opposite

gender searches. The trainer demonstrated how training staff instruct staff to perform the searches. During interviews with staff the Auditor determined staff had been trained how to conduct searches of transgender and intersex offenders. The Auditor interviewed several female staff members who performed pat-down searches of transgender offenders. Each acknowledged they received the training and explained how they speak to the transgender and how they perform the search.

The Auditor reviewed training records and verified all security personnel had attended an initial training to conduct searches, including cross-gender searches. Each security staff member attends a PREA refresher every year. The annual refresher training includes the agency's policies related to sexual abuse and sexual harassment prevention, detection, intervention and response techniques. Staff acknowledge in writing of their understanding of the training they received. Staff are also 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 privacy screens are accessible to offenders.

The Auditor conducted a review of the facility's 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. Interviews with offenders confirmed female staff are announcing their presence when entering living units.

Conclusion:

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

The Auditor made a recommendation for the agency to consider updating the general post order. A recommendation was made to consider adding the requirement for opposite gender staff to announce their presence in a housing unit any time the status quo of the officer changes. This would ensure when a female officer is relieved for lunch or any other reason and returns the opposite gender announcement would be made.

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

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'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 Tomoka Correctional Institution does not house offenders who are deaf or blind.

The Auditor observed the comprehensive education process as the facility received 42 new offenders during the audit. There was a Spanish speaking staff member present during this process. The Auditor also observed information available written in Spanish. Each offender was provided the education and the facility's sexual abuse informational brochure. The educational video was closed captioned. Each of the 42 new offenders spoke and understood English. The Auditor verified the facility had the comprehensive education on a DVD in Spanish. Once the educational video was complete, each offender met individually with a Classification Officer.

The Auditor reviewed 50 offender files while on site. All 50 offenders had signed the Acknowledgement of Receipt of Orientation on PREA form denoting they had watched the comprehensive educational video. During interviews with offenders the Auditor discovered several reported they had not seen the comprehensive educational video during the admission process at the TCI. Most of them were long term offenders. The Auditor was able to determine those offenders were knowledgeable regarding the agency's sexual abuse and sexual harassment policies and information.

There were no offenders who were deaf or blind for the auditor to interview. There were no

offenders at the time of the audit who were identified with a cognitive disability for the Auditor to interview. The Auditor did interview one offender who was hard of hearing and one who was visually impaired. Both offenders were able to articulate the agency's sexual abuse and sexual harassment policies to the Auditor. The offender knew how to report allegations and how to get assistance if needed.

The Auditor interviewed 4 offenders who were identified as Limited English Proficient. Each offender was provided a comprehensive education and sexual abuse information in a language they understood. Each was well-aware of the agency's policies and procedures related to sexual abuse and sexual harassment.

The Auditor conducted formal interviews with facility staff members. Classification staff informed the auditor they play the comprehensive video when offenders arrive in the receiving area. When the need arises, they play the Spanish version after the English version. The sexual abuse informational brochure is provided during the one-on-one interview following the education session. Offenders confirmed this during formal and informal interviews. The Classification Officer informed she discusses the agency's PREA policies and information with each offender during the admission process. Offenders are given an opportunity to ask questions related to the PREA material with the Classification Officer. While conducting interviews of staff the Auditor asked if offenders interpreters are utilized by the facility. Each staff member informed the facility does not rely on offender interpreters.

The Auditor determined all offenders interviewed were knowledgeable regarding the agency's sexual abuse and sexual harassment prevention, detection, and response policies. Offenders informed the Auditor facility staff aids when needed and take allegations of sexual abuse and sexual harassment seriously. Most offenders stated staff do not tolerate incidents of sexual abuse and sexual harassment. Some offenders stated they had not been in the facility long enough to determine if they felt staff handled situations appropriately.

The Auditor observed offenders arriving at the facility. All offenders were provided the PREA education and information at their arrival time. The facility had a bilingual staff member present in the event there were detainee(s) who did not speak English. The Classification Officer explained the process to the offenders before beginning the orientation process. Each offender meets with the Classification Officer individually after watching the PREA video. They are given the opportunity to ask questions. Individual arrangements are made in the event a detainee doesn't understand the education or information provided. The Auditor determined the facility's staff is accommodating to the needs of the offender population and ensure each benefit from the agency's PREA information and educational materials.

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 by the telephones. All posters and other posted PREA material were observed written in English and Spanish.

Conclusion:

The Auditor was able to conclude the facility provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to

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

115.17	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1469 573">The Florida Department of Corrections utilizes a Moral Character and Background Guidelines to screen potential employees. The guideline also refers to the Florida Code for additional disqualifiers. The Moral Character and Background Guidelines includes the following, but not limited to, disqualifiers: Sexual Misconduct with an inmate or an offender supervised by the department; and the following arrests and/or convictions</p> <ul data-bbox="252 629 788 831" style="list-style-type: none"> • Failure to report sexual battery; • Prostitution/lewdness; • Unnatural and lascivious acts; • Exposure of sexual organs; • Child abuse; and Pornography offenses <p data-bbox="252 887 1465 1346">Florida employee screening statutes stipulate, “All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.” The statute requires the security background investigations “must ensure that no person subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction”</p> <ul data-bbox="252 1402 1481 1939" style="list-style-type: none"> • Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct; • Sexual misconduct with certain mental health patients and reporting of such sexual misconduct; • Adult, abuse, neglect, or exploitation of aged persons or disabled adults; • Sexual battery; • Relating to prohibited acts of persons in familial or custodial authority; • Unlawful sexual activity with certain minors; • Prostitution; • Lewd and lascivious behavior; • Lewdness and indecent exposure; • Voyeurism; and • Video voyeurism. <p data-bbox="252 1995 1485 2152">The FDOC policy is to cease a pre-employment investigation and close the applicant’s packet once it has been determined the applicant is disqualified through the Moral Character and Background Guidelines. Policy requires the initial background investigation conduct a review of Florida Department of Law Enforcement records for pending or prior officer discipline, prior</p>

employment with a criminal justice agency and employment separation reasons that create a conflict. Policy requires a review of previous failings of background investigations through the Corrections Data Center.

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

Evidence Relied Upon:

Policy – 20.049 – Background Investigation and Appointment of Certified Officers pg. 4-6, 10

Florida Statute 435.03 Level 1 screening standards

Florida Statute 435.04 Employment Screening

FDOC Moral Character and Background Guidelines

FAC – 60L-40.001 Sexual Harassment

FAC – 33-208.003 Range of Disciplinary Action

Employment Applications

Background Investigation Checklist

Employee Records

Interviews with Staff

Interviews with Contractors

Analysis/Reasoning:

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

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

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

The Auditor chose to view the records of the 30 personnel, to include volunteers and contractors, selected for interviews. Verification of criminal record background checks conducted prior to hiring and/or enlisting services was made by reviewing each record. When reviewing the records, the Auditor observed Background Investigation Checklists with the following, but not limited to information:

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

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

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

The Auditor spoke to a Human Resources staff member. Agency staff provide information to other confinement facilities after receiving a request and a signed consent form of a prior TCI 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 TCI former employee.

Conclusion:

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: Facility staff reported the Florida Department of Corrections has not acquired any new facility or planned any substantial expansion or modification of the Tomoka Correctional Institution during this audit period.</p> <p>Evidence Relied Upon: Observations Interviews with Staff</p> <p>Analysis/Reasoning: The Florida Department of Corrections has not designed or acquired any new facility during this audit period. The Tomoka Correctional Institution has not planned any substantial expansion or modification of its existing facility during this audit period. The facility has not installed or updated its video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period.</p> <p>The Auditor conducted a thorough tour of the facility and observed camera placements throughout each building. Each area of the facility appeared to be original construction. Additional cameras were added to areas of the institution beyond the previous 12 months. Those cameras were added with funds received through a PREA grant.</p> <p>Interviews with command staff reveal they are aware of the requirement to consider protection of sexual abuse when designing any new construction or before making substantial modifications to the current facility. No staff was aware of any modifications or updates occurring during this audit period.</p> <p>Conclusion: The agency has not made modifications of the Tomoka Correctional Institution or video monitoring technologies at the facility in the past 12 months. The facility upgraded its video monitoring technologies after its first PREA Audit. The facility's command staff is aware of the requirement to consider sexual abuse and sexual harassment protections when planning for modifications, expansions or video monitoring updates. The Auditor determined the agency meets the requirements of this standard.</p>

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

are investigated by the Office of Inspector General. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. An Inspector from the Office of Inspector General will process evidence from the crime scene.

The Auditor reviewed the facility's Memorandum of Understanding for forensic services with a Sexual Abuse Nurse Examiner. The SANE is required to provide an on-site assessment, documentation and collection of evidence for sexual assault of offenders at all FDOC facilities. The MOU stipulates an examination will take place within 8 hours of the "call for services." The SANE is required to provide the Alleged Sexual Battery Protocol and any additional assessment forms to facility medical staff to be filed in the offender's medical record. The MOU requires the agency to pay for forensic services.

The MOU with the Volusia Rape Crisis Center (VRCC) stipulates the Florida Department of Corrections will:

- Contact the entity for victim advocacy services when requested by the victim;
- Ensure the victim receives contact information for the VRCC;
- Provide facility orientation and training to VRCC staff and volunteers;
- Ensure the crisis hotline phone number and address are posted in prominent facility areas;
- Provide logistical needs to offenders when attempting to contact the VRCC;
- Maintain confidentiality and allow privileged correspondence between VRCC and clients; and
- Communicate any questions and concerns to the VRCC.

The MOU with the VRCC stipulates the VRCC is responsible for:

- Providing a 24/7 rape crisis hotline, staffed by certified victim advocates;
- Providing a mailing address for victims to send correspondence;
- Providing a certified victim advocate to respond to requests for advocacy accompaniment during sexual assault forensic exams and investigatory interviews;
- Providing follow-up services and crisis intervention to victims of sexual assault, as resources allow;
- Providing the FDOC with the name of the advocate responding;
- Maintaining privileged communication with clients as required by state and federal law and FDOC's policies;
- Termination of the hotline call or service session if the offender's need for services is not, or is no longer, primarily motivated by a desire to heal from sexual violence;
- Providing referrals for treatment after release or upon transfer to another facility;
- Providing information about how to report sexual abuse, including investigatory responsibilities, and to protect offenders and staff from retaliation; and
- Communicate and questions and concerns to institutional staff.

The Auditor reviewed the agreement between the agency and the Panhandle Forensic Nurse Specialists – Region 1. The agreement stipulates the contractor will provide the following:

- On-site assessment, documentation and collection of evidence for sexual assault of inmates at all Florida Department of Correction facilities;
- Services performed on all alleged victims and alleged perpetrators, if applicable, for all allegations that allege oral or anal penetration within the previous 72 hours;

- Screening provided by certified Forensic Nurse Examiner or certified Sexual Assault Nurse Examiner within 8 hours of call for services;
- Provide Florida Department of Law Enforcement evidence kits;
- Recommend but not provide additional medical testing or treatment as indicated by CDC standards;
- Release chain of custody to the designated DOC representative;
- Follow the FDOC's PREA policies which mandate reporting and treatment for abuse or neglect of all inmates in the secure institutions.

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. He had stated he has not had an offender request a victim advocate and informed the Auditor a victim advocate may accompany the victim upon request of the victim. The Inspector explained OIG Inspectors collect evidence in the crime scene while the SANE collects forensic evidence and turns the evidence over to the OIG Inspector. The OIG Inspector has authority to place criminal charges. In the event criminal charges are placed on the victim, the Inspector informs the victim 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 had received training to conduct sexual abuse investigations in confinement settings. The Auditor verified this by reviewing the Inspector's training certificate.

The Auditor conducted a telephone interview with a Sexual Assault Nurse Examiner who provides examinations in accordance with the Memorandum of Understanding. The Auditor asked if the facility has contacted her officer for a forensic examination of an offender in the past 12 months. The SANE informed her staff have conducted forensic examinations at the TCI in the past 12 months. The SANE explained forensic examinations are conducted on site in the medical area. The SANE did state the nurses allow advocates to accompany the victim during a forensic examination. The Auditor asked if a police investigator questions the victim during the examination. The SANE informed an investigator can question the victim following the examination.

The Auditor conducted an interview with the facility's Health Services Administrator (HAS). The HSA informed the Auditor no staff in the medical section conduct forensic examinations. The HSA informed forensic examinations are conducted in the medical section by a SANE from the community. The OIG Inspector contacts the SANE to initiate a forensic examination. The HSA informed the Auditor her staff are readily available to assist the SANE if directed to do so by the SANE.

The facility reported one forensic medical examination has been conducted in the last 12 months. The Auditor did not speak to the recent victim who agreed to have a forensic evidence collection with the SANE. The investigative case remained active and therefore the Auditor chose not to interview the offender. The Auditor reviewed evidence the Sexual Assault Nurse Examiner entered the facility on January 22, 2019 at 3:00 p.m. and departed the facility at 6:30 p.m. The forensic examination was conducted in the facility's medical area.

The Auditor reviewed the evidence protocol utilized during evidence collection. 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.”
None of the three offenders

The Auditor reviewed the training records of two agency personnel who have been trained to provide victim advocacy. The Training was provided by the Office of the Attorney General’s, Florida Crime Prevention Training Institute and titled, “Victim Services Practitioner.”

Conclusion:

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

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>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 non-criminal investigations of offender-on-offender sexual harassment. OIG Inspectors conduct investigations of all other types of allegations.</p> <p>Evidence Relied Upon: Policy – 1008.003 – Investigative Process pg. 7 Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 1-12 Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 4, 12, 15 Florida Statue – 944.31 Agency Website Investigative Reports Interview with Investigators Interview with Offenders</p> <p>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, sexual harassment and voyeurism. Each inspector with the Office of Inspector General is a sworn law enforcement with arrest powers. OIG investigators have the legal authority to investigate felony and misdemeanor violations of law committed in and against the Department of Corrections, and serious allegations of staff misconduct and administrative violations. Each Inspector is required to be a sworn police officer in the State of Florida.</p> <p>When an allegation is made the facility’s Officer in Charge will immediately notify the Emergency Action Center (EAC). After notifying the EAC the Officer in Charge will input the information into the Management Information Notification System (MINS). Information in the MINS is automatically received by the Office of Inspector General for investigative referral. When prosecution is warranted, the OIG Inspector coordinates with the State Attorney’s office in the appropriate jurisdiction.</p> <p>The Auditor reviewed the facility’s mechanism used to track allegations of sexual abuse and sexual harassment. There were 23 allegations made in the previous 12 months. Three were determined not to be PREA related. All 23 allegations were investigated and encompassed the following:</p> <ul style="list-style-type: none"> • 9 allegations of offender-on-offender non-consensual sex act;

- 3 allegations of staff-on-offender sexual misconduct;
- 1 allegation of staff-on-offender sexual harassment
- 3 allegations of offender-on-offender abusive sexual contact
- 4 allegations of offender-on-offender sexual harassment;
- 3 allegations determined not to be PREA related.

The Tomoka Correctional Institution staff investigated the 4 allegations of offender-on-offender sexual harassment. There are no TCI staff trained to conduct sexual abuse allegations and as such, referred the other 19 allegations to the Office of Inspector General. The Auditor verified all 19 allegations were investigated. Of the 19 investigations conducted by the OIG, 1 was referred for criminal prosecution and remains open. Facility staff only conduct investigations of offender-on-offender sexual harassment. All other types of allegations are referred to an Inspector with the Office of Inspector General.

The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector informed the Auditor one allegation was referred for prosecution. He explained all referrals from the facility are investigated. The Inspector stated the facility's, Officer in Charge (OIC) notifies the Emergency Action Center to initiate the investigation.

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

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

Conclusion:

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

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

Analysis/Reasoning:

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

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

The Auditor conducted an interview with a staff member of the training academy who conducts these trainings. The Auditor asked the staff member what topics he teaches during an employees' initial training. The staff member articulated the topics as previously listed above. The trainer informed the Auditor he does not provide refresher information to current staff. That is provided by facility personnel. The Auditor was informed the initial training for PREA is approximately 10 hours long.

The Auditor reviewed the test provided to participants at the conclusion of each training session. The test includes 4 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.

At the time of the Audit the facility employed 284 security and 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 on an annual basis.

The Auditor conducted informal and formal interviews with random and specialized facility staff. The Auditor questioned staff about the training topics previously listed. Staff interviewed by the Auditor informed they received training and were able to articulate the topics to the Auditor. One staff member informed the Auditor training had never been provided. Training records revealed the staff member had been provided the training on an annual basis and had taken a test of the material. The Auditor specifically asked questions related to the agency's sexual abuse and sexual harassment policies. The staff member understood and knew the answers to the Auditor's questions. Staff interviewed by the Auditor was knowledgeable regarding the training material and information provided by the facility. 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.

Conclusion:

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

have retained the knowledge received from training. The Auditor determined the facility meets the requirements of this standard.

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

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

At the time of the Audit the facility had 284 volunteers and contractors. The Auditor verified through "Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Training Affidavit" each volunteer and contractor had received the PREA training. The Training Affidavit stated, "I confirm that I have read and understand the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors." The Training Affidavit requires the volunteer and contractor to sign, print and include their work location on the affidavit. The facility's Chaplain maintains a list of active volunteers.

The Auditor conducted an interview with a facility staff member who conducts training for volunteers and contractors. The trainer explained he utilizes the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors training book to conduct training. He explained each volunteer and contractor acknowledges their receipt and understanding on the signature page. The trainer informed each volunteer and contractor is provided the brochure on an annual basis.

Conclusion:

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

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>It is the policy of the Florida Department of Corrections to provide offenders with an initial orientation concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. Policy requires the orientation be conducted via approved video presentation that specifies protection issues to include information on preventing and reducing the risk of sexual violence. The orientation includes information on the Prison Rape Elimination Act, zero-tolerance, viewing of a DVD, how to avoid sexual violence, preventing and reducing the risk of sexual violence, appropriate methods of self-protection and interventions, how to report sexual assault, counseling and treatment and process for requesting counseling and treatment services.</p> <p>The agency’s policy requires facilities arrange for offenders with recognized disabilities and those who are Limited English Proficient (LEP) to be advised of the zero-tolerance policy in accordance with the resources outlined in the Americans with Disabilities Act Provisions for Inmates policy.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 5-6, 8-10 Policy – 601.210 – Inmate Orientation pg. 3-6 Acknowledgement of Receipt of Orientation Zero Tolerance Posters Offender Handbook Sexual Abuse Awareness Brochure Inmate PREA Education Facilitators Guide Language Line Services Contract Offender Records Interviews with Staff Interviews with Offenders Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor observed the booking process of 42 offenders arriving at the institution. Each offender is provided a full education at the time of booking. Classification staff ensure each offender watches the initial information 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 rows while they watch the orientation video on a rolling television cart. The Classification Officer explains the process and plays the video. The Classification 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.</p> <p>The Auditor reviewed the “PREA Education Facilitators Guide.” The facilitator is required to reiterate the following key points:</p>

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.

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

The Auditor reviewed the records of 50 offenders. The records reviewed were of the offenders the Auditor selected to interview. A review of offender classification records revealed each offender signed the Acknowledgement of Receipt of Orientation on The Prison Rape Elimination Act (PREA) of 2003. The Auditor verified each offender received comprehensive education at the time of booking. The facility reported no current offender was incarcerated at the facility prior to enactment of the PREA standards. The Auditor reviewed the Acknowledgement form and observed each offender signed in receipt of the following:

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

The Auditor conducted formal and informal interviews with randomly chosen offenders. Offenders informed the Auditor they immediately watched a video and was provided a

brochure which included the facility's rules relating to sexual abuse and sexual harassment upon arrival at the facility. Some offenders informed the Auditor they had watched the video and was provided the same information at other FDOC facilities.

Offenders interviewed by the Auditor were able to articulate the FDOC's policies and procedures related to sexual abuse and sexual harassment. Offenders understood they had a right to be free from sexual abuse and retaliation. Each offender understood the avenues available to report sexual abuse and sexual harassment. Most offenders knew the rape crisis center provides victim advocacy. The Auditor asked those who reported not knowing if they had seen the information posted by the telephones. Those offenders had seen the posted material. This poster includes information how to contact the rape crisis center.

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

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

The Auditor interviewed four offenders notated as Limited English Proficient. The Auditor was able to effectively communicate with those offenders. The Auditor determined the offenders were knowledgeable regarding the FDOC sexual abuse and sexual harassment policies. The Auditor asked each offender how he would report an allegation of sexual abuse or sexual harassment. The offenders stated they would use the hotline or notify staff to make a report. Each had received the PREA brochure written in Spanish. The facility does have staff who are bilingual. The agency maintains a list of all staff who speak other languages in the event a translator is needed. The facility has a contract with a company for language line services.

The Auditor conducted an interview with booking and classification staff. Staff informed the Auditor the information is provided as soon as the offender arrives in the receiving area. Classification staff meets with each offender being booked into the facility 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 blind, or who cannot read. The educational video can be heard by those who have low vision or are blind. The Auditor was informed PREA information can be read by those who may be deaf or hard of hearing and the educational video can be read through closed captioning. Interpretive services are provided through use of a language line or a bilingual staff member. Classification staff discusses options with a supervisor to ensure offenders who cannot otherwise benefit from the education are educated appropriately. The Auditor observed offender education in process and verified the video is closed captioned and bilingual. Classification staff informed the Auditor the TCI does not house offenders who are blind or deaf.

There were no offenders designated with a cognitive disability for the Auditor to interview.

The Auditor conducted a detailed tour of the Tomoka Correctional Institution. During the tour the Auditor observed key information readily available in the form of PREA posters throughout

the facility. The facility provides readily available information to offenders in its Offender Handbook and Sexual Abuse Awareness Brochure. The facility maintains PREA material written in English and Spanish.

Conclusion:

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

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The agency’s policy requires investigators receive specialized training before conducting PREA investigations. The policy requires OIG investigators receive the general PREA training provided to all agency employees. Policy stipulates the training include the following:</p> <ul style="list-style-type: none"> • Techniques for interviewing sexual abuse victims; • Appropriate application of Miranda and Garrity warnings; • Sexual abuse evidence collection in confinement settings; and • The criteria and evidence required to substantiate a case for prosecution referral. <p>Policy requires documentation be maintained that each OIG Investigator has completed the required specialized training. The bureau of Professional Development and Training is required to maintain the training documentation.</p> <p>Evidence Relied Upon:</p> <p>Policy – 108.015 – Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations pg. 3-4</p> <p>Investigator’s Training Record</p> <p>Training Curriculum</p> <p>Interview with Investigator</p> <p>Analysis/Reasoning:</p> <p>At the time of the audit the facility had no staff who had received specialized training to conduct Sexual Abuse Investigations. Sexual abuse investigations are conducted by the Office of Inspector General. There are two OIG Inspectors stationed at the TCI. The Auditor conducted a review of one OIG staff member’s training record. The staff members attended specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>The Auditor conducted a review of the specialized training for investigators in confinement settings curriculum. The training was developed by The Moss Group, Inc. Each requirement as listed above was included in the training curriculum. The investigator attended the specialized training from April 3, 2018 through April 5, 2018. The investigator’s training record revealed he was provided the regular PREA training, as provided to all staff, in 2016, 2017, 2018 and 2019.</p> <p>The Auditor conducted a formal interview with the investigator. The Auditor asked the investigator to explain the training he received to conduct sexual abuse investigations in a confinement setting. The investigator was able to articulate the topics as bulleted above. The Investigator was knowledgeable regarding the requirements of conducting sexual abuse investigations. The Auditor asked the Investigator to explain the process he uses when conducting investigations. He explained he interviews the victim, aggressor and witnesses, reviews offender records, collects evidence, and reviews video surveillance. The investigator confides in the States Attorney during cases that appear criminal.</p>

The investigator explained how he determines the credibility of a victim, witness and aggressor. He explained that is done by reviewing criminal and institutional charges, incident reports, previously provided information and grievances. The Auditor asked how the investigator determines credibility of a staff member. He explained by reviewing the staff member's personnel record.

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

Conclusion:

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections' Health Services Bulletin, Post Sexual Battery Medical Action requires all medical and mental health staff who work regularly in FOC facilities, including contracted staff are trained in the following:</p> <ul style="list-style-type: none"> • How to detect and access signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The Florida Department of Corrections contracts its medical services with Centurion Managed Care. The FDOC requires all regular full-time and part-time medical and mental health staff receive training mandated for FDOC employees.</p> <p>Medical practitioners at the facility do not conduct forensic examinations and therefor are not required to be trained to do so.</p> <p>Evidence Relied Upon:</p> <p>FDOC Health Services Bulletin No. 15.03.36 pg. 4 Prison Rape Elimination Act (PREA) Instructor Guide pg. 2-28 Centurion PREA Training PowerPoint MOU with SANE Interviews with Medical and Mental Health Personnel Medical Personnel Training Records</p> <p>Analysis/Reasoning:</p> <p>Medical services at the Tomoka Correctional Institution are contracted with Centurion Managed Care. Medical personnel at the Tomoka Correctional Institution are considered contract employees. All medical and mental health practitioners are required to complete specialized medical training. The Auditor reviewed the training records of 40 medical and mental health practitioners. A review of the records indicated all 40 medical and mental health practitioners received the specialized medical training.</p> <p>The specialized medical training conducted was developed by Centurion personnel and is conducted online. 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"> • Signs of Sexual Abuse: Physical Reactions; • Signs of Sexual Abuse: Emotional Reactions; • Gender and Sexual Orientation Considerations;

- Voice and Speech;
- Body Positioning;
- Distance;
- Eye Contact;
- Reporting Requirements; and
- Preservation of Physical Evidence of Sexual Abuse.
- How to preserve physical evidence of sexual abuse;

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

The Auditor interviewed medical and mental health staff employed at the Tomoka Correctional Institution. Each employee interviewed stated they had received specialized medical training and received the training provided by the FDOC. The TCI training is provided annually to medical and mental health personnel. The medical and mental health professionals were knowledgeable regarding previously mentioned training topics. The Auditor asked medical staff to explain how they preserve physical evidence while attempting to treat medical emergencies which result from an incident of sexual abuse. The explanation supported the training provided through specialized medical training.

Corizon Correctional Healthcare medical personnel do not perform forensic examinations at the Tomoka Correctional Institution. Those examinations are performed on site by a Sexual Abuse Nurse Examiner from a community hospital. The Auditor reviewed the scope of services section of the contract for forensic examinations. The Panhandle Forensic Nurse Specialist (Region 2) provides on-site assessments, documentation and collection of evidence for sexual assault of offenders at all Florida Department of Corrections facilities. The Auditor asked each Corizon medical personnel interviewed if they perform forensic examination; none stated they did such.

Conclusion:

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

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

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

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

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

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

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

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

Evidence Relied Upon:

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

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

Inmate Behavioral Assessment Scale Sexual Risk Indicator

Sexual Risk Indicator Assessment Questions

Classification Records

Interviews with Staff

Interviews with Offenders

Analysis/Reasoning:

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

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

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

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

The Classification Officer meets with and conducts a screening of each offender who enters the facility. The Classification interviews are conducted in a private office. The Classification Officer asks the offender the sexual risk indicator questions and calculates the score to determine the offenders risk level. Classifications typically occur the same day offenders arrive to the facility. Transports to and from the facility generally occur on Thursdays and are rarely conducted on a Friday. Any offender who arrives on a Friday will be seen on that Friday. If the offender is not seen on that Friday of arrival, he attends a classification interview on Monday morning. All offender classifications occur within 72 hours.

The Auditor reviewed the risk screenings of all 50 offenders who were chosen by the Auditor to participate in a formal interview. The Auditor observed all 50 offenders had been appropriately screened upon receiving. Utilizing the same 50 offender records, the Auditor discovered staff had conducted re-assessments of offender's level of risk for victimization and abusiveness within 30 days.

The Auditor conducted a formal interview with a Classification Officer. The Classification Officer explained the screening process to the Auditor. The Auditor asked the Classification Officer if she utilizes her professional judgement when considering vulnerability of an offender. The Auditor was informed her best judgement is used when determining vulnerability. The Auditor asked the Classification Officer if she has received a referral, request or additional information that bears on an offender's risk level. The Auditor was informed she had not received such. The Classification Officer stated she has conducted a reassessment after an alleged incident. The Classification Officer was asked if she places disciplinary charges on an offender who refuses to answer questions related to the risk screening. The Auditor was

informed offenders are not disciplined for refusing to answer those questions.

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

The Auditor conducted formal and informal interviews with offenders. All offenders targeted for interviews and randomly chosen for interviews were asked if they had been asked questions as previously listed during the admission process. Offenders stated they remember being asked those questions during the admission process. The auditor conducted interviews with 4 offenders who identified as transgender. The Auditor asked each transgender offender if staff treated the offender any differently after informing of their status as a transgender. The Auditor was informed staff have not treated them any differently. Each offender interviewed informed the Auditor they were asked if they identified as gay, lesbian, bisexual, transgender or intersex by classification staff. The facility's risk screening tool does allow for input of the offender's own perception of vulnerability.

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

The facility has not been notified by the OIG of a substantiated cases of offender-on-offender sexual abuse within the past 12 months. The TCI staff did not conduct a re-assessment of an offender's risk level after an incident of sexual abuse as it has not been notified of a substantiated incident in the past 12 months.

The TCI does not detain solely for civil immigration purposes.

Conclusion:

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

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which stipulates housing for gender dysphoria, transgender and intersex offenders will be determined on a case by case basis. The facility is required to consider each offender’s safety and to consider the safety of the institution when making housing determinations. The facility is required by agency policy to conduct a biannually assessment of transgender, intersex and gender dysphoria offenders’ housing, program and work assignments. The Classification Officer is required to make this assessment.</p> <p>Agency policy is to house and assign work and programs to vulnerable offenders consistent with custody levels and medical status. The goal of the agency’s policy is to ensure separation of likely victims from likely aggressors. Offenders who are identified at high risk of victimization may not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation form likely abusers.</p> <p>The agency is required by policy to consider on a case-by-case basis in deciding whether to assign a transgender or intersex offender to a male or female facility and when making housing and program assignments. Security and management problems are considered when determining placement. Transgender and intersex offenders’ own views of safety are considered when determining placement.</p> <p>Policy requires a reassessment of each offender’s risk of victimization or abusiveness within 30 days of the initial intake if additional information is received by the institution. The policy also states an offender’s risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization or abusiveness.</p> <p>Evidence Relied Upon:</p> <ul style="list-style-type: none"> Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 6-7 Housing Placement Reports Risk Assessment Scoring Report Classification Assessments Interviews with Offenders Interviews with Staff Observations <p>Analysis/Reasoning:</p> <p>The Auditor reviewed 50 offender classification records. Of the records reviewed, six identified as transgender. No transgender offender was placed in a dedicated housing unit. The classification records show facility staff made appropriate individualized considerations when determining housing, bed, work and other assignments to ensure each transgender offender was maintained away from sexual predators. Classification staff considered the transgender’s</p>

own views when determining assignments.

The Auditor conducted interviews with six offenders who identified as transgender. Each offender informed the Auditor classification staff asked them questions during the admission process related to their identification status. Each stated they were asked if they felt safe in a general population living unit. The Auditor asked each if they were treated any differently by staff after informing of their identification status. None stated they were treated any differently. The Auditor asked each if they were given the opportunity to shower separately from the population. Each informed the Auditor they are given the opportunity to shower alone during one of the institutions count times. Two of the transgenders informed they Auditor they had no desire to take hormone therapy of continue through any process. They simply identified as transgender so they can shower alone. Each transgender offender reported to the Auditor they were doing well in the facility.

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

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

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

The Auditor reviewed the files of six transgender offenders. Each transgender offender was provided PREA information upon admission and provided a comprehensive education upon admission. The Auditor observed evidence of a biannual review concerning the offender's placement status for those who identified as transgender and were at the facility long enough.

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

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

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

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

Conclusion:

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

115.43	Protective Custody
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 504 365">Auditor Discussion:</p> <p data-bbox="248 371 1481 790">The Florida Department of Corrections policy allows victims of sexual abuse to immediately indicate their housing preference. When a victim is housed in administrative confinement upon their consent. When a sexual abuse victim indicates he wishes to remain in general population the facility is required to consider available alternatives. If no alternatives exist, the offender can be placed in Administrative Confinement involuntarily. In such cases, the Institutional Classification Team (ICT) is required by policy to conduct a 72-hour review. The review team must review the victim and allegation, verify the offender’s housing preference, and reassess the availability of any alternative housing. If after the 72-hour review the offender remains in Administrative Confinement the ICT is required to document the basis for concern for the offender’s safety and why no alternative means of separation can be arranged.</p> <p data-bbox="248 842 1477 1088">Florida Administrative Code requires an ICT member to conduct a weekly review of all offenders on Administrative Confinement. The code requires the ICT conduct a formal assessment of any offender in Administrative Confinement for more than 30 days and shall prepare a formal assessment and evaluation report after each 30-day period. The report shall include the details for the basis of confinement, what has transpired since the last report, the decision concerning continued confinement and the basis for that decision.</p> <p data-bbox="248 1140 549 1176">Evidence Relied Upon:</p> <p data-bbox="248 1182 772 1218">Florida Administrative Code 33-602.220</p> <p data-bbox="248 1225 767 1261">Florida Administrative Code 33-602.221</p> <p data-bbox="248 1267 1295 1303">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 10-11</p> <p data-bbox="248 1310 590 1346">Housing Preference Form</p> <p data-bbox="248 1352 513 1388">Interviews with Staff</p> <p data-bbox="248 1395 568 1431">Interview with Offenders</p> <p data-bbox="248 1438 542 1473">Classification Records</p> <p data-bbox="248 1480 456 1516">Housing Roster</p> <p data-bbox="248 1523 427 1559">Observations</p> <p data-bbox="248 1610 517 1646">Analysis/Reasoning:</p> <p data-bbox="248 1653 1474 1946">The Auditor reviewed the agency’s housing roster and observed 4 offenders who reported sexual victimization placed in Administrative Confinement. The Auditor reviewed the classification records of those 4 offenders. Each offender was offered the Housing Preference form and opted to remain in segregation for their protection. The preference form was provided to each offender within 24 hours of placement in involuntary segregation. The form acknowledges the Officer in Charge discussed housing options with the offender. The form notifies the offender the ICT will conduct a review of his placement within 72 hours.</p> <p data-bbox="248 1998 1481 2157">The housing roster also revealed 3 offenders identified at high risk of sexual victimization were placed in Administrative Confinement. The Auditor conducted a review of those offender classification records. All three offenders were offered the Housing Preference form within 24 hours of placement. Each agreed to remain in Administrative Confinement for their protection.</p>

Each was aware the ICT would conduct a review within 72 hours of their placement.

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 they place an offender involuntarily in segregation an assessment is conducted to view available alternatives. The Auditor was informed victimized offenders can be separated easily from aggressive offenders as the facility had numerous living units. The number of living units allows the Classification Officer the option of housing the offender in a general population unit and not in segregated housing. Classification staff was aware that offenders in Administrative Confinement have access to programs, privileges, education, and work opportunities, to the extent allowable.

At the time of the audit there was no offender involuntarily housed in segregated housing to maintain separation from likely abusers. The Tomoka Correctional Institution does not utilize protective custody. Offenders in need of protective custody are typically sent to a facility designated house such. The Auditor asked the Warden how difficult it is for him to ensure a transfer of an offender. The Warden informed it is not difficult if there is a need to make a transfer. In most cases, the Warden can perform a Warden-to-Warden transfer if the offender's classification level and any special needs can be met.

The Auditor interviewed medical and mental health personnel. Medical and mental health staff are informed when offenders are identified at high risk of sexual victimization. The Auditor was informed by classification staff they can recommend a transfer to another FDOC facility in the event an offender identified at high risk of sexual victimization or abusiveness is identified and cannot otherwise be housed in the facility. This is a last resort as the facility has multiple housing options available to ensure the offenders safety.

The Auditor interviewed several security personnel who supervise offenders in the segregation housing unit. Staff was asked if offenders in segregated housing receive access to programs, privileges, education, and work opportunities. Staff informed offenders have access to programs, education and work opportunities upon request, dependent upon legitimate facility security concerns. Privileges are provided to all offenders in the segregation housing unit. The Auditor asked if staff have ever supervised an offender in segregation housing who was identified at high risk of sexual victimization to keep him separate from likely aggressors. No staff member 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 strictly control the movement of offenders on the property.

The Auditor conducted an interview with three offenders who alleged an incident of sexual abuse within the previous 12 months. The Auditor asked each offender if his living unit assignment had changed since making the allegation. None informed the Auditor he was placed involuntarily in segregated housing as a result of the allegation. The Auditor asked each offender if they have had contact with the alleged abusers since the incidents took place. Each offender stated he has not had contact with the alleged abuser since making the allegation.

The Auditor conducted formal interviews with several offenders who alleged an incident of sexual harassment. Those offenders informed the Auditor the offender who allegedly harassed them was moved to another living unit and they had not had contact since the incident.

Conclusion:

During the previous 12 months the Tomoka Correctional Institution has not placed an offender identified at high risk of victimization involuntarily in segregation. The agency policy – 602.053 Prison Rape: Prevention, Detection, and Response addresses the placement of an offender victim in involuntary segregation but does not include stipulations for those identified at high risk of sexual victimization. The policy does require an immediate assessment of available alternatives but does not include language to describe the contents and timing of assessments.

After making observations and conducting a review of policies, procedures, classification records, housing records, Florida Administrative Codes and interviewing staff and offenders the Auditor determined the facility meets the requirements of this standard.

The Auditor made a recommendation for the agency to consider a revision to the 602.053 policy.

115.51	Inmate reporting
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 504 360">Auditor Discussion:</p> <p data-bbox="248 371 1471 618">The Florida Department of Corrections policy is to provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders at the Tomoka Correctional Institution may report allegations of sexual abuse and sexual harassment in the following ways:</p> <ul data-bbox="248 663 1471 1088" style="list-style-type: none"> • A verbal report to any staff member, volunteer or contractor; • Calling the TIPS line; • Calling an outside entity (Gulf Coast Children’s Advocacy Center); • Filing a Request Form; • Filing an informal and/or formal grievance; • Have a family member, friend or other member of the public fill out the online Citizen’s Complaint form; • Have a family member, friend, or other member of the public submit a third-party grievance; • Write or e-mail the Office of Inspector General; and • Write or email the PREA Coordinator. <p data-bbox="248 1133 1471 1424">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="248 1469 1471 1648">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="248 1693 1471 1816">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 Tomoka Correctional Institution.</p> <p data-bbox="248 1861 552 1895">Evidence Relied Upon:</p> <p data-bbox="248 1906 1279 1939">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9-10</p> <p data-bbox="248 1951 440 1984">PREA Posters</p> <p data-bbox="248 1995 769 2029">Inmate Orientation Handbook pg. 17,19</p> <p data-bbox="248 2040 711 2074">Sexual Abuse Awareness brochure</p> <p data-bbox="248 2085 935 2119">Gulf Coast Children’s Advocacy Center, Inc. contract</p> <p data-bbox="248 2130 472 2163">Incident Reports</p>

Employee Handbook
Training Curriculum
Staff Training Records
Investigative Records
Interviews with Staff
Interviews with Offenders

Analysis/Reasoning:

The Auditor reviewed the Sexual Abuse Awareness brochure provided to each offender during the admission process. The brochure informs offenders they can report allegations through the TIPS number and provides the number, 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 Volusia Rape Crisis Center and provides the address.

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

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

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

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

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

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

The Auditor reviewed investigative records. Investigative records included Incident Reports submitted by staff. A review of records revealed staff are verbally reporting allegations to supervisors and submitting an Incident Report of the allegation. The Auditor conducted an interview with an OIG Inspector. The inspector informed the Auditor he has conducted investigations into allegations that were anonymously reported. Anonymous allegations have been made to the community organization that monitors the hotline and forwarded to the inspector. The Auditor reviewed evidence staff are accepting verbal reports and submitting Internal Incident Reports of the verbal allegation. Investigative records reveal staff are immediately informing their supervisors and investigations are completed promptly. There were no allegations filed against a staff member or an offender by a third-party.

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

Conclusion:

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

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections is not exempt from this standard as the Florida Administrative Code stipulates procedures to address offender grievances alleging sexual abuse. Florida Administrative Code does not impose a time limit when offenders may file a grievance alleging sexual abuse. The FAC does stipulate an offender must follow time limits after receiving a response to a formal grievance and elects to proceed to the next level of review. When submitting a grievance alleging sexual abuse an offender is not required by the agency to exhaust informal means or submit the grievance to the individual who is the subject of complaint. The Auditor nothing in Florida Administrative Code 33-103.006 that restricts the agency's ability to defend against a lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p>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>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>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>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>

Evidence Relied Upon:

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

FAC – 33-103.005 Informal Grievance

FAC – 33-103.006 Formal Grievance

FAC – 33-103.011 Time Frames for Inmate Grievances

Inmate Orientation Handbook pg. 17-18

Sexual Abuse Awareness brochure

Interviews with Staff

Interviews with Offenders

Inmate Grievance Form

Analysis/Reasoning:

The Tomoka Correctional Institution reported one grievance alleging sexual abuse in the past 12 months. The Auditor reviewed the grievance. The grievance was submitted by an unknown third-party alleging an offender was sexually assaulted. The grievance was responded to within 20 days from receipt. It was determined another offender submitted the anonymous grievance and the victim denied the incident. The facility reported no emergency grievances alleging a substantial risk of sexual abuse were submitted 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 procedures listed in the Inmate Orientation Handbook include the process for submitting both formal and informal grievances. Each offender receives a handbook at the time of admission. Each offender receives a Sexual Abuse Awareness brochure during the admission process. The brochure informs offenders they can submit a grievance to report allegations of sexual abuse.

The Auditor conducted formal interviews with offenders. The Auditor asked each offender if they could file a grievance if they felt they were at risk of imminent sexual abuse. The offender population was aware they could file such a grievance. The Auditor asked each offender interviewed if he/she filed 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 use the hotline number while others stated they would verbally tell a staff member. 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. The Auditor was informed offenders can submit such grievances. Facility staff understood the procedures for submitting emergency grievances alleging a risk of imminent sexual abuse. Supervisors interviewed by the Auditor were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse. A review of grievance records reveals no offender submitted an emergency grievance alleging an imminent risk of sexual abuse.

Conclusion:

The Auditor determined the facility has appropriate procedures in place for processing

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

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The FDOC has a policy to provide sexual abuse or sexual battery victims with a form advising them of their rights to access crisis intervention services. Offenders are provided mailing addresses and telephone numbers, including toll-free hotline numbers of community victim advocates for emotional support services. The agency allows offenders in facilities to communicate reasonably between with a community organization in as confidential manner as possible.</p> <p>The Florida Department of Corrections requires facilities to inform offenders of the extent to which communications to those organizations and agencies will be monitored and forwarded in accordance with mandatory reporting laws prior to giving the offenders access.</p> <p>The agency maintains a Memoranda of Agreement with a community service provider who can provide offenders with confidential emotional support services related to sexual abuse. Copies of those agreements are maintained by the PREA Coordinator.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 11, 14 Sexual Abuse Awareness brochure Inmate Orientation Handbook pg. 17 Posted Information Inmate PREA Education Facilitators Guide pg. 2-3 Memorandum of Agreement with Volusia Rape Crisis Center Interview with Staff Interview with Offenders</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the Memorandum of Agreement between the Florida Department of Corrections and the Volusia Rape Crisis Center. The agreement includes, but is not limited to, the following stipulations by the Volusia Rape Crisis Center will:</p> <ul style="list-style-type: none"> • Provide a 24/7 rape crisis hotline, staffed by certified victim advocates; • Provide a mailing address for inmate victims to send correspondence; • Provide follow-up services and crisis intervention to inmate victims of sexual assault, as resources allow; • Maintain privileged communication with clients as required by state and federal law, and the participating entity’s policies; and • Communicate questions and concerns to the correctional institution staff. <p>The Auditor conducted a telephone interview with an advocate form the Volusia Rape Crisis Center. The VRCC agrees to provide confidential crisis intervention and emotional support services related to sexual abuse to FDOC offender victims. The VRCC hotline is monitored by trained VRCC staff. The hotline is monitored 24 hours each day, seven days each week. The</p>

VRCC also links offender victims to accompaniment services by trained victim advocates upon request of the victim, when appropriate to do so. The TCI has posted the agency's limitations on recording and monitoring of phone calls above the telephones in offender living units.

The Auditor reviewed the agency's Sexual Abuse Awareness brochure. The brochure provides the name, address and contact number of the Volusia Rape Crisis Center. The Auditor observed the Volusia Rape Crisis Center's information posted on a Zero Tolerance poster in each living unit. The posters were above telephones in each unit. The poster includes the quick dial access telephone number and the address to the Volusia Rape Crisis Center. While touring the facility the Auditor called the quick dial access telephone number. The Auditor spoke to a staff person with the Volusia Rape Crisis Center on the unit telephone. The staff person forwarded the Auditor's telephone call to the Correctional Services Consultant. The Auditor verified the Volusia Rape Crisis Center can forward information to the agency.

While on site the Correctional Services Consultant tested the telephone number in each offender living unit by calling the quick dial number. A review of the report of those calls was forwarded to the Auditor. The quick dial telephone number worked in each living unit.

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

The Auditor conducted a formal interview with an OIG investigator. The Investigator stated victim advocates are escorted into the facility to accompany an offender victim of sexual abuse during the forensics examination and criminal interviews. The Investigator stated he had conducted an interview in which an advocate had accompanied an alleged victim. An interview with the SANE revealed an advocate from the VRCC is contacted when requested by the offender victim. The SANE stated she does allow the victim advocates presence upon request by the victim.

The Auditor conducted formal interviews with offenders. Each offender was asked if the facility provides them with contact information of a community organization that provides emotional support services to sexual abuse victims. The Auditor discovered some offenders interviewed were unaware of the community support services. The Auditor asked those who were unaware if they were provided the PREA information during their receiving process. They stated they had been provided the information but chose not to read it or through it in the trash. Most of those offenders still understood there was an address to a community organization because they had seen the information on a poster.

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

Conclusion:

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

determine the facility meets the requirements of this standard.

115.54	Third-party reporting
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 504 360">Auditor Discussion:</p> <p data-bbox="248 371 1485 618">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="248 663 552 696">Evidence Relied Upon:</p> <p data-bbox="248 707 1283 741">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9-10</p> <p data-bbox="248 752 464 786">Agency Website</p> <p data-bbox="248 797 611 831">Third Party Reporting Form</p> <p data-bbox="248 842 512 875">Offender Grievance</p> <p data-bbox="248 887 711 920">Sexual Abuse Awareness brochure</p> <p data-bbox="248 931 512 965">Interviews with Staff</p> <p data-bbox="248 976 584 1010">Interviews with Offenders</p> <p data-bbox="248 1055 520 1088">Analysis/Reasoning:</p> <p data-bbox="248 1099 1461 1223">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="248 1267 1134 1469" style="list-style-type: none"> • Request for Administrative Remedy or Appeal Form • List and contact information for facility Wardens • Facility directory • Bureau of Policy Management and Inmate Appeals phone number • Third Party Grievance Form <p data-bbox="248 1525 1461 1693">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="248 1738 1461 1951">The Auditor tested the agency’s third-party reporting process. The Auditor accessed the agency website and submitted a test email utilizing the link to the Tomoka Correctional Facility’s Warden. The third-party report was sent by the Auditor on Friday, July 12, 2019 at 10:15 p.m. The facility’s Warden responded to the third-party report on Friday, July 12, 2019 at 19:29 p.m. Response time of the test email was sent within fourteen (14) minutes.</p> <p data-bbox="248 1995 1477 2163">FDOC staff is required to accept all reports of sexual abuse and sexual harassment, including verbally, in writing, anonymously and by third-party. The Auditor conducted formal interviews with random and targeted staff and asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are</p>

required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, verbally inform a supervisor, and document the allegation on an Incident Report. The Auditor asked each when they are required to submit the Incident Report. Each informed they submit the report quickly.

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

A review of the Sexual Abuse Awareness brochure reveals offenders are informed they can tell a friend or family member to file an allegation on their behalf. The Auditor reviewed one grievance submitted by an offender. The grievance was anonymous and submitted by third-party. The grievance form has a box in which the offender may select third-party to alert the grievance officer it is a third-party filing the grievance. The grievance was responded to in accordance with the PREA standards and agency policy.

Conclusion:

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

115.61	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1449 701">Agency policy stipulates staff, volunteers and contractors will promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse, sexual battery, staff sexual misconduct or sexual harassment. Staff, volunteers and contractors are required to promptly report any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. All agency staff, volunteers and contractors are required to immediately report any knowledge, suspicion, or information related to the following:</p> <ul data-bbox="252 757 1453 958" style="list-style-type: none"> • An inmate acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that an inmate poses a risk of being sexually victimized; and • All incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. <p data-bbox="252 1014 1481 1216">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="252 1272 1445 1563">Staff is prohibited by policy from revealing any information related to an allegation of sexual abuse or sexual harassment to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions. Policy requires all incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment are reported on an Incident Report. Shift Supervisors are required to immediately notify the Emergency Action Center and report the information in the Management Information Notification System. This process automatically initiates a response for an investigation.</p> <p data-bbox="252 1619 1465 1731">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="252 1787 552 1821">Evidence Relied Upon:</p> <p data-bbox="252 1832 1366 1865">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7, 9-11, 16</p> <p data-bbox="252 1877 528 1910">Investigative Reports</p> <p data-bbox="252 1921 504 1955">Population Reports</p> <p data-bbox="252 1966 738 2000">Interviews with Medical Professionals</p> <p data-bbox="252 2011 791 2045">Interview with Mental Health Professional</p> <p data-bbox="252 2056 512 2089">Interviews with Staff</p> <p data-bbox="252 2101 584 2134">Interviews with Offenders</p>

Analysis/Reasoning:

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

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

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

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

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

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

Conclusion:

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

115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion: The Florida Department of Corrections policy requires facility staff to take immediate actions to protect an offender when learning an offender is at risk of imminent sexual abuse. Each offender is screened for potential vulnerabilities or tendencies for acting out with sexually aggressive behavior within 72 hours of admission to the agency, and in most cases within 24 hours. Offenders who are discovered at risk of sexual victimization are referred to a qualified mental health professional.</p> <p>Evidence Relied Upon: Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 7, 9-10 Interviews with Staff Interviews with Offenders Classification Records Observations</p> <p>Analysis/Reasoning: The Auditor participated in a detailed tour of all facility areas. The Auditor observed all living units available to ensure an offender who is at risk of imminent sexual abuse can be housed separately from abusers. The facility can transfer abusers or victims to another FDOC facility if need be. The Auditor observed seventeen (17) housing units, including four (4) single cell units in which offenders at risk of victimization can be separated from offenders identified as aggressors.</p> <p>Formal interviews were conducted with facility supervisors. Facility supervisors were asked to explain how offenders are protected when learning an offender is at substantial risk of sexual abuse. The Auditor was informed the alleged victim will be moved to a living unit for his immediate safety until an investigation can determine results. The investigator and Classification Officer are informed of the alleged incident.</p> <p>The Auditor conducted formal interviews with classification staff. Classification staff was asked how they ensure the protection of an offender who is at imminent risk of sexual abuse. The Auditor was informed a reassignment of housing would take place. The Auditor asked classification staff to explain what considerations are given when making their determination. Classification informed they review program, work, and educational assignments to ensure an offender at risk of sexual victimization will not encounter an offender who is a likely abuser. Classification stated they would meet with the offender who alleged an imminent risk of sexual abuse to ensure he is maintained safely in the facility. If need be, the Classification Officer would recommend a transfer to another FDOC facility to ensure a victim is housed away from the alleged abuser. The Tomoka Correctional Institution does not house offenders who need Protection Management (protective custody). Offenders in need to protective management are transferred to a facility designated as such.</p> <p>The Auditor conducted formal and informal interviews with both security and non-security staff</p>

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

Interviews were conducted with randomly selected and specifically targeted offenders. The Auditor asked each if they felt safe in the facility. Most offenders stated they do feel safe in the facility. Several offenders informed the Auditor they hadn't really been there long enough to make that determination and several informed they just do not feel safe. The Auditor asked each if they felt confident in staff's ability to ensure their protection. A majority informed the Auditor they feel confident in TCI staff abilities to protect them from sexual abuse, harassment and retaliation. The Auditor asked those who did not feel confident why they felt that way. Most stated they just do not associate with staff in that manner and therefore are unable to determine staff's abilities.

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

Conclusion:

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

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

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

Conclusion:

The Warden fully understands the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff, volunteers and contractors at the Tomoka Correctional Institution understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies and procedures, emails and interviewed staff, volunteers and contractors and determined the facility meets the requirements of this standard.

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

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

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

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

The facility reported there were 10 allegations of sexual abuse made by offenders in the past 12 months. Of the 10 incidents, two were responded to by non-security personnel. In each case, responded to by security staff, the alleged victim was separated from the alleged perpetrator. In both cases reported to a non-security person, a security staff member was immediately notified. One incident was reported in a time limit that allowed for the collection of physical evidence. In that case, the SANE was contacted and responded to the facility. The offender was immediately removed from the living unit and escorted to the medical area. The alleged abuser was placed in Administrative Confinement. The crime scene was preserved until processed by the OIG Inspector.

The agency has an OIG 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 a completed OIC PREA Checklist utilized after an alleged incident was reported. The checklist was completed following the incident.

Conclusion:

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

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

115.65	Coordinated response
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1481 450">The agency’s Prison Rape: Prevention, Detection, and Response policy includes information that was utilized to create a coordinated response plan for the Tomoka Correctional Institution.</p> <p data-bbox="252 499 1469 618">The facility utilizes the agency’s OIC PREA Checklist to supplement the coordinated response plan. The OIC PREA Checklist requires the Office in Charge to ensure actions in the coordinated response plan are followed.</p> <p data-bbox="252 667 549 701">Evidence Relied Upon:</p> <p data-bbox="252 712 1166 745">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response</p> <p data-bbox="252 757 675 790">TCI Coordinated Response Plan</p> <p data-bbox="252 801 515 835">OIC PREA Checklist</p> <p data-bbox="252 846 451 880">Staff Interviews</p> <p data-bbox="252 929 515 963">Analysis/Reasoning:</p> <p data-bbox="252 974 1437 1093">The Tomoka Correctional Institution has a written Coordinated Response Plan. The plan includes response actions for staff first responders, supervisors, medical and mental health practitioners, investigators and facility leadership.</p> <p data-bbox="252 1142 1430 1305">The Auditor randomly chose one allegation and reviewed the OIC PREA Checklist. The allegation was reported in March 2019. A review of records show staff followed the actions outlined in the coordinated response plan. The OIC PREA Checklist was completed by a facility Captain.</p> <p data-bbox="252 1355 1469 1653">During interviews with specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigator, and command staff questions regarding their duties in response to an alleged sexual abuse incident. Each specialized staff interviewed by the Auditor was able to articulate their required response actions following an alleged sexual abuse incident. Specialized staff interviewed by the Auditor understand and make appropriate response efforts to an alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.</p> <p data-bbox="252 1702 403 1736">Conclusion:</p> <p data-bbox="252 1747 1477 1910">The Auditor determined the facility maintains an appropriate institutional plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of the agency’s policies, procedures, coordinated response plan, OIC PREA Checklist and interviews with staff, the Auditor determined the facility meets the requirements of this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The Florida Department of Corrections has a collective bargaining agreement with the Florida Police Benevolent Association.</p> <p>Evidence Relied Upon: Florida Police Benevolent Association Agreement pg. 16 Staff interviews</p> <p>Analysis/Reasoning: The Auditor reviewed the agreement between the Florida Police Benevolent Association and the Florida Department of Corrections. The agreement does not limit the FDOC's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Interviews with staff reveal participation with the Florida Police Benevolent Association is optional. Interviews with command staff reveal alleged staff sexual abusers can be removed from contact with offenders pending the outcome of an investigation.</p> <p>Conclusion: The Auditor determined the agency has not entered into an agreement that limits its ability to remove alleged staff sexual abusers from contact with offenders. The Auditor reviewed the agency's agreement with the Florida Police Benevolent Association and interviewed staff and determined the facility meets the requirements of this standard.</p>

115.67	Agency protection against retaliation
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 504 365">Auditor Discussion:</p> <p data-bbox="248 371 1469 701">The FDOC has a policy to ensure the protection of offenders and staff from retaliation who report allegations of sexual abuse, sexual harassment, or those who cooperate with sexual abuse/harassment investigations. Agency policy requires retaliation monitoring for a period of at least 90 days, to include at least three contact status checks with the 90-day period at the 30, 60 and 90-day marks from the date of allegation. The Retaliation Monitor is required to review conduct, including disciplinary reports, treatment by other staff and offenders, and changes in housing, program assignments, work assignments, and demeanor, in addition to the periodic status checks.</p> <p data-bbox="248 757 1481 913">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="248 969 549 1005">Evidence Relied Upon:</p> <p data-bbox="248 1012 1331 1048">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 9, 11-12</p> <p data-bbox="248 1055 593 1090">Retaliation Monitoring Log</p> <p data-bbox="248 1097 494 1133">Retaliation Review</p> <p data-bbox="248 1140 683 1176">Interview with Retaliation Monitor</p> <p data-bbox="248 1182 582 1218">Interviews with Offenders</p> <p data-bbox="248 1274 517 1310">Analysis/Reasoning:</p> <p data-bbox="248 1317 1481 1473">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 Tomoka Correctional Institution has designated the Assistant Warden of Programs responsible for monitoring retaliation as required by PREA standard 115.67.</p> <p data-bbox="248 1529 1469 1821">The Retaliation Monitor maintains a log of monitoring activities. The Auditor reviewed the retaliation monitoring log. The log included the names of 10 offenders who had been monitored. The Auditor observed the housing assignment, ICT decision, Sexual Risk Indicator reassessment, 30, 60 and 90-day contact review and transfer date, among other items. The facility reported only one allegation of retaliation was reported in the previous 12 months. The Retaliation Monitor conducts those activities of each offender who alleges an allegation, even if there was no allegation of retaliation.</p> <p data-bbox="248 1877 1442 2123">The Auditor randomly chose one offender on the Retaliation Monitoring Log for review. The retaliation reviews were included in the offender’s record. The retaliation review included 3 personal contacts by the Retaliation Monitor, one at the 30, 60 and 90-day periods. The Retaliation Monitor included comments made by the offender regarding acts of alleged retaliation (there were none in this case), a review of disciplinary actions, program changes, job changes, and custody level changes.</p>

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

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

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

There was no offender at the facility who alleged retaliation for the Auditor to interview. The Auditor conducted formal interviews with three offenders who alleged sexual abuse. The Auditor asked each if they had been retaliated against by a staff member or other offender for making an allegation or cooperating with the OIG Inspector or other facility staff. None of the three offenders stated they had been retaliated against.

The Tomoka Correctional Institution reported one allegation of retaliation occurred in the previous 12 months. The offender was transferred to another facility prior to the on-site visit by the Auditor.

Conclusion:

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Corrections has a policy which requires the protection of an offender who is alleged to have suffered sexual abuse. The Florida Administrative Code and FDOC policy includes elements of standard 115.43 when placing offenders in segregated housing.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 10-11 Interview with Segregated Housing Unit Staff Interview with Offenders Segregation Housing Records Classification Records Observations</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency’s policy regarding the use of segregation housing to protect offenders who have suffered sexual abuse. The agency’s policy states offenders who have alleged sexual victimization will be immediately offered the Housing Preference form. If the offender indicates he wishes to remain in Administrative Confinement the offender will no longer be considered involuntarily housed. If the offender requests to remain in general population the facility is required to conduct an assessment of available alternatives for his separation. If no alternatives are available, the offender may remain in segregation.</p> <p>The Auditor conducted formal and informal interviews with staff who supervise offenders in segregation housing. The Auditor asked if they have supervised an offender who has been placed in segregation housing after allegedly suffering sexual abuse. Each informed the Auditor they were unaware of an offender being housed in segregation for that reason. The staff was asked if offenders in segregation housing have access to programs, education, work and other privileges. The Auditor was informed offenders do have access to such, to the extent possible.</p> <p>The Auditor discussed the use of segregated housing with the classification staff. The Auditor asked classification staff if they conduct a review of those placed in segregation after suffering sexual abuse. Classification staff informed the Auditor the ICT conducts a review. The Auditor asked if the victimized offender is removed from programming, education or work status as a result of being placed in segregation housing. The Auditor was informed the offender can still participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.</p> <p>Classification staff informed the Auditor there are multiple housing options available and therefore do not automatically place a sexual abuse victim in segregation for his protection. Classification explained other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed there are numerous areas in the facility to place sexual</p>

abuse victims to ensure they are protected from abusers without having to place the victim in segregation housing. Classification and the facility's Warden stated they can transfer the abuser or victim to another FDOC facility if need be. The Auditor asked if there were any offenders placed in segregation for protection as a sexual abuse victim in the last 12 months. Classification informed there were no offenders placed in segregation for protection as a sexual abuse victim.

The Auditor participated in a detailed tour of the facility, including segregation housing. A review of segregation records revealed there were no offenders housed in segregation for protection as a sexual abuse victim at the time of the audit. 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. No offender interviewed was placed in segregation to ensure his protection from sexual abuse. Three offenders who alleged sexual abuse informed the Auditor they agreed to be placed in segregation for their protection.

Conclusion:

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

The Auditor made a recommendation for the agency to consider a revision to policy 602.053 Prison Rape: Prevention, Detection, and Response to give its personnel a better understanding of the requirements of this standard.

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

Observations

Analysis/Reasoning:

The Auditor conducted a formal interview with an Inspector from the Office of Inspector General. The Inspector discussed the procedure he utilizes when investigating allegations of sexual abuse and sexual harassment. He explained he begins his investigation by reviewing electronic information maintained in offender records. The Inspector conducts interviews the victim, perpetrator and any witnesses, including staff witnesses. 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. He explained this is the information he uses to assist in making an assessment of credibility.

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

The Auditor observed the office areas where the facility's investigative files are maintained. Investigative files are maintained electronically and in written format in the inspectors' office. 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 a locked office. The Inspector explained all investigative files are maintained for a minimum of 5 years after the abuser has been released or a staff abuser is no longer employed with the FDOC. The Auditor asked the OIG's, Sexual Abuse Investigator if he requires offenders to submit to a polygraph examination at any time during his investigation. He explained Inspectors do not polygraph offenders who make allegations of sexual abuse.

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

The Auditor reviewed 2 investigative files in which offenders alleged sexual battery. Both investigations were conducted by Inspectors from the Office of Inspector General and were allegations of offender-on-offender sexual battery. One allegation was made in October 2018 and the other in September 2018. A review of investigative reports shows Inspectors conducted the investigations promptly, thoroughly and objectively. The investigation conducted in September 2018 reached a determination 9 days after the investigation began.

The investigation conducted in October 2018 reached a determination 6 days after the investigation began. The Auditor observed the investigative reports included a description of physical evidence, testimonial evidence, and investigative facts and findings. The Auditor observed the reason behind credibility assessments in one report but not the other.

The Auditor compared the investigative reports to the facility's investigative tracking mechanism. Both incidents were found on the investigative tracking mechanism. The Auditor did observe the outcomes had not yet been relayed to the facility. Both cases were determined unsubstantiated. The facility had one active case which was referred for prosecution. The case remained open at the time of the Audit. The incident occurred in 2019 and was referred for prosecution by the inspector interviewed by the Auditor.

Both investigative reports reviewed by the Auditor included the investigators findings of direct and circumstantial evidence and the inspector's review of video monitoring technology. The Auditor clearly observed the inspector's interviewed the victim, perpetrator and witnesses. One report reviewed by the Auditor included elements of a credibility assessment, the other did not. Although inspectors do conduct credibility assessments the documentation in the investigative report was lacking.

The facility reported there were 23 allegations investigated within the past 12 months. The allegations investigated are as follows: 9 were non-consensual sex acts, 3 were staff sexual misconduct, 3 were abusive sexual contact, 3 were determined not to be PREA related, 4 were inmate sexual harassment and one was staff sexual harassment. OIG inspectors conducted 19 of the 23 investigations. Facility staff conducted 4 of the investigations. Facility staff conduct investigations of offender on offender sexual harassment and are not required to receive specialized training for investigations of sexual abuse in confinement settings to do so.

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

No outside agency is responsible for conducting investigations in the Tomoka Correctional Institution.

Conclusion:

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

The Auditor did not consistently observe the reason behind credibility assessments in written reports. After interviewing an Inspector, the Auditor determined investigators utilize the correct process to determine credibility. The Auditor recommends the agency consider training each Inspector how to document credibility assessments in their written reports.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The Florida Department of Corrections has a policy that imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence Relied Upon: Policy – 108.003 – Investigative Process pg. 6, 16 Investigative Reports Interview with Investigators</p> <p>Analysis/Reasoning: The agency’s policy includes the following definition for preponderance of evidence: “where used herein, refers to the greater weight of evidence, not necessarily established by the greater number of witnesses testifying to a fact, but by evidence that has the most convincing force; superior evidentiary weight that although not sufficient to free the mind wholly from all reasonable doubt, remains sufficient to incline a fair and impartial mind to one side of the issue rather than the other; evidence which indicates the behavior, action, or incident more likely occurred than did not.”</p> <p>The Auditor conducted a formal interview with an OIG Sexual Abuse Investigator. The Investigator was asked what standard of evidence he uses to substantiate an allegation of sexual abuse and sexual harassment. The Investigator explained a preponderance is more evidence to either support or not support substantiating the allegation.</p> <p>The Auditor reviewed 2 investigative reports. A review of the reports revealed the OIG Inspectors are utilizing a preponderance of evidence when making an investigative determination.</p> <p>Conclusion: The Auditor was able to determine OIG Inspectors utilize a preponderance as the basis for their determinations. The Auditor reviewed the agency’s policies and procedures, investigative reports, and interviewed an agency investigator and determined the facility meets the requirements of this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</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. Agency policy requires an offender be notified of the results following an allegation of sexual abuse, sexual battery, sexual misconduct, sexual harassment or voyeurism against a staff member. The investigative results include the following:</p> <ul style="list-style-type: none"> • Exonerated; • Sustained; • Partially sustained; • Not sustained; • Unfounded; • Closed by arrest; • Exceptionally cleared; or • Placed in open-inactive status. <p>Policy requires the Warden or his/her designee inform an offender whenever a staff member is no longer assigned to the facility or employed with the department.</p> <p>After an offender’s allegation that he/she has been sexually abused by another offender, the agency requires the offender be informed when:</p> <ul style="list-style-type: none"> • The FDOC learns that the alleged abuser has been indicted on a charge related to sexual abuse; or • When the FDOC learns that the alleged abuser was convicted on a charge related to sexual abuse. <p>Evidence Relied Upon:</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. 15-16</p> <p>Sexual Battery Victim Review</p> <p>Interview with Investigator</p> <p>Analysis/Reasoning:</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.</p>

The Auditor conducted a formal interview with an agency OIG Inspector. The Inspector informs offenders of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the offender victim when charges are placed on the abuser or the abuser has been convicted. The Inspector informed the Auditor the OIG inspector makes those notifications to the offender.

The Auditor randomly reviewed 2 investigative files. Both investigative files were allegations of sexual battery. The Auditor observed each offender was notified of the investigative determination at the conclusion of the investigation. Each investigator provided the offender with a Sexual Battery Victim Review. Florida statutes permit 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. Each offender signed the review form. The investigative reports included the Inspectors determination. Neither offender included a comment as to the findings or other information contained in the Inspector's report.

The agency did not notify any offender of a staff member's status as there were no allegations of sexual abuse made against a staff member that was substantiated or unsubstantiated.

The Auditor interviewed 3 offenders who alleged sexual abuse at the facility. Each offender was asked if a staff member met with them about his allegation. Each offender stated an investigator did meet with them after filing the allegation. The Auditor asked each offender if he was informed of the investigative finding following the investigation. One offender stated he was notified and the other two stated they were not notified.

Conclusion:

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

The Auditor felt the process for finalizing investigations is lengthy. The Auditor made a recommendation to consider a more expeditious process of finalizing investigative reports.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The Florida Department of Correction staff is subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. The agency makes termination the presumptive disciplinary measure for those who have engaged in sexual abuse. The Agency’s policy allows the following disciplinary measures against an employee:</p> <ul style="list-style-type: none"> • Written Reprimand • Suspension • Demotion • Dismissal <p>The disciplining authority is given flexibility in selecting appropriate discipline in order to take into consideration mitigating or aggravating circumstances. The agency uses the following factors when determining discipline for those who have not engaged in sexual abuse but have violated agency sexual misconduct policies:</p> <ul style="list-style-type: none"> • The nature and circumstances of the acts committed; • The staff members disciplinary history; and • Similar treatment in like circumstances <p>The FDOC notifies the Criminal Justice Services Training Center through the Florida Department of Law Enforcement when criminal violations of sexual abuse or sexual harassment are committed by staff. Policy requires the notification be made within 45 days after the conclusion of a “qualified violation.”</p> <p>Evidence Relied Upon:</p> <p>Policy – 208.039 – Employee Counseling and Discipline pg. 8-9, 11, 13-14, 16 Policy – 108.003 – Investigative Process pg. 14 Florida Administrative Code – 33-208.003 – Range of Disciplinary Actions Florida Administrative Code – 60L – 36.005 – Disciplinary Standards Interviews with Staff</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with staff at the Tomoka 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 the agency’s sexual abuse and sexual harassment policies. Interviews with command staff reveal the facility will terminate a staff member who engages in sexual abuse with an offender.</p> <p>Agency investigators in the Office of Inspector General have the legal authority to place</p>

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

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

The facility reported no staff member had been found in violation of agency sexual abuse policies in the past 12 months. There was no volunteer or contractor who violated the agency's sexual harassment or sexual abuse policies and procedures in the past 12 months.

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

Conclusion:

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

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

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

115.78	Disciplinary sanctions for inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1474 745">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="252 797 1474 913">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="252 969 1458 1128">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="252 1184 549 1218">Evidence Relied Upon:</p> <p data-bbox="252 1229 1398 1301">Florida Administrative Code – 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions</p> <p data-bbox="252 1312 1254 1346">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 15</p> <p data-bbox="252 1357 778 1391">Interview with Sexual Abuse Investigator</p> <p data-bbox="252 1402 737 1435">Interviews with Medical Professionals</p> <p data-bbox="252 1447 801 1480">Interview with Mental Health Professionals</p> <p data-bbox="252 1491 580 1525">Interviews with Offenders</p> <p data-bbox="252 1570 517 1603">Analysis/Reasoning:</p> <p data-bbox="252 1615 1484 1816">The facility reported no incidents in which an offender had been disciplined for filing a report of sexual abuse or sexual harassment. 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 or sexual harassment. No staff member was aware of an offender receiving charges for such.</p> <p data-bbox="252 1872 1449 2119">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.</p>

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

The Auditor interviewed three offenders who submitted allegations to facility staff. None of the allegations were founded by OIG Inspectors. The Auditor asked each offender if he had been disciplined for making the allegation. None of the three offenders reported they had been disciplined for making the allegation.

Conclusion:

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

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 502 358">Auditor Discussion:</p> <p data-bbox="252 369 1460 571">The Florida Department of Corrections policy requires if the results of an SRI assessment or medical assessment indicate an offender experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the offender will be offered a follow-up meeting with a mental health professional and must occur within 14 days of arriving at the facility.</p> <p data-bbox="252 627 1484 907">Policy stipulates information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Policy requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p data-bbox="252 963 550 996">Evidence Relied Upon:</p> <p data-bbox="252 1008 1356 1041">Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 13, 14, 16</p> <p data-bbox="252 1052 1077 1086">FDOC Consent to Mental Health Evaluation or Treatment Form</p> <p data-bbox="252 1097 718 1131">Mental Health Screening Evaluation</p> <p data-bbox="252 1142 734 1176">Interviews with Medical Professionals</p> <p data-bbox="252 1187 790 1220">Interview with Mental Health Professional</p> <p data-bbox="252 1232 582 1265">Interviews with Offenders</p> <p data-bbox="252 1310 518 1344">Analysis/Reasoning:</p> <p data-bbox="252 1355 1468 1769">The Auditor selected 50 offenders for interviews some were specifically targeted by the Auditor while others were randomly selected. The Auditor asked to see the records of all 50 offenders. Of the records reviewed 4 reported previously suffering sexual abuse. The Auditor reviewed the records of the 4 who previously suffered sexual victimization. A review of the 4 records revealed all 4 offenders were offered a follow-up meeting with a mental health professional. One offender was offered a meeting with mental health and declined to accept the meeting. These offenders met with a mental health professional within 14 days and some continued services with the mental health professional. The Auditor discovered other offenders had admitted to suffering sexual abuse in the community and did not report the information to facility personnel.</p> <p data-bbox="252 1825 1484 2150">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 typically meet with offenders quickly. 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</p>

sexual victimization suffered in the community. The Auditor was informed there has been no need to report victimization suffered in a community setting with anyone other than a medical or mental health professional.

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

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

The Auditor reviewed the mental health record of one offender who reported sexual abuse that occurred at another correctional institution. The record revealed the offender had met with a mental health professional within 14 days of notifying staff. During interviews with offenders the Auditor spoke to four offenders who alleged suffering sexual abuse while in the community. All four offenders alleged suffering sexual abuse as a child. Each of the four stated they were offered a follow-up meeting with the mental health professional. When the Auditor asked each how quickly the mental health professional met with them, they informed it was within a couple days.

Follow-up meetings with mental health are automatically scheduled through the facility's offender management system. When staff check the "yes" box on the SRI during the offender's admission process, the offender is electronically scheduled to meet with the mental health professional. Mental health staff are responsible for entering the electronic system to review the offenders who need a follow up meeting. The Auditor reviewed the facility's 14-day follow-up tracking mechanism. During the past 12 months the Auditor discovered 4 offender follow-up meetings with mental health surpassed 14 days. The Auditor and the Correctional Services Consultant met with the Mental Health Professional to discuss the finding. It was determined there was a misunderstanding of the electronic "coding" process. The Correctional Services Consultant explained the correct "coding" procedure to the mental health professional.

Conclusion:

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

offenders. After a thorough review the Auditor concluded the facility meets the requirements of this standard.

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>It is the policy of the Florida Department of Corrections to ensure offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and services are determined by the medical and mental health practitioners according to their professional judgement. The facility offers victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy requires security staff members to take preliminary steps to protect a victim when no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. Security staff is required to immediately notify the appropriate medical and mental health practitioners. The facility does maintain 24-hour medical coverage.</p> <p>Evidence Relied Upon:</p> <p>Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 14 FDOC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action FDOC Office of Health Services Alleged Sexual Battery Protocol Adult/Adolescent Forensic Sexual Assault Examination Offender Trust Fund Account Offender Medical Records Interviews with Medical professionals Interview with Sexual Assault Nurse Examiner Interviews with First Responders</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Medical and mental health professionals were asked if they feel medical services provided at the Tomoka 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 and the access to services is better. The Auditor asked if there is ever a time when no medical or mental health practitioner is on duty. The Auditor was informed there was never a time because the facility provides 24-hour coverage at the TCI.</p> <p>The Auditor was informed offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Auditor asked medical personnel if they offer timely information and access to sexually transmitted infection prophylaxis to offenders who suffer sexual abuse while incarcerated. The Auditor was informed the information and access is offered to offender victims. The Auditor was informed information and access to sexually transmitted infection prophylaxis is offered during the forensic examination and by medical personnel. Medical staff will offer access to sexually transmitted infection prophylaxis if a victim refuses to undergo a forensic examination. The facility does not house female inmates.</p>

The Auditor reviewed the records of three offenders who alleged sexual abuse. Medical staff had completed the FDOC Office of Health Services Alleged Sexual Battery Protocol. The protocol documents any immediate medical attention provided to the offender victim. The protocol form documents the need for additional meetings with mental health staff following the forensic evidence collection. The Auditor observed the form requires medical personnel to ascertain what testing was conducted for sexually transmitted diseases and if prophylaxis medications were given to the victim. Each offender was immediately sent to the medical area for treatment following the allegation. None of the three offenders were charged a fee for medical services related to the allegation.

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

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

The Auditor asked medical personnel and officers if offender victims of sexual abuse are charged a fee for treatment services related to sexual abuse. The Auditor was informed all services related to sexual abuse treatment are free to offender victims of sexual abuse. The Auditor reviewed the record of one offender who received a forensic examination. A review of the offender's trust fund account showed the offender was not charged a fee for the examination or any other medical treatment related to services from the 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 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. Forensic examinations take place in the medical area at the facility. The SANE stated she offers sexually transmitted infection prophylaxis at the time of the examination. The SANE stated she allows a victim advocate to attend the examination at the victim's request.

Conclusion:

The facility provides access to timely and unimpeded access to emergency medical services. Medical personnel provide offender victims with sexually transmitted infection prophylaxis and emergency contraception. The Auditor reviewed the facility's policies and procedures, offender

records and interviewed staff and medical personnel and determined the facility meets the requirements of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>The FDOC policy is to offer medical and mental health evaluations and treatment services, as appropriate, to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy stipulates, as appropriate, the evaluations and treatments include the following:</p> <ul style="list-style-type: none"> • Follow-up services; and • Referrals for continued care following a transfer to, or placement in, another facility, or release from custody. <p>The FDOC policy mandates pregnancy tests for sexually abusive vaginal penetration, timely and comprehensive information about lawful pregnancy-related medical services and tests for sexually transmitted infections as medically appropriate be offered to victims of sexual abuse. The policy requires medical and mental health services be provided consistent with a community level of care.</p> <p>All medical and mental health treatment services are provided to offender victims of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Evidence Relied Upon:</p> <p>Policy – 401.010 Co-Payment Requirements for Inmate Medical Encounter pg. 3 Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 12-14 FDOC Health Services Bulletin No. 15.03.36 – Post Sexual Battery Medical Action pg. 1-4 FDOC Health Services Bulletin No. 15.03.39 – Health Care for Pregnant Inmates pg. 1-3 FDOC Office of Health Services Alleged Sexual Battery Protocol Interviews with Medical Professionals Interviews with Mental Health Professional Interviews with Offenders Review of Offender Records</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted formal interviews with medical and mental health professionals. Mental health personnel do not stipulate a minimum or maximum amount of time they meet with victims and abusers. The Auditor was informed mental health personnel meet with victims and abusers when medically necessary. The Auditor asked what services are provided to offender victims of sexual abuse. Mental health personnel informed the Auditor offender victims participate in counseling sessions, are referred to the psychiatrist or psychologists if needed, treatments, follow-up services, and referrals for continued care when needed. The Auditor asked if medical and mental health practitioners develop and follow treatment plans for offender victims of sexual abuse. The Auditor was informed treatment plans are created and followed. Medical personnel stated they do offer tests for sexually transmitted infections if not done so by the SANE during the forensic examination.</p>

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

The Auditor conducted a formal interview with four offenders who reported suffering sexual abuse in a community setting. The Auditor asked each offender if they were offered mental health services after reporting the victimization. Each offender was offered mental health services following the notification. A review of each offender's record reveals they were offered a meeting with a mental health professional.

The Auditor conducted interviews with three offenders who alleged sexual abuse while at the facility. None of the offenders required immediate medical treatments as a result of the alleged incident. Each offender was offered meetings with mental health professionals. A review of offender records revealed the offenders participated in meetings with mental health professionals and were not charged a fee related to such services.

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

Conclusion:

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

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor Discussion:</p> <p>The Florida Department of Corrections policy is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined unfounded. The incident review is required to be conducted and the report submitted to the PREA Coordinator. The FDOC policy requires the review team consist of:</p> <ul style="list-style-type: none"> • Assistant Warden; • Chief of Security; • Classification Supervisor; and • Obtains input from line supervisors, investigators, and medical or mental health practitioners. <p>Agency policy requires the review team conduct the following tasks:</p> <ul style="list-style-type: none"> • Asses the adequacy of staffing levels in the area where the incident happened; • Consider whether the incident/allegation was motivated by race, ethnicity, LGBTI identification, gang affiliation or other group dynamics at the institution; • Examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • On a monthly basis, prepare a report with recommendations for improvements, and submit to the PREA Coordinator. <p>Evidence Relied Upon:</p> <p>Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 16 Investigation Files Sexual Abuse Incident Review – Facility Investigation Summary Interview with Incident Review Team Member</p> <p>Analysis/Reasoning:</p> <p>The facility’s tracking mechanism for sexual abuse and sexual harassment allegations reports there were 9 sexual abuse allegations in the past 12 months. Of the 9 allegations 8 remain active cases and one is closed. The closed case was unfounded by an OIG Inspector. At the time of the audit the facility was not required to conduct a sexual abuse incident review for any of the cases. The Auditor did observe the facility conducted an incident review of the unfounded allegation.</p> <p>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 did notice the review was conducted 30 days after the conclusion of the investigation. Members of the team who signed the report were the Chief of Security, Warden or Designee, and PREA Compliance Manager.</p>

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 to identify problems and address concerns to improve the overall prevention, detection, and response efforts of the facility. The team member informed the Auditor they review the area of the incident, discuss the need for policy changes, review the staffing level, and the deployment of monitoring technologies. The Auditor asked the team member if the team considers whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation, or other group dynamics. The Auditor was informed the team does such.

Conclusion:

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

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

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion:</p> <p>FDOC policy requires the PREA Coordinator to compile and report data related to PREA incidents. The collected data is required by policy to include at least minimal information to be able to complete the U. S. Department of Justice’s, Survey of Sexual Violence. Facility Compliance Managers are responsible for compiling institutional specific PREA data annually and preparing an annual corrective action plan for their specific facility. The data is compiled using a standardized instrument and set of definitions as included earlier in this report. After receiving the Survey of Sexual Violence, the FDOC is required to submit the previous calendar year’s data to the U. S. Department of Justice no later than June 30th.</p> <p>The Florida Department of Corrections has a contract with the Stewart Marchman Act Behavioral Healthcare for the confinement of offenders participating in residential treatment programs. Stewart Marchman staff operate two residential treatment facilities under the guidelines of the FDOC. The Assistant Warden of Programs at the Tomoka Correctional Institution is responsible for gathering data from both treatment facilities.</p> <p>Evidence Relied Upon: Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 14 BJS Surveys Agency Website</p> <p>Analysis/Reasoning: The Auditor reviewed the facility’s 2016 and 2017 Annual Reports published on the Florida Department of Corrections website. The reports were easily accessible as the agency’s website was simple to navigate. The data collected included definitions of the following:</p> <ul style="list-style-type: none"> • Nonconsensual Sexual Acts • Abusive Sexual Contact • Sexual harassment by Another Inmate • Staff Sexual Misconduct • Staff Sexual Harassment <p>Data reviewed by the Auditor for each report was aggregated from January 1st to December 31st and the public has access to the agency’s reports through its website.</p> <p>The Auditor reviewed the Bureau of Justice’s Survey of Sexual Violence submitted by the agency in 2017 and 2016. Both reports were completed and submitted to the U. S. Department of Justice by the Secretary of the Florida Department of Corrections. The Secretary submitted both surveys before June 30th of the report year.</p> <p>The Auditor determined facility data is compiled through the Agency’s electronic MINS for reporting. All allegations of sexual abuse and sexual harassment must be reported through MINS. Agency personnel at the corporate office compile the data for reporting. Data from all</p>

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.

Conclusion:

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

115.88	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 504 360">Auditor Discussion:</p> <p data-bbox="252 371 1461 488">The Florida Department of Corrections requires a review of collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data review is conducted to:</p> <ul data-bbox="252 544 1473 701" style="list-style-type: none"> • identify problem areas; • Take corrective action on an ongoing basis; and • Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="252 757 1361 790">Agency personnel are required to submit an annual report that includes the following:</p> <ul data-bbox="252 846 1297 1003" style="list-style-type: none"> • A comparison of the current year’s data and corrective actions with prior years; • Provide an assessment of the FDOC’s progress in addressing sexual abuse; • Must be approved by the Director; and • Must be readily available to the public through the agency’s website. <p data-bbox="252 1059 552 1093">Evidence Relied Upon:</p> <p data-bbox="252 1104 1273 1137">Policy – 602.053 Prison Rape: Prevention, Detection, and Response pg. 14-15</p> <p data-bbox="252 1149 539 1182">Facility Annual Report</p> <p data-bbox="252 1193 647 1227">Agency Corrective Action Plan</p> <p data-bbox="252 1238 464 1272">Agency Website</p> <p data-bbox="252 1283 499 1317">Interview with Staff</p> <p data-bbox="252 1373 515 1406">Analysis/Reasoning:</p> <p data-bbox="252 1417 1481 1731">The Auditor reviewed the Florida Department of Corrections website. The agency maintains annual reports which include its findings and corrective actions for each facility and the agency as a whole. The Agency’s report is accessible through the agency’s website by accessing the “Correctional Institutions” link and then through the “More Information” link. Within the “More Information” link the user can access the “Prison Rape Elimination Act (PREA)” tab. Each report is hyperlinked by year and titled, “Corrective Action Plan.” The reports published on the agency’s website include data collected and compared from 2015 to 2017. The facility’s 2018 annual data will be published in August 2019.</p> <p data-bbox="252 1787 1469 2123">The Auditor reviewed the Tomoka Correctional Institutions 2018 PREA Facility Corrective Action Plan. The report was submitted by the PREA Compliance Manager to the PREA Coordinator. Each facility in the agency is required to submit a report of facility data to the PREA Coordinator so comparisons can be made at the agency level. The agency PREA Coordinator collects data from each facility and attempts to discover problem areas within the agency based on a review of data collected by each facility. The agency’s annual report includes corrective actions. The facility’s annual report reveals a decrease of 50% in sexual abuse and sexual harassment allegations from 2017 to 2018.</p>

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 are documented in the annual report. The Auditor conducted an interview with the agency's Compliance Manager. The Compliance Manager compiles facility specific data and submits it to the PREA Coordinator.

When problem areas are discovered, agency staff recommend a solution to address the problem area and include the specifics in the annual report.

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

Conclusion:

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

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor Discussion: The agency’s policy requires sexual abuse data at facilities under its direct control is securely retained. Policy requires all case or investigative records, including but not limited to, any criminal investigations, administrative investigations, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery are retained for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Inspectors at agency facilities maintain facility data in their offices and on their computers.</p> <p>Evidence Relied Upon: Policy – 602.053 – Prison Rape: Prevention, Detection, and Response pg. 16 Agency Website Annual Report Interview with Staff Observations</p> <p>Analysis/Reasoning: The Auditor conducted a formal interview with an agency OIG Inspector. Information for the agency’s annual report is maintained by each OIG Inspector and is derived from investigative files. Each Inspector’s report and supporting documents is send to the OIG office where a collection of data is electronically maintained. Each OIG Inspector maintains data in his/her office and on a computer. Each Inspector must use a username and password to access data on their computer. Each Inspector has a locked office where he/she maintains their data.</p> <p>The Auditor reviewed the agency’s website. The website included annual sexual abuse data collection in an annual report published on its website. Data published on the agency website begins in the year 2015. 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. The PREA Coordinator securely maintains aggregated data in the corporate office.</p> <p>Conclusion: The Auditor reviewed the agency’s website, collected data, made observations, and interviewed staff and determined the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1460 526">Auditor Discussion: Each facility under the direct control of the Florida Department of Corrections had been audited at least once during the first three-year audit cycle. During the three-year audit cycle, the Florida Department of Corrections ensured at least one-third of its facilities were audited each year.</p> <p data-bbox="252 582 622 739">Evidence Relied Upon: Previous PREA Audit Report Facility Tour Interactions with Staff</p> <p data-bbox="252 795 1452 996">Analysis/Reasoning: During the first year of this audit cycle the Florida Department of Corrections had 18 of its facilities audited. In the second year there were 15 facilities audited while the remaining (17) have been or will be audited in the last year of the audit cycle. The Florida Department of Corrections has direct control of 50 facilities.</p> <p data-bbox="252 1052 1460 1254">The Auditor was provided and reviewed all relevant agency policies, procedures, documents, reports, internal and external audits, and accreditation reports to assist with rendering a decision on the agency's level of compliance with relevant standards. Of the documents the Auditor reviewed a relevant sampling of the previous 12-month period. The facility provided the Auditor with a detailed tour of the facility in its entirety.</p> <p data-bbox="252 1310 1484 1556">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. A random selection of video footage was selected by the Auditor to review. Offenders were provided the opportunity to correspond with the Auditor prior to and after arriving on site.</p> <p data-bbox="252 1612 1476 1859">The Auditor reviewed the Tomoka Correctional Institutions' previous PREA audit report and observed the facility did not meet standards 115.13 and 115.16 on its initial audit. The Auditor was unable to determine if the facility was required corrective action as a result. The previous Auditor was allowed access to all facility areas, interview staff and offenders, was provided with facility documents and offenders could communicate confidentially with the Auditor through written correspondence during that audit.</p> <p data-bbox="252 1915 1460 1982">The Auditor communicated with the SANE and community-based victim advocates regarding relevant conditions in the facility during the audit process.</p> <p data-bbox="252 2038 1476 2150">On May 8, 2019 the Auditor sent a letter to be posted in all offender living areas which included the Auditor's address. The Auditor sent an English and Spanish version of the notice. The Auditor received no correspondence from an offender prior to arriving on site for the</p>

audit. The Auditor observed confidential correspondence notices posted in each offender living unit. These notices were emailed to the PREA Coordinator and Correctional Services Consultant to post in each living unit prior to the audit. The notices to offenders were posted more than 6 weeks in advance of the Auditor arriving on site.

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

Conclusion:

The Auditor determined the Tomoka Correctional Institution meets the requirements of this standard.

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

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	yes

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	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 here for facilities with less than 50 inmates before August 20,2017.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	no

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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.)	no
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

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

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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

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

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	na

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

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

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	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?	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	no

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

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

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

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

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

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	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?	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?	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	no

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

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

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

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	no

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

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

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

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

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

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

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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

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

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

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

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)	yes