

# PREA Facility Audit Report: Final

**Name of Facility:** Seminole County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/19/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



**Auditor Full Name as Signed:** Robert Manville

**Date of Signature:** 12/19/2025

## AUDITOR INFORMATION

**Auditor name:** Manville, Robert

**Email:** robertmanville9@gmail.com

**Start Date of On-Site Audit:** 11/17/2020

**End Date of On-Site Audit:** 11/18/2025

## FACILITY INFORMATION

**Facility name:** Seminole County Juvenile Detention Center

**Facility physical address:** 200 Eslinger Way, Sanford, Florida - 32773

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Omar Mestre
<b>Email Address:</b>	Omestre@seminolesheriff.org
<b>Telephone Number:</b>	407-402-2795

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Omar Mestre
<b>Email Address:</b>	omestre@seminolesheriff.org
<b>Telephone Number:</b>	407-402-2795

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Omar Mestre
<b>Email Address:</b>	Omestre@SeminoleSheriff.org
<b>Telephone Number:</b>	
<b>Name:</b>	O'Shaneka Perry
<b>Email Address:</b>	operry@seminolesheriff.org
<b>Telephone Number:</b>	(407) 665-2407
<b>Name:</b>	Keith Figueroa
<b>Email Address:</b>	kfigueroa@seminolesheriff.org
<b>Telephone Number:</b>	(407) 665-2408

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Director Maria Souza Campos
<b>Email Address:</b>	MSouza@seminolesheriff.org
<b>Telephone Number:</b>	407-951-1648

<b>Facility Characteristics</b>
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<b>Designed facility capacity:</b>	56
<b>Current population of facility:</b>	17
<b>Average daily population for the past 12 months:</b>	19
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	11-18
<b>Facility security levels/resident custody levels:</b>	Admin. High Risk
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	46
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	6
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	27

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Seminole County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	100 Eslinger Way, Sanford, Florida - 32773
<b>Mailing Address:</b>	
<b>Telephone number:</b>	4076656650

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Sheriff Dennis M. Lemma

<b>Email Address:</b>	dlemma@seminolesheriff.org
<b>Telephone Number:</b>	407-665-6635

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Amy Lawshe	<b>Email Address:</b>	alawshe@SeminoleSheriff.org

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
7	<ul style="list-style-type: none"> <li>• 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.313 - Supervision and monitoring</li> <li>• 115.315 - Limits to cross-gender viewing and searches</li> <li>• 115.321 - Evidence protocol and forensic medical examinations</li> <li>• 115.331 - Employee training</li> <li>• 115.341 - Obtaining information from residents</li> <li>• 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers</li> </ul>
Number of standards met:	

36	
Number of standards not met:	
0	

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2020-11-17
2. End date of the onsite portion of the audit:	2025-11-18

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	56
15. Average daily population for the past 12 months:	19
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	11
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	46
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	27



38. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
40. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	9
41. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	There were nine residents at the center on the second day of the audit. All residents were interviewed.
42. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	There were nine residents at the center on the second day of the audit. All residents were interviewed.

<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	There were nine residents at the center on the second day of the audit. All residents were interviewed.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>

<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth that had special education IEP to determine if they were cognitively disabled.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth who had special education IEPs to determine if they were cognitively disabled. I reviewed the one allegation made by a resident. The allegation was determined to be unfounded.</p>

<b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="815 454 1469 616"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 663 1469 741"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth who had special education IEPs to determine if they were cognitively disabled.</p>
<b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="815 1758 1469 1919"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1966 1469 2045"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>



<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>I requested and uploaded each resident's screening instruments. I reviewed the instrument and interviewed each resident. During the interview, I asked the resident whether they were screened and reassessed at the center. I interviewed the mental health staff, medical staff, and facility administrator, and reviewed each of the youth with these staff members. I reviewed two of the youth who had special education IEPs to determine if they were cognitively disabled. There were no residents in any room confinement during the tour of the center.</p>
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	<p>No text provided.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	<p>12</p>
<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	10
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Grievance coordinator Center compliance team members.
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming  <input type="checkbox"/> Medical/dental  <input type="checkbox"/> Mental health/counseling  <input checked="" type="checkbox"/> Religious  <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	There were no contractors at the center during the time the auditor was on site. The contractors contract with the jail and juvenile center to provide maintenance.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**71. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The facility was spotless. Residents and staff were engaging and happy to discuss the center's PREA culture with the auditor. Residents were willing to discuss their training and how they would report any allegations. Telephone information was readily available, and all telephone numbers were operational. Cameras were noted throughout the facility. All areas where residents shower, use the toilet, or change clothing had curtains or partitions and were not visible to any cameras. Each bulletin board had an array of PREA posters, including general posters about ending the silence, as well as specialized posters with the Kids' House address and phone number, the Florida Juvenile Hotline for reporting sexual abuse, harassment, or neglect, and the Seminole County Sheriff's office hotline for reporting. And notice of the audit.

The residents' bathrooms afford them a reasonable amount of privacy for changing clothes, using the toilet, and showering. There are no surveillance cameras located in the bathrooms. Posted signs were observed requiring staff to announce their presence when entering the living unit. The residents interviewed stated that all staff members announced their presence upon entering the living area. The practice of staff announcing their presence was observed during the comprehensive tour of the facility. The intake processing area includes a secure port entry. A PREA bulletin board is in this area. The visitation area can be accessed through the facility's front entrance and the safe area. The facility allows contact visits. There are cameras in the visitation room, as well as PREA Notices posted on the visitation room bulletin board.

## Documentation Sampling

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

**77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

☒ Yes

☐ No

**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

Background checks 4  
PREA questionnaire on Applications  
PREA questionnaire on staff yearly and promotions 5  
Unannounced Rounds 12  
Resident file review 11  
VSAB reviewed 11  
Resident orientation and comprehensive education 12  
Staff training acknowledgement 28  
Staff quiz for training 21  
Monthly training sign in sheets 4  
Specialized Investigator Training 6  
Volunteer Training acknowledgment 22  
Specialized Medical and Mental Health Training 6

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

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

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

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

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

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

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



## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

**85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

1

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There have been no allegations of sexual harassment in the last three years.
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

### Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in determining compliance.</p> <p>Juvenile Detention Center Standard Operating Procedure -36 Youth Sexual Abuse and the Prison Rape Elimination Act. revised 2/9/2024</p> <p>Juvenile Detention Center Organizational Chart</p> <p>Juvenile Detention Center Staff training and acknowledgement of zero policy</p> <p>Interview with</p> <p>Agency Head</p> <p>PREA coordinator</p> <p>PREA Compliance Manager</p> <p>Facility Director</p>

115.311 (a): The PAQ requires that an agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the Agency's approach to preventing, detecting, and responding to such conduct.

The center provided policy Juvenile Detention Standard Operational Procedure -36 and staff training and acknowledgment of zero tolerance to sexual abuse or sexual harassment.

Juvenile Detention Center has a zero-tolerance policy for sexual abuse and sexual harassment. This policy outlines the Agency's approach to preventing, detecting, and responding to such conduct. This standard also requires that the Agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency-wide efforts to comply with the PREA standards across all its facilities.

The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

All staff, volunteers, and contractors must complete training that includes acknowledging the Juvenile Detention Center's zero-tolerance policy.

The Seminole County Sheriff's Office and specifically the Seminole County Detention Center (JDC) are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The Agency has developed and implemented policies to comply with PREA standards for Juvenile Facilities. Policies include clearly defined definitions, and residents, staff, contractor, and volunteer roles in preventing, detecting, and responding to sexual abuse and sexual harassment. The JDC and other stakeholders associated with JDC are committed to preventing, detecting, and responding to sexual abuse and sexual harassment. Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation.

This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. The policy outlines sanctions for those found to have engaged in prohibited behaviors.

JDC policies establish that the center, staff, residents, volunteers, contractors, or visitors are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided with access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, are blind, or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Seminole County Detention Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.311 (b):



	<p>The PAQ requires that an agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The facility provided an organizational chart and an interview with the PREA coordinator.</p> <p>The Agency's organizational chart established that the PREA Coordinator reports to the Agency Head and the Seminole County Sheriff's Office.</p> <p>The interviewed PREA Coordinator stated that her responsibilities include overseeing PREA at the county jail and the juvenile detention center.</p> <p>115.311(c)</p> <p>The PAQ requires that, where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>The facility provided an organizational chart and an interview with the PREA Compliance Manager.</p> <p>According to the Agency's organizational chart, the center's director serves as the PREA Compliance Manager and reports to the agency head.</p> <p>The PREA compliance manager is the center's program director. The center has a compliance team that includes PREA standards.</p> <p>The interviewed facility director indicated that, while he is the PREA compliance manager, he also supervises three staff members who provide day-to-day PREA implementation, including audits of each standard and training on each standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Based on SOP 36 and memo for the record, JDC does not contract for the housing of any youth. JDC is a county-operated center for youth from Seminole County. It does not contract for any service outside of Seminole County.</p> <p>The center provides SOP 36 and a memo for the record. The SOP states that the center does not contract with other entities to house youth—the memo, for the record, states. The Prison Rape Elimination Act of 2003, Standard 115.312 (b), any new contract or contract renewal shall provide for agency contract monitoring to</p>

	<p>ensure that the contractor is complying with the PREA Standards.</p> <p>The Seminole County Juvenile Detention Facility is a stand-alone facility, outside the statewide juvenile detention system operated by the Florida Department of Juvenile Justice. The Seminole County Juvenile Detention Center does not contract with outside entities to confine its detainees.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>PREA Staffing Plan 2024.pdf</p> <p>Supportive Documentation PREA Meeting Minutes.pdf</p> <p>Supportive Documentation MEMO 115.313a-2.pdf</p> <p>Daily Rosters</p> <p>JDC-36 Youth Sexual Abuse And PREA proof 115.313e-4.Staffing Plan Assessment 2024-2025</p> <p>Seminole County Juvenile Detention Center PREA-Compliant Staffing Plan</p> <p>Effective: August 13, 2024</p> <p>Supportive Documentation Staffing Plan Proof 115.313.pdf</p> <p>2024 Unannounced PREA Staff Signatures .pdf</p> <p>2023 Unannounced PREA Staff Signatures .pdf</p> <p>2022 unannounced PREA Staff Signatures .pdf</p> <p>2025 unannounced PREA Staff Signatures .pdf</p> <p>313.313 (a): The PAQ requires the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external</p>

oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

The center provided staffing plans for 2024, a memo from the staffing plan meeting, and the meeting minutes.

SOF 36 requires the center to develop, implement, and document a staffing plan that provides adequate levels of staffing and video monitoring (where applicable). Facilities must comply with the staffing plan except during limited and discrete exigent circumstances, must fully document times when they deviate from the plan, and must assess the plan on an annual basis.

PREA Staffing Plan 2024 and SOF 36 mandate that the Manager of the Juvenile Detention Center, in collaboration with the PREA Coordinator, shall review the staffing plan to see whether adjustments are needed to:

- a. The staffing plan;
- b. Prevailing staffing patterns;
- c. The deployment of monitoring technology;
- d. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

The 2024 Staffing Plan includes

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual

abuse; and

(11) Any other relevant factors.

Each year, the facility reviews its staffing. It assesses the need for additional cameras, staffing adjustments, or rearranging the staffing plan to ensure the required staff are in place for maintaining a safe and secure operation. Their staffing plan's annual reviews, conducted in 2024, were found to comply with this standard. The staffing plan included: 1) Generally accepted detention and correctional/non-secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility did not report deviation from the staffing plan during the past 12 months.

According to the PAQ, the staffing plan is based on 26 residents.

Based on conversations with the PREA coordinator and the facility's PREA compliance manager, it was clear that the facility reviews all areas of the center to determine whether additional staffing or cameras are needed to meet this standard, based on resident movement. The direct care staff were observed throughout the center during the tour.

During the tour of the facility, the auditor noted that cameras were located in all living units, classrooms, the dining hall, and the administrative building. No cameras were located in restrooms, showering areas, and dressing areas in the living units. Additional cameras have been installed since the last PREA audit.

The staffing plan is an in-depth review of all areas and includes noted blind spots, areas off-limits to residents, and strategies for managing them.

313.313(b):

The PAQ requires the agency to comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The facility provided has had no deviations from the plan for the last 12 months.

The facility director provided a daily roster indicating the staffing used over the last 24 months.

The staffing plan assessment also included a statement of fact that there have been no staffing deviations resulting in staffing levels below PREA ratios.

1. Staffing Ratio Requirements (1:8 and 1:16):

a. Day shifts, when fully staffed, have 11 persons assigned. At a 1:8 ratio, the facility could house 88 youth on the day shift, exceeding its capacity of 56 beds.

b. The facility averages 26 youth per day, requiring only four staff members to meet the 1:8 staffing ratio during the day. At no time did staffing levels fall below the ratio.

c. Nightshifts, when fully staffed, have 10 persons assigned. At a 1:16 ratio, the facility could house 160 youth on the day shift, exceeding its capacity of 56 beds.

d. The facility averages 26 youth per day, requiring only two staff members to meet the 1:16 staffing ratio during the night. At no time did staffing levels fall below the ratio.

In an interview with the facility director, the center documents any deviation from the staffing plan, including scheduled vacations, holidays, and so forth. She reviews the daily staffing schedule. There has been no deviation in the staffing plan.

Throughout the audit, the auditor made rounds throughout the facility. The daytime ratio was 1:5 on each visit. For the overnight shift, the tour ratio was 1:7. The center's population was 11 on the first day and eight on the second day.

115.313 (c):

The PAQ requires that each secure juvenile facility maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios outlined in this paragraph shall have until October 1, 2017, to achieve compliance.

The facility provided SOF 36 and an annual staffing assessment. The center also offered daily rosters and interviews with randomly selected staff.

SOF 36 -Provides that the facility shall ensure that its residential staffing and monitoring plans comply with requirements established in the PREA standard 115.313, which states that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.

The center's director stated in an interview that the center consistently maintains or exceeds the ratio. He noted that, as a residential program, direct care staff includes case managers, supervisory staff, and monitors. All staff are trained as first responders and in supervising female residents.

During the facility tour, staff interviews revealed that the line staff and supervisory

staff collaborate as a team. They can call the Sergeant or other staff to provide necessary coverage at the facility.

The staffing plan includes direct care staff, transportation staff, and utility staff.

The interview with staff confirmed that they are assigned based on activities at each unit, which will impact the staffing plan. The facility executive director provided a daily roster indicating the staffing used during the prior 24 hours.

115.313 (c):

The PAQ requires that each secure juvenile facility maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios outlined in this paragraph shall have until October 1, 2017, to achieve compliance.

The facility provided that it has always maintained a ratio of one to eight and one to 16 as required by standard 115.313.

The SOF 36 states that the center shall ensure that its residential staffing and monitoring plans comply with the requirements established in PREA Standard 115.313.

During the facility tour, staff interviews revealed that the line staff and administrative staff collaborate as a team. They can call any administrative staff member or other staff to provide necessary coverage at the facility.

115.313 (d):

The PAQ requires, whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established under paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided an annual assessment for 2024. The PREA Coordinator interviewed indicated that the evaluation will occur annually and that a meeting will be held to discuss the staffing plan, necessary revisions, technological adjustments (including how to consider PREA), and other areas addressed during the meeting. The center provided an assessment for the last 12 months that included a thorough review of staffing levels, an evaluation of upgraded cameras, and an assessment of all incidents, including a PREA violation noted. There were PREA allegations that were founded or unsubstantiated. There was one unfounded allegation.

115.313 (e):

	<p>The PAQ requires that each secure facility implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for both night and day shifts. Each secure facility shall have a policy prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such an announcement is related to the facility's legitimate operational functions.</p> <p>The center provided SOF 36 unannounced rounds and interviews with intermediate staff members. The center also offered a copy of the unannounced rounds forms and unannounced rounds for 20220, 2023, 2024, and 2025</p> <p>SOF 36 states that Intermediate-level and higher-level staff will conduct unannounced rounds on every shift to identify and deter staff sexual abuse and sexual harassment. It is prohibited for staff to be alerted to the day and time when those rounds will take place.</p> <p>The Center also provided an Electronic Log Book Information System (ELLIS) that provides a detailed record of all activity at the center throughout the day, including staff conducting unannounced rounds.</p> <p>The supervisor staff conducts program review unannounced rounds at least once on each shift, quarterly. All staff are prohibited from alerting other staff members that these rounds are being conducted.</p> <p>The shift supervisors were interviewed as intermediate staff who conduct unannounced rounds. They indicated that they conduct rounds on different shifts each day, including weekends and holidays. These rounds are documented. They indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.</p> <p>In interviews with the compliance team, the center provides staff training on unannounced rounds and their responsibility not to inform other staff when a round is conducted. The compliance team indicated that they are Sergeant and also conduct unannounced PREA rounds daily.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.315	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Female and Male Announcements</p>

Training in Cross-Gender Searches

SOF 36 Prison Rape Elimination Act

Supportive Documentation

Training File Reviews

PAQ

Staff interviews

Resident interviews

115.315 (a)(b)(c):

The PAQ requires the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Staff members of the opposite gender are prohibited from viewing residents while showering, changing clothes, and performing bodily functions, except in exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff members of the opposite gender must announce their presence when entering a housing unit or an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Transgender and Intersex residents will be allowed to choose if a female or male staff member will conduct pat-down searches respectfully and professionally.

The center provided Standard Operating Procedure 36, which requires the following:

Direct care staff must be within constant sight or sound of incarcerated youth and shall supervise youth in a manner sufficient to protect them from sexual abuse. Non-medical staff shall only be permitted to view detainees of the opposite gender showering, performing bodily functions, or changing clothes in a manner that reveals the detainees' breasts, buttocks, or genitalia except in exigent circumstances or when incidental to routine cell checks. This includes viewing by cameras.

Cross Gender Strip and Body Cavity Searches: Except in the case of emergencies where there is a threat of death or serious bodily harm, cross gender strip and body cavity searches by non-medical staff are prohibited. a. Every effort to obtain an appropriate gender officer from the Juvenile Detention Center, John E. Polk



Correctional Facility, and Seminole Neighborhood Policing shall be made before executing a cross gender strip or body cavity search. b. Supervisory permission is required before performing a cross-gender strip or body cavity search. The circumstances surrounding the need for a cross-gender strip or body cavity search, and the efforts taken to obtain an appropriate gender officer, shall be fully documented and submitted to the shift supervisor before the end of the shift. c. The Manager of the Juvenile Detention Center shall be immediately notified of the cross-gender strip or body cavity search.

Cross-Gender Pat-Down Searches: Except in emergencies or other extraordinary or unforeseen circumstances, staff shall not perform cross-gender pat-down searches.

Every effort shall be made to obtain an appropriate gender officer from the Juvenile Detention Center, John E. Polk Correctional Facility, and Seminole Neighborhood Policing before executing a cross-gender pat-down search.

Supervisory permission is required before performing a cross-gender pat-down search, and the circumstances warranting a cross-gender pat-down search must be documented.

The efforts taken to obtain an appropriate gender officer shall be fully documented and submitted to the Manager of the Juvenile Detention Center before the end of the shift.

#### Cross Gender Viewing:

a. Except in cases of emergency or other extraordinary circumstances or unforeseen circumstances, the Juvenile Detention Center shall make reasonable efforts to prohibit the viewing of youth by nonmedical staff while nude or performing bodily functions.

b. Staff members shall announce their presence when entering a pod housing members of the opposite sex. This requirement applies to supervisors who perform unannounced PREA walkthroughs.

c. This policy is not intended to prohibit the cross-gender viewing of gender specific pods by video surveillance systems necessary for Juvenile Detention Center security or staff safety.

#### Gender Identification:

a. Examination of transgender individuals to determine their genital status shall only be conducted by medical personnel in private settings and only when a youth's genital status is unknown.

b. Cross-gender searches and viewing are prohibited except in exigent circumstances or when performed by medical personnel.

c. Officers of the same sex shall conduct all visual body cavity searches as the detainee being searched.

d. If a detainee's gender status is unknown, it may be determined during conversation with the detainee, by reviewing medical records, or as part of a broader medical examination.

e. If there is doubt of a detainee's gender and it cannot be readily identified, the detainee shall be placed on Administrative Status until a gender can be determined.

f. All security staff members shall be trained on conducting cross-gender pat-down searches and searches of transgender and intersex detainees professionally and respectfully, consistent with security needs.

Based on interviews with staff and residents, there have been no cross-gender pat-down searches in the last 12 months.

An intake staff member indicated that upon admission to the assessment center, the resident is then taken to a private area by two staff members of the same gender as the resident. The residents are asked to remove their outer garments but not their undergarments. The staff member then confirms that there is no contraband visually and identifies any tattoos, scars, bruises, or other marks.

Nine residents were interviewed. All indicated that a person of the other gender had not searched them.

Twelve staff were interviewed. Every member of staff attended the cross-gender training and signed the training roster.

All staff interviewed indicated they had not searched a resident of the other gender since working at the center.

During the tour of the center, the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

The residents engaged in a conversation during the on-site audit. They indicated that only a male staff member had never searched male and female staff, but had searched female.

115.315 (b):

The PAQ requires that the agency not conduct cross-gender pat-down searches except in exigent circumstances.

Search procedures mandate that the facility never conduct any cross-gender pat-down except in exigent circumstances.

All staff interviewed indicated they have never conducted a cross-gender search. All residents interviewed stated that a staff member of the other gender had never searched them. Staff were able to articulate the exigent circumstances under which they might be required to search.

The training and policy are reviewed by staff during the yearly refresher and during

the monthly PREA training.

115.315 (c):

The PAQ requires the facility to document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

According to the PAQ, there were no cross-gender searches during the last 12 months.

During the tour of the center, the auditor had conversations with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender.

The residents indicated they had never been searched by staff of the other gender.

115.315 (d):

The PAQ requires the facility to implement policies and procedures that enable residents 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not have discrete housing units, staff of the opposite gender shall be required to announce their presence when entering areas where residents are likely to be showering, using the restroom, or changing clothing.

The facility provided SOF 36 Limits to Cross-Gender Viewing and Searches, along with training on Guidance on Cross-Gender and LGBTQ searches, and posters located throughout the facility.

SOF 36 mandates that this facility enables residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

A tour of the center revealed that all areas used for housing residents have necessary barriers, ensuring residents can shower without being seen by people of the opposite gender and maintain privacy from other residents during showers.

During the facility tour, the auditor noted that cameras were located in all living units, classrooms, the dining hall, and the administrative building. No cameras were located in restrooms, showering areas, and dressing areas in the cottages.

The nine residents stated they are allowed to change clothes and shower in private. All staff of the other gender always announce their presence when entering a housing unit. Reminders are posted at the entrance of each housing unit.

115.315 (e):

	<p>The PAQ requires that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.</p> <p>The facility provided SOF 36 and interviews with staff and residents.</p> <p>SOF prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determines genital status during conversations with the resident, 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.</p> <p>115.315 (f):</p> <p>The PAQ requires the agency shall train security staff in how to conduct cross gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and the least intrusive manner possible, consistent with security needs.</p> <p>The facility provided training to guide the Gender and transgender pat search facilitator guide developed by the PREA Resources Center.</p> <p>A review of the staff training plan includes the intervention techniques and standards required before conducting any searches. An interview with a random staff member confirmed they had received training in intervention techniques. This training included conducting cross gender searches professionally and respectfully.</p> <p>The center also provided a supporting document from the center director indicating that there have been no cross-gender searches and that the policy is reviewed throughout the year.</p> <p>The Prison Rape Elimination Act of 2003, Standard 115.315 (a) states the facility shall not conduct cross-gender strip searches or cross-gender body cavity searches except in exigent circumstances or when performed by medical practitioners.</p> <p>Seminole County Sheriff's Office Juvenile Detention Center has not conducted any cross-gender pat-down, strip, or body cavity searches of youths during the audit period.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Seminole County Juvenile Detention Center Standard Operating Procedure 36</p> <p>PREA Posters in English and Spanish</p> <p>Zero Tolerance Poster English- Spanish English and Spanish</p> <p>Resident with Disabilities Training Curriculum</p> <p>Interpreter Contract</p> <p>Staff Interviews</p> <p>Agency Head Interview</p> <p>Resident Interview</p> <p>115.316 (a)(b)(c): The PAQ requires that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that facilitate effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration, such as a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.</p> <p>The agency shall 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 residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>The agency shall not rely on resident interpreters, resident readers, or other resident assistants, except in limited circumstances in which an extended delay in obtaining an effective interpreter could compromise the resident's safety, the</p>

performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The facility provided Seminole County Juvenile Detention Center Standard Operating Procedure 36, General Order -58 Communicating With Hearing Impaired proof, staff training curriculum, interpreter contact information, and PREA Posters in English and Spanish.

PREA Policy mandates that when a juvenile is admitted to the program with a disability or has a limited English proficiency, staff will immediately contact the Program Director. The Program Director will then take whatever steps are necessary to meet the juvenile's needs and ensure an effective means of communication between the juvenile and the Program Director.

- An English-to-Spanish phrasebook is available in the office for staff to use in communicating with a Spanish-speaking youth until other arrangements can be made.
- Residents with limited reading skills shall have PREA documents read to them by the designated staff member, and a determination of the resident's understanding shall be ascertained
- Resident interpreters shall not be used, nor shall they be used as a reader except in the limited circumstances of a medical or facility emergency.

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material. She indicated the center had all of the resources available through the sheriff and court services to provide appropriate services to all residents.

The interviewed agency head reported that the agency established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The center should take appropriate steps to ensure that youth with disabilities and those with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The training curriculum requires that staff shall not rely on youth interpreters, readers, or other types of youth assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

The twelve staff members interviewed indicated they would use the contracting staff or one of the bilingual staff. They would not use residents to report on behalf of another resident.

During the on-site portion of the audit, the auditor observed material in English and Spanish, and the intake area had additional resources for interpreters or residents with disabilities.

PREA Policy mandates that facilities ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing by providing access to interpreters who interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. SCJDC will ensure that all written materials provided to residents are in a format or through methods that facilitate effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or have low vision. Facilities will not rely on residents, readers, or other individuals being served.

Residents who are special education students receive an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.

Family members or friends of the youth may not serve as the sign language interpreter unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services, including sign language services. Staff would read all the information required for facility orientation and the comprehensive PREA training for residents who can't read.

Whenever communication accommodation is needed, the facility program director is responsible for arranging an interpreter or another auxiliary aid to ensure reasonably prompt and effective communication with the youth.

At the time of the audit, no resident was LEP, and no resident was cognitively disabled.

Staff are made aware of procedures to provide disabled residents equal opportunity to participate and/or receive information related to the agency's zero-tolerance policy on sexual abuse and sexual harassment in their Residents with Disabilities and Residents Who are Limited English Proficient Training Material.

The center policy and training included the following:

1. Reasonable accommodations shall be made to ensure that all written information about sexual abuse policies, including how to report sexual abuse, is transmitted verbally to youth with limited reading skills or who are visually impaired.
2. The Sheriff's Office maintains a list of employees with second language skills, including sign language.
3. Additionally, the Sheriff's Office maintains contracts with interpreters. The number and access code for the telephone-based interpreter services are posted in

	<p>the medical, Intake, and Master Control. Medical has a special telephone (TTY) for deaf detainees.</p> <p>4. Residents shall not be used to provide interpretive services to other youth unless an exigent circumstance exists that could affect a detainee's safety, the staff's performance of first responder duties, or the investigation of a resident's allegations.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.317	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Job Vacancy and Employment Selection Procedures</p> <p>Seminole County Juvenile Detention Center Standard Operating Procedure 36</p> <p>New Hire Background</p> <p>Check 5-year Background Check Human Resources Human Resources Interview</p> <p>115.317 (a)(b)(c):</p> <p>The PAQ requires The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>The PAQ indicated that 4 employee background checks and 6 contracting background check have been completed in the last 12 months.</p> <p>The PAQ requires the agency shall 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 residents.</p> <p>The PAQ requires before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the</p>



employee would work; and (3) 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.

Seminole County Juvenile Detention Center Standard Operating Procedure 36 mandates that the center will not hire or promote anyone who has been criminally convicted of sexual abuse or attempting to commit sexual abuse, or has been civilly or administratively adjudicated to have done those things.

- The center will consider any incidents of sexual harassment of a prospective employee before a decision is made to hire that person.
- Before any person is hired P the Center shall: run a criminal background records check utilizing the SLED Background Check: check national registry of sex offenders and conducts a Diana Screening and make a reasonable effort to contact any previous employers of the prospective employee to inquire into any related incidents: the same procedures are proposed for contractors; conduct any background checks for all employees and contractors or any other means that could be related to any type of sexual incident; inform the prospective employee of his/her duty to immediately report any sexual related misconduct involving himself, any juvenile, or any staff member; inform that any prospective employee that any material omission regarding any sexual misconduct or false information shall be grounds for termination of employment; and if allowed by state law, the Center will provide information on substantiated sexual abuse or sexual harassment by a former employee to any institutional employer as requested.
- All contract employees shall be subject to the same checks.
- All volunteers shall be subject to background checks before working with residents.

The application for employment, addendum, promotions questionnaire, and contracting staff interviews include the following questionnaire

· 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);

· Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Employees being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

The human resources staff interview indicated that, prior to a promotion, the staff fills out another questionnaire. All people who apply to work at the center as full-

time, part-time, or contractors must have completed a background check that is conducted by the center. We completed the PREA questionnaire on the DJJ employment application, prior to promotion, and each year.

115.317 (d):

The PAQ requires the agency to also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. Seminole Sheriff's Office shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

The facility provided the SOF, Seminole County Juvenile Detention Center Standard Operating Procedure 36, and Job Vacancy and Employment Selection Procedures

The policy requires the Seminole Sheriff's office to ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. At the present time, the center does not have any contractors.

115.317 (e):

The PAQ requires the agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The facility provided SCJDC Standard Operating Procedure 36

In an interview with the human resources director, the center utilizes the Live Scan Wizard to be advised of any criminal activity, including traffic-related incidents.

The interviewed HR staff reported that the facility currently has in place a system to conduct criminal background checks of current employees and contractors who may have contact with residents, including NCIC and the National Sex Offender Registry. The Sheriff's office utilizes the FSFN to review the child abuse registry. The sheriff's office provides the applicant's name, and the Florida Safe Family Network notifies the sheriff's office of an email response to the inquiry.

115.317 (f):

The PAQ requires the agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility provided SCJDC Operating Procedure 36

#### Hiring and Promotion Decisions

1. The Juvenile Detention Center shall not hire or promote a staff member, or enlist the services of a contractor, who may have contact with detainees, who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or
- c. Has been civilly or administratively adjudicated of having engaged or attempted 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.

2. The Juvenile Detention Center shall 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 detainees.

#### 3. Staff Background Screenings

a. Prior to being hired, all Juvenile Detention Center staff members are required to pass a Sheriff's Office background screening, which includes criminal background checks and an effort to contact prior institutional employers for information on substantiated sexual abuse.

b. The background screening shall include, at a minimum:

- i. Criminal history check;
- ii. Child Abuse Registry check;
- iii. Prior institutional employers.

c. Incidents of substantiated sexual abuse will disqualify personnel from Juvenile Detention Center employment and result in a recommendation for termination if it comes to light after employment commences.

d. Criminal record background checks on Juvenile Detention Center employees and contractors shall be conducted at least once every 5 years.

e. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal, and sexual abuse or sexual harassment is

	<p>part of that appraisal. This includes having staff review and sign the PREA Questionnaire.</p> <p>115.317 (g):</p> <p>The PAQ requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>The facility SOF states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Staff are required to sign the form affirming that they have a continued “affirmative duty to disclose any of the misconduct mentioned above.</p> <p>115.317 (h):</p> <p>The PAQ requires, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>The center provided SCJDC Standard Operating Procedure 36</p> <p>The policy mandates that, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with human resources confirmed that the facility would provide this information if requested. Policy states that the information will be provided upon request, unless providing it is prohibited by law.</p> <p>According to interviews with the human resources staff, the center would ask the prospective candidate to sign a release statement and would send the requested information.</p> <p>Based on the review of the documentation and the interview with the Superintendent and Human Resources staff, the facility is complying with all provisions of this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determinations

Seminole County Juvenile Detention Center Standard Operating Procedure 36

Interviews with

Agency head

Facility administrator

115.318 (a)

The PAQ requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

The director and PREA compliance manager indicated that the facility has not planned any substantial expansion or modification of existing facilities. The center did add the assessment center as part of the complex to the back of the detention center; however, the assessment center is not part of the Juvenile Detention Center.

Seminole County Juvenile Detention Center Standard Operating Procedure 36:  
Upgrades to Facilities and Technologies

1. The Juvenile Detention Center shall supplement direct supervision with video monitoring.
2. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Sheriff's Office shall consider the effect of the design, acquisition, expansion or modification upon the Sheriff's Office's ability to protect detainees from sexual abuse.
3. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Sheriff's office shall consider how such technology may enhance the Sheriff's Office's ability to protect detainees from sexual abuse.
4. Video monitoring layouts and equipment shall be evaluated annually.
5. Deficiencies in video monitoring layouts or equipment shall be noted and attempts shall be made to correct the noted deficiencies.

A review of the assessment for 2025 did indicate need for upgrades of several cameras and it was noted through the tour by the staff of this upgraded camera location.

In touring the facility, the auditor noted that cameras were located in all living units, classrooms, the dining hall, and the administrative building. No cameras were located in restrooms, showering areas, and dressing areas in the cottages.

15. 318 (b)

	<p>The PAQ requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The facility director indicated that the center conducts a thorough review of all blind spots, or just general needs for cameras to enhance the safety of residents and then request through the budget process for these additions. He indicated that he has been successful in receiving the resources.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Seminole County Juvenile Detention Center Standard Operating Procedure 36</p> <p>Memo from the Crimes Against Children Investigative Unit</p> <p>Memo Statement of Fact.</p> <p>Protocol for Sexual Assault of adults and adolescents</p> <p>MOU with Kid's House</p> <p>Kids House Interagency Agreement Final.pdf</p> <p>Kids House Investigative Protocol.pdf</p> <p>Supportive Documentation Victim Service Center MOU.pdf</p> <p>MEMO Kids House .pdf</p> <p>Preliminary and Follow-Up Investigations</p> <p>Pre-Audit Questionnaire (PAQ</p> <p>115.321 (a)(b)(C):</p> <p>The PAQ requires that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p>

The PAQ requires the protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The PAQ requires that the agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The center provides SOP 36, a memo from the facility director, and a memo from the director of the Crimes against Children Investigative Unit.

The Crime Against Children Investigative Unit provides a memo indicating that the Crimes Against Children Unit (CAC) uses the Florida Attorney General's protocol for forensic investigations involving children. The Protocol, developed by related professionals, addresses but is not limited to interviewing, evidence collection, victim services, notifications, and prosecution of sexual assault cases. The agency-based investigators conduct administrative investigations and the Sheriff's Office CAC investigates sexual abuse allegations that are criminal in nature.

The Crimes against Children Investigative unit is housed in the Kids House and is readily available to conduct an investigations including crime scene protocol for collecting usable evidence.

The center provided the Protocol for Sexual Assault adults and adolescents. The center investigator indicated that all allegations of sexual abuse or sexual harassment or forwarded to the Crime against Children investigative unit. After review by the CAC, the center will be notified that it is not criminal in nature, and the center will conduct the administrative investigation.

The Seminole County Sheriff's Office has a Memorandum of Understanding with Kids House for residents that's been victims of sexual abuse. The point of contact for the Kids House Representative will be notified of a youth who claims to have been sexually abused or assaulted. The Sheriff's Office maintains an on call list of SANE staff and would notify the Kids House of the on call staff and would notify the on-call staff to report either to the Kids House or Victim Services Center if the resident is 18 years of age or older.

Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations

During the tour of the center, staff were asked who conducted the investigations,

and it was reported that law enforcement does so.

There have been no allegations of sexual abuse or sexual harassment in the last 12 months. There have been no allegations of sexual abuse or sexual harassment noted in the previous three PREA audits.

115.321 (d)(e):

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

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility provided an MOU with Kids House. The Kids' House would provide a victim advocate.

The Sheriff's office does have a victim advocate who is certified to escort youth to a SANE and provide victim advocacy services.

In an interview with the PREA compliance manager, they indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline.

115.321 (f)

The PAQ requires, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The center provides a statement of fact that the center is a standalone program provided by the local sheriff's office, and the sheriff's office criminal investigator would conduct criminal investigations, and the center or the office of professional responsibility would conduct administrative investigations.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.



115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 338 1174 371">Evidence relied upon in making the compliance determinations</p> <p data-bbox="279 412 852 445">SCJDC Standard Operating Procedure 36</p> <p data-bbox="279 486 1409 519">Seminole County Sheriff's Office General Order 25 Employee Harassment Policy</p> <p data-bbox="279 560 496 593">Interviews with</p> <p data-bbox="279 633 663 667">PREA Compliance Manager</p> <p data-bbox="279 707 509 741">Facility Director.</p> <p data-bbox="279 781 663 815">Administrative Investigator</p> <p data-bbox="279 855 504 889">115.322 (a &amp; b)</p> <p data-bbox="279 929 1350 1030">The PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="279 1070 1469 1317">The agency shall have in place a policy to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.</p> <p data-bbox="279 1357 1460 1435">The facility provided SCJDC Standard Operating Procedure 36 and Seminole County Sheriff's Office General Order 25 Employee Harassment Policy.</p> <p data-bbox="279 1476 1414 1677">The interviewed agency head reported that SCJDC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. All allegations are referred to the appropriate investigative agencies based upon the victim's age, as defined by the PREA requirements, to appropriate external investigating agencies.</p> <p data-bbox="279 1718 1465 1785">The facility director indicated in the interview that the center had one allegation of sexual abuse that was investigated by CAC and determined to be unfounded.</p> <p data-bbox="279 1825 991 1859">SCJDC Standard Operating Procedure 36 requires :</p> <p data-bbox="279 1899 1117 1933">Policies to Ensure Referrals of Allegations for Investigations</p> <p data-bbox="279 1973 1465 2085">All allegations of sexual abuse or sexual harassment shall be appropriately documented and reported to the chain of command. A criminal investigation and/or an administrative investigation shall be conducted as appropriate. Allegations may</p>

	<p>be:</p> <ul style="list-style-type: none"> <li>a. Referred to DCF/Crimes Against Children for criminal investigation, and/or</li> <li>b. Referred to Professional Standards for an administrative investigation of an employee, vendor, or contractor; and/or</li> <li>c. Referred to the Manager of the Juvenile Detention Center for an administrative investigation of a detainee.</li> </ul> <p>2. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation shall be published on the agency website.</p> <p>115.322 (c):</p> <p>The PAQ requires that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Seminole County Juvenile Detention Center Standard Operating Procedure 36 indicates that if an outside agency, including State agencies or Department of Justice agencies, conducts a sexual abuse investigation at the Juvenile Detention Center, the agency shall be asked to follow all PREA-related guidelines, including access to victim advocates, forensic medical examiners, and evidence collection protocols. If an outside agency investigates alleged sexual abuse at the Juvenile Detention Center, the Juvenile Detention Center shall keep abreast of the investigation and cooperate with outside investigators.</p> <p>Based on an interview with the facility director and the administrative investigator, all allegations go to CAC for review. If CAC declines or indicates that it is not criminal, the center or the sheriff's office investigator would conduct the investigation.</p> <p>The auditor googled the Sheriff's Office publication and noted that the Crime against Children provided informative information on the investigative process. The information can be located at <a href="https://www.seminolesheriff.org/page.aspx?id=77">https://www.seminolesheriff.org/page.aspx?id=77</a>.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and a corrective action plan is not required</p>
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115.331	Employee training
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>JDC-36 Youth Sexual Abuse And PREA</p>

Zero Tolerance Staff Signatures.pdf

G-25 Employee Harassment Policy-Proof.pdf

Monthly PREA Training 2022.pdf

PREA Acknowledgement Form.pdf

Coordinated Response PREA Staff Signatures.pdf

Third Party Reporting Staff Signatures

Annual Prevention and Intervention Training

Detainees with Disabilities Staff Signatures.pdf

Medical and Mental Health PREA Staff Signatures.pdf

Agency Protection Against Retaliation.pdf

Resident Access Outside Support Staff Signature .pdf

Supportive Documentation Child Abuse Training Skill PRO

Supportive Documentation Child Abuse Training Skill PRO Roster

Coordinated Response PREA Staff Signatures.pdf

Supportive Documentation PREA Training.pptx

CROSS-GENDER FORM.pdf

Communicate Effectively

Cross Gender Searches Signatures

Medical and Mental Staff signatures

Interview with Random Staff

Interview with Compliance Team

115.331 (a):

The PAQ requires The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The typical reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to

signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

The facility provided JDC-36 Youth Sexual Abuse And PREA Staff training, training curriculum, staff acknowledgement of training, monthly training curriculum and sign off, Skill Pro yearly training and initial training.

All Juvenile Detention Center staff members in direct contact with detainees shall be trained on the

following topics:

- a. The agency zero tolerance policy on sexual abuse and sexual harassment;
- b. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention,
- c. detection, reporting, and response policies and procedures;
- d. Detainees' right to be free from sexual abuse and sexual harassment;
- e. The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- f. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- g. The common reactions of juvenile victims of sexual abuse and sexual harassment;
- h. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between detainees;
- i. How to avoid inappropriate relationships with detainees;
- j. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;
- k. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and; Relevant laws regarding the applicable age of consent.

Staff training is conducted yearly and a refresher training is provided monthly with the above topic.

Random Sample of Staff – The interviewed random sample of staff reported that

they have been trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

Residents' right to be free from sexual abuse and sexual harassment;

The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in resident facilities; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents;

How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and

Relevant laws regarding the applicable age of consent.

The staff reported that they received the training as new hires and annually. The staff was able to describe a variety of common reactions and what signs to look for if someone was being sexually abused or sexually harassed. All staff were aware of the applicable age of consent. Staff interviewed indicated they are required to go through refresher training on the same topics every month.

115.331 (b):

The PAQ requires that Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if reassigned from a facility that houses only male residents to one that houses only female residents, or vice versa.

The facility provided SCJDC SOP 36- Staff training.

Seminole County Juvenile Detention Center houses male and female residents, and the training is tailored to both population groups. The center utilized the Skill Pro 1 and 2 , which were developed by the Florida Department of Juvenile Justice and are tailored for both population types.

115.331 (c):

The PAQ requires that all current employees who have not received such training be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment

	<p>policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>The PAQ also indicated that staff will receive refresher training each year.</p> <p>The JDC-36 Youth Sexual Abuse and PREA will receive training on PREA procedures and policy each year and receive monthly refresher training.</p> <p>Training also includes Staff meetings, email communication, and daily staff highlights.</p> <p>All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting, and responding to sexual abuse or sexual harassment.</p> <p>In interviews with staff, each indicated that PREA was discussed daily and that formal training was provided by instructors and a computer-based training PowerPoint presentation. (Skill Pro)</p> <p>115.331 (d):</p> <p>The PAQ requires the agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>The facility provided sign-in sheets for all center employees.</p> <p>The center mandates that the program shall document, through an attendance sheet which must include a staff signature or electronic verification, so that staff understand the training they have received. Documentation is logged in the ELLIS program, and a copy is kept in employee files.</p> <p>There are PREA Posters about sexual safety located throughout the facility. All of the staff interviewed were able to articulate their understanding of each training topic.</p> <p>Exceed Compliance was determined by reviewing the preservice and in-service training curricula, as well as staff training records. An interview with random staff also confirmed that they received the training and refresher training as mandated by policy. Best practices were demonstrated through monthly staff training on the same topics reviewed each year. In interviews with staff and residents, it was evident that PREA has become a culture of maintaining a safe environment for youth and staff.</p> <p>Based on this analysis, the facility exceeds compliance with these provisions and corrective action is not required.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determinations

Volunteers and Contractors Training

Volunteers and Contractors Orientation Packet

JDC-36 Youth Sexual Abuse and PREA

2023 Volunteers and Contractors .pdf

2024 Volunteers and Contractors.pdf

2025 Volunteers and Contractors Part 1 .pdf

2025 Volunteers and Contractors Part 2 .pdf

115.332 (a):

The PAQ requires the agency to ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The facility provided the volunteer and contractor SOP 36, training acknowledgement, and the PREA training curriculum.

Seminole County Juvenile Detention Center's Training for Volunteers and Contractors provides for all aspects of this standard. Training includes AYFS PREA policies that provide written guidelines to ensure:

- There is a safe, secure environment for staff, volunteers, contractors, and residents.
- The facility has a "zero tolerance" philosophy towards sexually abusive behavior. ALL Volunteers and Contractors are responsible for understanding and preventing sexually abusive behavior.

Contractor Training- All volunteers and contracted providers in Residential and Detention facilities who have contact with youth must be trained in their responsibilities under the Department's sexual misconduct prevention, detection, and response policy and procedures

115.332 (b):

The PAQ requires 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 residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

	<p>The facility policy indicates that volunteer training is based on the service they provide and the level of contact with youth.</p> <p>All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.</p> <p>115.332 (c):</p> <p>SJDC SOP 36 mandates that all volunteers be approved by the executive director and have a child abuse and neglect hotline check run on them before they are allowed to volunteer at the director. Volunteers and contractors will sign a contract that outlines the facility's zero-tolerance policy, their reporting duties, and the procedures for reporting.</p> <p>The volunteer and contractor interview indicated they had received PREA training and had signed the training certificate before meeting with residents.</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement, containing the participant's signature and date, confirming their understanding of the PREA information. During the last year, the center had 27 volunteers.</p> <p>Based on this analysis, the facility was substantially compliant with this provision, and corrective action was not required.</p>
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115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determinations</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>JDC-3 Admission proof a1.pdf</p> <p>2025 Supportive Documentation Residents Education During Intake Process.pdf</p> <p>2024 Supportive Documentation Residents Education During Intake Process.pdf</p> <p>2023 Supportive Documentation Residents Education During Intake Process.pdf</p> <p>Supportive Documentation Orientation Brochure.pdf</p> <p>Supportive Documentation Brochure Spanish.pdf</p>



Supportive Documentation Juvenile PREA VIDEO TRAINING.mp4

Supportive Documentation PREA Video-English.mp4

Documentation PREA Video-Spanish.mp4

Supportive Documentation Intake Area JDC.pdf

Supportive Documentation MEMO115.333a-2 Resident education.

JDC-3 Admission proof 115.333a3.pdf

Supportive Documentation Youth Sexual Abuse Brochure English Spanish Creole.pdf

Supportive Documentation PREA Poster Break the Silence English Spanish Creole.pdf

Documentation PREA Video-Spanish.mp4

PREA acknowledgement form

115.333 (a):

The PAQ requires during the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided JDC-36 Youth Sexual Abuse and PREA training video, a PREA Brochure, and PREA acknowledgement forms.

The PREA Brochure informs the residents about their right to be free from sexual abuse and sexual harassment.

PREA Policy - Resident Training

Interviews with the facility director and intake staff are conducted when a youth is brought to the assessment center, before determining whether the youth will be remanded to the detention center or released to their parent. The youth are shown the PREA video and sign to receive the brochure. When it is determined that the youth will remain at the center, the intake staff provides the youth with a brochure and discusses their rights and how to report them. The youth is also shown the PREA video during this process. The center then shows the video each Sunday, and staff who are not on visitation are required to watch it.

The staff read the two-page brochure and explained the terminology in the orientation document. In the interview, the intake staff indicated that some residents don't know what some words mean, so she asks them after each section whether they understand. If they don't, I will explain the information to the youth.

Within ten (10) days of intake, the PREA compliance team meets with the youth, reviews the PREA brochure, and shows the video.

JDC-36 Youth Sexual Abuse and PREA also requires that resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The interviewed intake staff reported that residents are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The information is provided to the residents via the SafetyFirst manual, video, youth handbook, and information boards in the dayroom.

Eight residents interviewed indicated they received the resident brochure and training upon arrival at the facility. Staff read the orientation to them, discuss the information, and have them sign to confirm their understanding. The residents indicated that they see a PREA video upon arrival and several times during each week.

During the last 12 months, 542 residents have received the initial orientation.

115.333 (b):

The PAQ requires that, within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided a PREA juvenile comprehensive video with English captions and the same video with Spanish captions, with information on emotional support and an acknowledgement form stating that the resident saw the video, received the orientation trifold, and understood the PREA training.

The comprehensive video includes all aspects of the PREA 115.333 standard. According to an interview with the facility's PREA compliance team, the resident watches the video within 10 days of arrival at the center. The center also shows the video each Sunday.

115.333 (c):

The PAQ requires that current residents who have not received such education shall be educated within one year of the effective date of the PREA standards.

Additionally, they shall receive education upon transfer to a different facility if the new facility's policies and procedures differ from those of the previous facility.

The facility provided JDC-36 Youth Sexual Abuse and PREA, which requires that residents receive such education upon arrival or transfer to the facility and that they receive it if they remain at the center for more than 10 days.

In interviews with intake staff, all residents receive an initial orientation upon arrival at the JAC and a comprehensive education, including videos and brochures.

115.333 (d):

The PAQ requires the agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility provided numerous posters in English, Spanish, and Creole, as well as a contract for a language translator.

SOP mandates that the facility provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

The facility can provide PREA education in formats accessible to all residents, including those who may be hearing-impaired, Deaf, have intellectual, psychiatric, or speech disabilities, have low vision or be blind, have limited reading, or have limited English proficiency, and based on the individual needs of each resident.

The PREA videos are available in English and Spanish.

Staff interviews confirmed that residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education supervisor, and medical staff would work with the community resources to provide education to residents regardless of their limitations or disabilities.

The facility agency head indicated that the center has all the resources provided by the juvenile courts that they can access to deliver the training program.

The education department offers one-on-one assistance in large print, visual aids, magnifiers, translation, and other services through each resident's individual Education Plan.

115.333 (e):

The PAQ requires the agency to maintain documentation of resident participation in these education sessions.

The facility provided acknowledgement forms for resident education.

SOP mandates that the facility shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements was reviewed, which supported the residents' involvement in PREA education sessions. The center received training acknowledgment in 2023, 2024, and 2025.

A file review of residents included an acknowledgement statement for orientation

	<p>and comprehensive education.</p> <p>115.333 (f):</p> <p>The PAQ requires, in addition to providing such education, that the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>The facility provided a poster that indicates that, in addition to providing formal education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>Posters were located in the multipurpose room, the front entrance, the intake area, the housing unit, and the dining room. All posters were multicolored and easy to read. No posters were blocked from view. The residents also receive a resident brochure.</p> <p>They included:</p> <p>A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment) Break the Chains of</p> <p>No Means No Rules and</p> <p>Know to Report provides several ways for youth to make a report, including the child abuse/neglect hotline.</p> <p>Break The Silence</p> <p>Numerous (10) posters that are provided to the center by the Florida Department of Juvenile Justice.</p> <p>All residents interviewed, both formally and informally, during the tour and subsequent visits to the recreation area, confirmed that staff talk to them daily about PREA.</p> <p>Compliance was determined by review of the agency policies, training curriculum, posters, resident files, and interviews with staff and</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>PREA Specialized Investigation Training</p>

	<p>Training Certifications</p> <p>115.334 (a):</p> <p>The PAQ requires in addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>The center/sheriff's office has 6 staff that have received training on conducting sexual abuse investigation in a confinement center.</p> <p>The Sheriff's office detective responsible for Crimes Against Children receive the NIC training and additional training through the Florida Jail commission, and Federal Law enforcement agencies.</p> <p>115.334 (b):</p> <p>The PAQ requires Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria required to substantiate a case for administrative action or prosecution referral.</p> <p>115.334 (c):</p> <p>The PAQ requires the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The center provided certifications from all staff that have received specialized training. The auditor requested and received the acknowledgement that the facility investigator received annual PREA refresher training.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determinations

JDC-36 Youth Sexual Abuse And PREA.

Supportive Documentation Medical Staff PREA Training

Supportive Documentation Mental Health Training

Interview with

Medical Nurse

Mental Health staff

115.335 (a):

PAQ requires The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility provided JDC-36 Youth Sexual Abuse and PREA, which mandates that medical and mental health staff members receive regular PREA training. And the specialized training offered by NIC. In addition to the Zero Tolerance policy, all full- and part-time medical and mental health care practitioners will be trained in the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.

The center utilized the NIC medical and mental health training programs.

115.335 (b)

The PAQ requires If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility stated that its medical or mental health staff does not conduct forensic medical examinations.

115.335 (c):

	<p>The PAQ requires the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>The agency provided certificates of specialized training to medical and mental health practitioners who regularly work in its facility. The staff receive documented training.</p> <p>115.335 (d):</p> <p>The PAQ requires that Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>The contracted staff received annual training, as verified through interviews with medical and mental health personnel and the review of the training acknowledgement.</p> <p>In an interview with the medical staff, she indicated that she is a full-time employee and has received new staff PREA training through the program, as well as additional specialized training.</p> <p>In an interview, the mental health professional indicated that she has received both basic PREA training and specialized training.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination.</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Supportive Documentation 10 Days Reassessment VSAB</p> <p>Supportive Documentation VSAB Overall Risk</p> <p>Interviews</p> <p>Staff responsible for Risk Screening PREA coordinator</p> <p>PREA compliance manager</p> <p>PREA Coordinator</p>

115.341 (a)(b)(c)

The PAQ requires within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Such assessments shall be conducted using an objective screening instrument.

The PAQ requires at a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual detainees that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other detainees.

The center provided policy JDC-36 Youth Sexual Abuse and PREA, a copy of the screening instrument, and documentation of resident screenings.

SOP mandates that within 12 hours of arrival at the facility, all detainees entering the facility as new admissions or transfers shall receive a PREA screening to ascertain the detainees' risk of sexual abuse victimization or sexual abusiveness toward other detainees. The center utilizes the Florida Department of Juvenile Justice Victimization Screening for Sexual Behavior (VSAB)

- a. The screening instrument shall initially be completed by the intake officer and used to determine the detainee's classification.
- b. After completion by the intake officer, the screening form shall be submitted to the Medical section.
- c. The Medical section shall maintain the screening form until the comprehensive physical is administered (within 7 days of intake).
- d. Medical shall review the screening form with the detainee during the comprehensive physical and ascertain whether any new information has surfaced.
  - i. All new information shall be documented on the screening form.
  - ii. The screening form shall be forwarded to the Juvenile Detention Center Administration section.
- e. The Juvenile Detention Center Administration section shall review the screening form and make changes to detainee classification and housing as required.
- f. The screening form shall be placed in the detainee's file.



3. At a minimum the objective screening instrument shall attempt to ascertain:
- a. Prior sexual victimization or aggressiveness;
  - b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the detainee may therefore be vulnerable to sexual abuse;
  - c. Current charges and offense history;
  - d. Age;
  - e. Level of emotional and cognitive development;
  - f. Physical size and stature;
  - g. Mental illness or mental disabilities;
  - h. Intellectual or developmental disabilities;
  - i. Physical disabilities;
  - j. The detainee's own perception of vulnerability; and
  - k. Any other specific information about individual detainees that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other detainees.

115.341 (d).

PAQ requires this information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The staff interviewed responsible for risk screening reported that they obtain information through conversations and record reviews. At Seminole County Juvenile Detention Center, the VSAB is conducted on all youth who arrive at the assessment center. If it is determined that the youth will be remanded to the center, the intake staff reviews the VSAB with the residents. It discusses the charges and any history of sexual abuse or sexual victimization. Youth may remain in the assessment center for 6 hours before the final decision is required.

A review of appropriate documentation, interviews with staff, and relevant policies indicates that the facility is in compliance with the provisions of this standard. Files.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with these provisions of this standard.

115.341 (e).

	<p>The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>JDC-36 Youth Sexual Abuse and PREA mandates. Specific information regarding the detainee's responses to the screening instrument shall only be disseminated on a need-to-know basis as necessary to make appropriate housing and classification decisions and to implement specific safety precautions.</p> <p>5. Information may be shared with:</p> <ul style="list-style-type: none"> <li>a. Make housing assignments;</li> <li>b. Make bed assignments;</li> <li>c. Determine programming;</li> <li>d. Determine educational needs;</li> <li>e. Make work assignments;</li> <li>f. Implement specific safety measures to protect staff and detainees.</li> </ul> <p>6. Staff sharing confidential detainee information with any unauthorized person, including staff without a need to know, without a justifiable reason, shall be disciplined.</p> <p>Interviews</p> <p>The interviewed PREA Coordinator reported that staff who need to know have access to Risk Assessments. All staff are required to maintain confidentiality; this requirement is a part of the hiring process.</p> <p>The interviewed PREA compliance manager reported that only specific staff who need to know are allowed access to the resident files.</p> <p>During the tour of the center, the auditor noted that the files were maintained in a locked cabinet in the center's administrative area.</p> <p>The staff interviewed responsible for risk screening reported that all staff have access; however, they are required to sign confidentiality forms. The center conducts a rescreening every 10 days, meets expectations, and amplifies the center by utilizing the screening to establish a safe environment for youth.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.342</b>	<b>Placement of residents</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon making the compliance determination.</p> <p>JDC-7 Classification</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>VSAB Overall Risk</p> <p>Facility superintendent</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>115.342 (a)(b):</p> <p>The PAQ requires the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents to keep all residents safe and free from sexual abuse.</p> <p>The PAQ requires that Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>The facility provided JDC-36 Youth Sexual Abuse and PREA, and SOP JDC-7 Classification</p> <p>JDC-36 Youth Sexual Abuse and PREA mandates that The Sheriff’s Office shall use all information obtained pursuant to PREA Standard §115.341 and subsequently to make housing, bed, program, education, and work assignments for detainees with the goal of keeping all detainees safe and free from sexual abuse.</p> <p>Detainees at-risk of sexual victimization may only be placed in isolation:</p> <p>a. As a last resort when there is an imminent risk of harm and other arrangements cannot be made to reduce the risk (The specific concern and the reason an alternative means of separation could not be provided shall be clearly documented), or;</p> <p>b. The detainee requests Protective Custody and signs a Protective Custody request form. If a detainee requests voluntary Protective Custody, the detainee may end the voluntary Protective Custody isolation at any time, but the detainee must sign a</p>

Protective Custody Form and indicate that he or she is no longer requesting voluntary Protective Custody.

c. Detainees in isolation for protection are entitled to daily large muscle exercise, all legally required educational programming, and any approved special education services.

d. Detainees in isolation for protection are also entitled access to all other programs or work opportunities offered to detainees in general population.

e. Detainees in isolation shall receive daily visits from a mental health clinician.

f. Housing of Lesbian, Gay, Bisexual, Transgender or Intersex Detainees will use information obtained from VSAB and other mental health appraisals to inform housing, bed, work, education, and program assignments to keep all residents safe and free from sexual abuse.

SOP – 7 Classification requires Detainees admitted to the Juvenile Detention Center shall be classified to provide the highest level of safety and security.

2. The Manager of the Juvenile Detention Center shall ensure the classification process is properly implemented by staff.

3. As soon as practical following admission to a detention facility, each detainee shall be classified.

4. The classification process shall include all information available or obtainable from the social, legal and self-reported medical history of the detainee.

5. The primary objective of classification is to place detainees in the type of quarters that best meet their needs and to provide reasonable protection for all detainees.

6. Each shift shall have designated classification personnel.

7. Insofar as space permits, no detainee shall be subjected to more restrictive conditions of confinement and out-of-cell time than is justified by the detainee's classification.

8. Detainees shall be reclassified if changes in behavior or status are observed.

9. Classification shall be a uniform process for all detainees and follow a detainee throughout the detainee's incarceration

The interviewed PREA Coordinator reported that the facility does not have special housing units for lesbian, gay, bisexual, transgender, or intersex residents. ALL youth are placed in the same type of room/cell. They're individual rooms, so there is immediate separation for all.

The interviewed staff responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free

from sexual abuse and sexual harassment. The facility places sexual abuse victims and sexual abuse predators completely separate and makes sure they do not rotate together.

The staff interviewed responsible for risk screening reported that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The facility places sexual abuse victims and sexual abuse predators completely separate and makes sure they do not rotate together.

115.342 (c):

The PAQ requires Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The facility provided JDC-36 which clearly documents that Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in housing, beds, or other assignments solely based on such identification or status. Lesbian, gay, bisexual, transgender, or intersex identification or status is not an indicator of the likelihood of being sexually abusive.

The facility indicated that they have not housed a transgender or intersex youth at the center.

The PREA Coordinator interview indicated SCJDC does not have special housing units for LGBTI youth.

115.342 (d) – (f)

The PAQ requires in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

A transgender or intersex resident's view concerning his or her own safety shall be given serious consideration.

The facility provided JDC-36 Youth Sexual Abuse and PREA, which clearly indicate that when assigning a transgender or intersex youth to a male or female facility, staff shall consider on a case-by-case basis, 1) whether a placement would ensure the youth's health and safety, and 2) whether the placement would present management or security problems. Serious consideration shall be given to the

youth's own views with respect to his or her own safety.

Such placements and programming assignments shall be reassessed every six (6) months to review any threats to safety experienced by the youth. Serious consideration shall be given to the youth's own views with respect to his or her own safety.

There was no transgender resident at the center during the on-site audit. In interviews with the facility administrator, the decision of placement of the resident is part of a continuing care program that includes the community staff, parent or legal guardians, youth, and medical clinician.

In deciding whether to assign a transgender or intersex students to a program for male or female students, and in making other housing and programming assignments, the program shall consider on a case-by-case basis whether a placement would ensure the student's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex student shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The interviewed PREA compliance manager reported that all youth are housed in two living units.

The interviewed PREA Coordinator reported that the facility does not have special housing unit(s) for lesbian, gay, bisexual, transgender, or intersex residents. All youth are placed in the same type of room/cell. They're individual rooms, so there is immediate separation for all.

#### 115.342 (g)

The PAQ requires that transgender and intersex residents be allowed to shower separately from other residents.

The facility provided the JDC-36 Youth Sexual Abuse and PREA, which indicates that transgender and intersex residents are offered the opportunity to shower separately from other residents. The facility did have a transgender or intersex resident during the audit period.

Random staff interviewed indicated that all residents are showered separately from each other. The average population is 15, and the present population was 11 on the first day and 8 on the second day of the audit.

#### 115.342 (h)(i)

The PAQ requires that if a resident is isolated pursuant to paragraph (b) of this section, the facility shall document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

	<p>The center provided a statement of fact from the facility director that indicated if a resident is isolated the facility shall clearly document:</p> <ol style="list-style-type: none"> <li>(1) The basis for the facility's concern for the resident's safety; and</li> <li>(2) The reason why no alternative means of separation can be arranged</li> </ol> <p>In the last 12 months Seminole County Juvenile Detention Center have not had a youth at risk of sexual victimization who were placed in isolation.</p> <p>If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>According to interviews with the facility administrator, the facility would place residents on one-on-one supervision until they could resolve the risk. They would not be able to isolate in a room or housing unit. We would review every 5 days.</p> <p>Medical and mental health staff indicated they review any youth that is on room restriction. The mental health staff indicated that youth on suicide prevention or seen every two hours.</p> <p>Compliance with this standard was determined by review of the screening instrument, interviews with random staff, the PREA compliance manager, and the facility director.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>JDC-6- Child Abuse</p> <p>PREA Training Manual</p> <p>Mail and phone procedures. (site review)</p> <p>Youth Reporting Posters</p> <p>Interviews</p> <p>Random Residents</p>

PREA compliance manager

Random Staff

115.351 (a)

The PAQ requires the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The JDC-6- Child Abuse Youth may contact the P.R.E.A. Hotline & RAPE CRISIS Line: Youth may leave a confidential message to report Sexual Abuse/Assault by calling 1-800-96-ABUSE (22873) or Seminole County Sheriff's Office (407)-665-6650. Victim Service Hotline 407 - 500 - HEAL.

In the event that a parent or visitor would like to make a complaint, The web address is [www.seminolesheriff.org](http://www.seminolesheriff.org).

Click on the John E. Polk Correctional Link (PREA Violation Report Form).

1. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways:

a. Inform shift supervisor, or any staff they may feel comfortable with verbally or through written communication.

b. Complete and submit a grievance form.

a. Request to call the abuse hotline 1-800-96-ABUSE (22873). These numbers are posted throughout the facility and are given to the residents during intake.

b. Residents can call the Seminole County Sheriff's Office (407)-665-6650. Victim Service Hotline 407 - 500 - HEAL. This number is posted throughout the facility.

2. All staff are mandated reporters. All staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to report these to their supervisor within 2 hours of gaining knowledge. Staff are required to document all reports, including verbal, within 8 hours of gaining knowledge.

3. SCJDC has established procedures for staff to privately report sexual abuse and sexual harassment of residents via the following ways:

a. Staff at any time can call the abuse hotline to report sexual abuse and sexual harassment of residents.

b. Staff can inform supervisors in writing anonymously.



c. Staff can at any time speak with a Director, on a one-on-one basis.

6. Residents can report privately to agency officials about sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in the following ways:

7. Inform their advisor, shift supervisor, or any staff they may feel comfortable with verbally or through written communication.

8. Complete and submit a grievance form.

9. Request to speak with their treatment counselor.

PREA posters guide the residents on the multiple ways to make a report. On-site, the auditor observed that posters were placed throughout the facility. In addition, there were grievance boxes located in the housing area. Near the grievance boxes, there were accessible forms ready for the residents or staff to complete a grievance.

Posters were located in the multipurpose room, front entrance, intake area, housing unit, and dining room. All posters were multicolored and easy to read. There were no posters that were blocked from being seen. The residents also receive a resident brochure.

Poster include

How to Report provides several ways for youth to make a report, including the child abuse/neglect hotline.

Break The Silence

The Resident brochure was reviewed and contained the same information.

115.351 (b):

The PAQ requires the agency to also provide at least one way for residents

To report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The center provide two statement of fact. The first indicated that Seminole County Sheriffs Office Juvenile Detention Center, Standard Operating JDC 36 Youth Sexual Abuse and The Prison Rape Elimination Act; requires youth to have one way of reporting sexual abuse and sexual harassment to a public and private entity or office that is not part of the agency. The youth are allowed to call The Florida Abuse Hotline a public entity, which does not require a mandatory Memorandum of Understanding.

The second statement of fact stated The Seminole County Sheriff's Office Juvenile Detention Center is a stand-alone facility, outside the statewide Juvenile Detention system operated by the Florida Department of Juvenile Justice. The Seminole County Sheriff's Office Juvenile Detention Center does not house youths detained solely for civil immigration purposes.

JDC-36 Youth Sexual Abuse and PREA requires the facility also to provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may call the Child sexual abuse hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission, and that mandates staff not to question residents about the reason for the call.

There is a phone located in the multipurpose area that allows youth to call the Florida Child Abuse Hotline. The auditor called the number and received the following message "if you are in immediate danger call 911; if you want to make an anonymous report you can provide this report and staff will call the closest Department of Child and Family Services to report your allegation." I then spoke to the staff and asked if she would report the information to the detention center staff. The staff indicated she would notify the sheriff's office if it were allegation of criminal abuse and the local DCFS office and they would immediately respond to the center. The DCFS would not provide the resident's name if they wish to remain anonymous.

I called the sheriff's office phone line and was transferred to Crimes against Children division. I spoke with a staff member and he indicated they are located at the Kid House and would go to the center immediately, which is less than a mile from their office. In interview with the youth would be conducted at their office.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

115.351 (c):

The PAQ requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The JDC-36 requires any staff, contractor(s), or volunteer(s) who receive a report of sexual misconduct or possible sexual misconduct to ensure that it is reported to the Child Abuse hotline, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. Apart from reporting to supervisors or officials and designated state or local service

agencies, staff are prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

All staff, contractors, and volunteers are required to report immediately any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the Child Abuse Hotline, local law enforcement if criminal in nature, as required by mandatory reporting laws and Department policy.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All staff and residents interviewed revealed they are familiar with the provisions of the standard.

All of the residents' interviews demonstrated their familiarity with the various ways they may report, either in person, in writing, by phone, completing a PREA/ grievance or Medical Request Form, or through a third-party.

Interviewed residents and staff were aware that third-party reports could be made and that reports could be made anonymously.

Staff members interviewed were aware of their duty to receive and document thirdparty reports. Staff indicated they would accept a verbal report, which was completed.

An incident report should be filed, the shift supervisor notified, and the Child Abuse hotline contacted as soon as possible, but no later than three hours.

115.351 (d):

The PAQ requires that the facility provide residents with access to the necessary tools to make a written report.

The facility provides residents with access to the tools required to make a written report. Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and staff Request Forms and the accessibility of writing utensils. During the site visit, the auditor observed the accessibility of writing utensils to the residents.

A resident can request writing materials to write and send a letter to one of these resources. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access to the telephone. Residents indicated they use the same phones to make calls to their parents, legal guardians, and attorneys.

	<p>The facility director and staff must immediately notify the Child Abuse Hotline. Staff and the facility director confirmed that staff may report directly to the SCDJJ or the local sheriff's office.</p> <p>The facility administrator will coordinate with the staff to contact the Child Abuse hotline, local law enforcement, an attorney, a judge, and the legal guardian.</p> <p>115.351 (e):</p> <p>The PAQ requires the agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.</p> <p>JDC-36 provides that Staff at any time can call the abuse hotline to report sexual abuse and sexual harassment of residents.</p> <p>Staff can speak with a director on a one-on-one basis at any time.</p> <p>Staff are trained during their first 5 days of employment regarding their reporting requirements and how they can make a report. Staff receive refresher training monthly. One of these training refresher courses was their duties to report, how to report, and how to make a private report. It also included how to manage third-party or resident reporting.</p> <p>All staff interviewed knew how to make a private report.</p> <p>Compliance was determined through a review of posters, policies, and staff interviews, as well as calls to the child abuse hotline and consultations with the PREA Coordinator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.352	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>JDC-11 Detainee Rights</p> <p>Resident Brochure</p> <p>15.252 (a):</p>

The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The center provided JDC-11 Detainee Rights and JDC-36 Youth Sexual Abuse and PREA

JDC-36 Youth provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on PREA Brochure and PREA posters.

Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred

There is no time limit when a resident can submit a grievance regarding sexual abuse. SDC does not impose a time limit on any portion of grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse.

JDC-11 Detainee Rights mandates that grievances do not replace the responsibility of reporting abuse. If grievance is an allegation of abuse, it must be reported to the Florida Abuse Hotline, pursuant to Chapter 39, F.S., and the chain of command, and shall be handled pursuant to such guidelines and no longer as a grievance.

In interview with the facility administrator and grievance staff any allegation of sexual abuse must be reported to the Florida Abuse Hotline and will be investigated by the Department of Children and Families and Seminole County Sheriff's Office Crimes against Children Division.

If is determined that the allegation is not criminal or is not child neglect then the center would conduct an administrative investigation and standard JDC 36 would apply.

15.252 (c):

The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Based on facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility Director or PREA Coordinator. If a third-party file grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (d):

The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing and when a response should be available. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level. If the agency is not able to conduct the investigations and notify the resident in the time permitted by the policy, the agency may notify the resident of the inability to respond, the purpose of the delay and the time when the investigation will be completed.

115.252 (e):

Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.252 (f):

The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

Emergency Grievances for Imminent Sexual Abuse:

a. Detainees may file an emergency grievance alleging that the detainee is subject to a substantial risk of imminent sexual abuse.

b. After receiving an emergency grievance alleging that a detainee is subject to a substantial risk of imminent sexual abuse, the Sheriff's Office shall:

	<p>i. 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;</p> <p>ii. Shall provide an initial response within 48 hours; and</p> <p>iii. Shall issue a final agency decision within 5 calendar days.</p> <p>c. The initial response and final agency decision shall document the Sheriff's Office's determination whether the detainee is in substantial risk of imminent sexual abuse and the action taken in response to emergency grievance.</p> <p>115.252 (g):</p> <p>The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.</p> <p>Staff and residents interviewed were aware of the grievance system and how to access forms and pencils, and were aware of the location of the grievance box.</p> <p>The grievance compliance manager interviewed indicated that she would immediately report any allegation to the Florida Abuse Hotline and the PREA compliance manager. If it were an emergency grievance, she would notify the facility administrator and take immediate action to protect the youth.</p> <p>Instructions on how to file grievances are provided to residents in the residents' handbook and PREA posters.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>NO means no English Version</p>

Kids House Residents Outside Access.pdf

Supportive Documentation MEMO 115.353

Kids House Interagency Agreement Final.

Kids House Investigative Protocol.

PREA Victim Services MOU-Victim Service Center.pdf

Victim Advocate Posters

Resident Handbook

Interviews with

Facility Superintendent

PREA Compliance Manager

Kids House

Victim Services of Central Florida

The PAQ requires the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The facility provided Poster and Resident brochure information on contacting the Kids House or Victim Services Center.

JDC-36 Youth Sexual Abuse And PREA mandates the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The center provided a Memo of Fact. The memo indicated that the Seminole County Sheriff's Office Juvenile Detention Center is a stand-alone facility, outside the statewide Juvenile Detention system operated by the Florida Department of Juvenile Justice. The Seminole County Sheriff's Office Juvenile Detention Center does not



house youths detained solely for civil immigration purposes.

All residents at the center were interviewed. All residents who were interviewed regarding the victim knew about the emotional support hotline. The residents indicated that you have to ask for a call, and staff would allow you to call and let you use the private office next to the housing unit, and you could call at any time.

115.353 (b):

The PAQ requires the facility shall inform residents, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility stated that the center had an MOU with the Victim Services Center and Kids House and allowed residents to utilize the program. When contacted, the center staff indicated that the program has a crisis center hotline, provides emotional support staff, and has victim advocates.

JDC 36 requires the center to inform residents, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses the confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. When contacted by phone, the center's staff explained that they always tell callers the calls are confidential.

115.353 (c):

The PAQ requires the agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents. The center has an MOU with the Victim Services Center and the Kids House.

In an interview with staff from Victim Services, it was noted that the center provides a crisis hotline for emotional support and victim advocacy services. During the tour, the auditor pointed out the emotional support (Crisis) hotline.

The Kids House also provides the Kids House program's telephone number and address. The MOU with the Kids House provides services to residents of sexual abuse through the investigative process and offers emotional support to residents through the examination, interview, and after completion of these services, and follows up when the youth leaves the detention center.

115.353 (d):

The PAQ requires the facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The facility provided the JDC-11 Detainee Rights and Resident Brochure. The brochure includes:

The center will inform youth during the intake process that they will have reasonable and confidential access to their attorneys and other legal representation.

The center provides residents with access to parents or legal guardians, with a minimum of 1 phone call per week, two face-to-face or Skype visits per month, and unlimited written communication via mail.

The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians.

Residents indicated they are allowed to call their parents twice a week and can make a private call in an office if they need to speak with their parents/legal guardian about legal or private matters. Residents indicated that the center has Skype on one of the computers they are allowed to use to visit with their parents, or parents can come to the center every other week to see them.

According to an interview with the facility director, we ask the attorney to make an appointment to see the youth or set up a time to talk by phone or Zoom with the attorneys. However, we will not turn a verified attorney away from seeing his client.

The site tour revealed areas where residents could meet privately with a legal representative, as well as the visitation area for visits with family members.

All residents interviewed stated that families could visit, and they provided the days and times of visits and phone calls. The resident indicated that the staff dial the number and then allows them to take the phone into their room to talk to their attorney or parents.

The Facility director confirmed that the facility provides residents with reasonable and confidential access to their attorneys or court representatives, and with reasonable access to parents or legal guardians. The residents can contact their attorney by requesting an attorney call. Staff will expedite the call and allow the resident to call from a private office. As he explained, the detention center only houses pre-trial youth, and each child has an attorney appointed or secured by the

	<p>family, with access in person or by phone at any time they need to see their client.</p> <p>The PREA compliance manager indicated that attorneys or residents can schedule call times, and residents may use one of the cell phones in the common area or a private office to speak with their attorney.</p> <p>The PREA compliance manager indicated they do the same with parents in emergencies or when the resident needs to talk to them about private matters.</p> <p>Residents interviewed formally and informally while touring the facility indicated they were allowed to visit their families and to talk privately with their parents or legal counsel.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.354	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Contractors and public reporting.</p> <p>Reporting Posters were posted in the visitation room, the control room window, the front entrance, and the main lobby of the facility. The posters contain a phone number and the various ways for families to make a notification of sexual abuse or sexual harassment to the Seminole County Sheriff's Office. The poster was brightly colored and prominently displayed.</p> <p>All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child abuse hotline, and local law enforcement.</p> <p>The auditor called the Sheriff's office, reporting phone, and spoke with one of the agency's investigators. He indicated that the investigative unit investigates calls to their office. They notify the center if the report is an emergency one that requires protecting the youth.</p> <p>A review of the website found that the auditor submitted a test of the reporting form. The auditor received a phone call from the center director, who indicated he had received the test within 2 hours of submission to the website. A copy of the blank form is attached.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

115.361	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC 36</p> <p>G-25 Employee Harassment Policy proof a-1.pdf</p> <p>JDC-6 Child Abuse</p> <p>2022 Staff and Agency Reporting Duties</p> <p>2023 Staff and Agency Reporting Duties</p> <p>2024 Staff and Agency Reporting Duties</p> <p>Staff and Agency Reporting Duties Sign Off.</p> <p>Interview</p> <p>PREA Compliance Manger</p> <p>Facility Administrator</p> <p>Random Staff</p> <p>115.361 (a) (b):</p> <p>The PAQ requires The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>The PAQ requires Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited 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.</p> <p>The facility provided SCJDC 36 and monthly and yearly refresher training for staff for previous three years.</p> <p>SCJDC 36 mandates Staff members shall report immediately and according to agency policy and relevant State or local mandatory child abuse reporting laws any knowledge, suspicion, or information they receive regarding an incident of sexual</p>

abuse or sexual harassment that occurred anywhere, including in an institutional setting (regardless of whether the facility is operated by the Sheriff's Office), including any knowledge of retaliation against youth or staff who reported abuse and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

2. All Sheriff's Office employees shall comply with all applicable mandatory child abuse reporting laws.

3. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Sheriff's Office policy, to make treatment, investigation, and other security and management decisions.

4. Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials, immediately and according to agency policy and relevant State or local mandatory child abuse reporting laws, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred anywhere, including in an institutional setting (regardless of whether the facility is operated by the Sheriff's Office), including any knowledge of retaliation against youth or staff who reported abuse and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation.

5. All medical and mental health practitioners shall comply with all applicable mandatory child abuse reporting laws.

6. Medical and mental health practitioners shall inform detainees at the initiation of services of their duty to report and the limitations of confidentiality.

7. Upon receiving an allegation of sexual abuse, the Manager of the Juvenile Detention Center or his designee, shall promptly report the allegation to the chain of command and DCF.

Twelve staff were interviewed. Each of the people interviewed knew they were mandated reporters and were aware that they reported to their shift supervisor and Child Abuse Hotline and only to another person on a need-to-know basis. All staff interviewed indicated they can make an anonymous report by calling the Child Abuse Hotline or speaking to the PREA coordinator or facility director in private.

The PREA compliance manager confirmed the center operates within the policy mandates.

The director interviewed indicated he responsible for contacting the parents or legal guardian.

115.361 (d):

The PAQ requires (1) Medical and mental health practitioners shall be required to

report sexual abuse to designated supervisors and officials pursuant to paragraph(a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

In interviews with the medical and mental health staff that each were aware of their duties to report their duties to inform residents of their reporting duties. Neither have had an allegation reported to them at the center. Each also indicated that they are mandated reporters and advise their duties to report to all residents upon admission to the center.

115.361 (e):

The PAQ requires 1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility provided interviews with PREA Compliance Manager and facility director and Child Abuse Reporting

Child Abuse Reporting provides that upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The interviewed PREA compliance manager reported that when the facility receives an allegation of sexual abuse call, they will call the Florida Abuse Hotline. Following

	<p>the call, the reporting staff is required to write a report. If a juvenile court retains jurisdiction over the victim, they are informed within 24 hours of any allegations of sexual abuse.</p> <p>The interviewed the facility director reported if there is an allegation of sexual abuse or sexual harassment the allegation is reported to them and then she would report through the hotline number to be investigated.. We would notify probation or case workers so they could let parents and guardian know. This would occur immediately.</p> <p>115.361 (f):</p> <p>The PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>The facility provided JDC 36 and staff training:</p> <p>Staff training and SOP mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. The Administrator or highest-ranking staff on duty will notify child abuse hotline immediately when informed of an allegation of sexual abuse or sexual harassment. The facility staff on duty will immediately notify Crimes against children detective of any allegation that is criminal in nature.</p> <p>SOP and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.</p> <p>The center has had one allegation of sexual abuse that was received from a receiving facility. It was investigated by Seminole County Sheriff's office Crime against Children and determined to be unfounded.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.362	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA.</p>

JDC-45 Intake

Supportive Documentation MEMO

Vulnerability Assessments

Interview

PREA Compliance Manager

Facility Administrator

Random Staff

PAQ

115.362 (a)

The PAQ requires when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents.

The center provided JDC-36 Youth Sexual Abuse and PREA, which requires staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety during the intake process and during the administration of Screening assessments.

The SOP requires that if the residents allege that they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the residents. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff member with the highest authority at the facility and the assistant facility administrator, or the facility administrator. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. There have been no instances where residents were in imminent danger of sexual abuse.

During the formal interviews with residents, the auditor asked each resident about their feelings of safety at the center. All residents indicated they felt safe, and the center's staff were available to them if they had any concerns.

The interviewed random sample of staff reported that if they learn a resident is at risk of imminent sexual abuse, they will separate the involved parties, move them to a safe location, immediately contact the shift supervisor, and the facility superintendent. Such actions will be taken immediately.

The interviewed agency head reported that when a resident is subject to a substantial risk of imminent sexual abuse, SCJDC would immediately remove the resident from the immediate danger/unsafe zone until less restrictive measures can be found. We would make sure that the resident/victim is not in contact with any perpetrator with whom the resident is at risk of imminent sexual abuse. It is expected that staff will respond immediately.



	<p>The interviewed facility director reported that when they learn that a resident is at substantial risk of imminent sexual abuse, staff are trained to separate the residents immediately. We may have to change cottages, monitor daily, and change classrooms. Check to see if there are other potential red flags. It is expected that staff will respond immediately.</p> <p>In a memo from the director of the Seminole County Juvenile Detention Center, in the past 12 months, the agency or facility has not determined an incident where the agency or facility would have taken action regarding a youth being subject to substantial risk of imminent sexual abuse.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility executive director.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determination</p> <p>Supportive Documentation Memo</p> <p>JDC-36 Youth Sexual Abuse and PREA.</p> <p>Interviews</p> <p>Facility Director</p> <p>Agency Head</p> <p>115.363(a-d)</p> <p>The PAQ requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The agency shall document that it has provided such notification.</p>

	<p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>SOP 36 states that “If the allegations involve sexual abuse that occurred while confined at another facility, the director shall notify the facility manager or appropriate reporting office where the alleged abuse occurred immediately that a hotline report is being made on behalf of the reporting resident.</p> <p>The document will be provided as soon as possible, but no later than 72 hours from receipt of the allegation. The PREA Compliance Manager shall maintain documentation of notification</p> <p>During the past 12 months, there were no allegations received that a resident was abused while confined to another facility.</p> <p>The agency head indicated in the interview that the center must immediately notify the sending center and the Child Abuse Hotline.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Supportive Documentation MEMO 115.364</p> <p>JDC-6 Child Abuse</p> <p>Staff training</p> <p>Random Staff interviews</p> <p>115.364 (a):</p> <p>The PAQ requires Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred</p>

within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating 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.

The facility provided JDC-36 Youth Sexual Abuse training, PREA training, and staff/contractor training.

All staff at the center have been trained in direct supervision and can act as direct care staff at any time. All staff are also considered first responders.

SOP requires:

Upon learning of an allegation that a detainee was sexually abused, the first staff member to respond to the report shall:

- a. Separate the alleged victim and abuser;
  - i. Place the perpetrator in a confinement cell on administrative confinement, taking care to preserve evidence;
  - ii. Isolate the victim to preserve evidence;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating;
- e. Notify the Medical Charge Nurse;
  - i. Request a mental health evaluation of the victim and abuser;
  - ii. Request a medical evaluation of the victim and abuser;
- f. Obtain statements from the victim and all witnesses. If the victim is under 13 years of age, the victim shall not be interviewed until DCF arrives.
- g. Report the Abuse to the Florida Child Abuse Hotline;
- h. Notify the chain of command;

	<p>i. Notify Crimes Against Children;</p> <p>j. Notify a supervisor with DCF;</p> <p>k. Preserve all video footage that proves or disproves the allegation.</p> <p>1 Notify the PREA Coordinator.</p> <p>2. If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Twelve staff were interviewed. Each of the staff members was able to articulate their responses if a resident made an allegation of sexual abuse. Each of the staff indicated they would separate the victim and abuser and request that the victim and abuser not do anything to destroy any evidence.</p> <p>115.364 (b):</p> <p>The PAQ requires that if the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.</p> <p>JDC-6 Child Abuse indicated that all staff at the center have been trained in direct supervision and can act as direct care staff at any time. All staff are also considered first responders.</p> <p>Staff interviewed confirmed they knew their obligations when a resident makes an allegation or they suspect an incident of sexual abuse has occurred.</p> <p>During the last 12 months, there was one allegation of sexual abuse made by a resident. It was not made in time for a forensic examination and was determined to be unfounded.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Coordinated Response Plan</p> <p>Interview with the facility director</p>

115.365 (a)

The PAQ requires the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The interviewed Superintendent reported that the facilities coordinate response is that initially direct care staff they are going to ensure safety with the victim, separate involved parties, make sure that they are not tampering with the evidence (no shower, change of clothes, leave site in tact), they will notify me and I will contact the local sheriff's office and making a hotline call. We would offer a followup for emotional support services. We also provide residents with the opportunity to have a community victim advocate offer support services. Staff are trained on the plan each year and as one of the monthly training programs.

The following is the coordinated response plan.

DISCOVERY

Youth vs. Youth

First Responder:

1. Call for immediate assistance and notify Shift Supervisor.
2. Keep victim(s) and alleged perpetrator(s) separate.
3. Secure scene.
4. Ensure the alleged victim or perpetrator do not defecate, urinate, wash their hands, brush their teeth, gargle, rinse mouth eat or drink, change menstrual pads or tampons, shower, or change clothing prior to SAFE/SANE examination.
5. Complete written reports/narrative/incident report prior to departing the shift and submit to the Shift Supervisor.
6. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions.
7. Provide the victim the opportunity to access the phone for reporting procedures.

COORDINATED RESPONSE

Shift Supervisor:

1. Ensure safety of those involved
2. Refer to the charge nurse for any immediate treatment needs. Ensure Medical and Mental Health acknowledges this is a report of sexual abuse

	<p>3. Notify Chain of Command</p> <p>4. Notify DCF</p> <p>5. Notify Attorney and Guardian/Parent of youth</p> <p>6. Following notification to DCF, make arrangements for a SAFE examination and victim advocate if needed.</p> <p>7. Complete the PREA Checklist and forward to the facility manager for review before the end of shift.</p> <p>8. Ensure completion of all reports prior to departing shift to include but not be limited to narratives, protective custody placement, segregations placement etc.</p> <p>9. Ensure all staff understands that they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.</p> <p>Medical Staff:</p> <p>1. Provide treatment for immediate injuries, but do not interfere with the collection of potential evidence.</p> <p>2. Notify Mental Health staff of the potential PREA related incident and provide information that allows for appropriate Mental Health response.</p> <p>3. In conjunction with DCF and other staff as needed, shall ensure that all victims of sexual abuse have access to forensic medical examinations.</p> <p>4. Develop and provide evaluation and treatment of such victims, which shall include as appropriate follow up services, treatment plans, and when necessary referrals for continued care. All follow up services and treatments shall follow the victim transfer to or placement in other facilities, or their release from custody.</p> <p>Mental Health:</p> <p>1. Upon receiving notification that a PREA incident may have occurred, ensure potential victims of sexual abuse receive timely services to address both immediate and ongoing needs.</p> <p>2. Develop and provide evaluation and treatment of such victims, which shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>SAFE Examination:</p> <p>1. When a SAFE/SANE examination is determined to be needed, and after stabilizing treatment has been provided, healthcare staff shall coordinate with the Shift Supervisor, and DCF to contact the designated area hospital or Kids House to</p>
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discuss the patient's clinical status and arrange for the examination to be conducted.

a) DCF shall assist facility staff on the procedures to follow based on the hospital or Kids House guidelines.

b) Advise hospital or Kids House staff if the offender is the victim or perpetrator and if the youth will be in handcuffs or belly chains/leg irons.

2. Arrangements shall be made to:

a) Contact the Seminole County Sheriff Office requesting a victim advocate to respond

b) Because clothing is often retained as part of the SAFE (collection of evidence process), a change of clothing should be available for the offender to change into following the examination.

3. A uniformed staff member shall accompany each victim youth or offender youth to the hospital or Kids

House for examination or collection of forensic evidence.

a) Staff shall not interfere with the examination process, only in the level of security measures. ONLY staff of the same gender as the offender being examined shall be allowed to be present in the examination area.

b) Staff shall follow up with the Shift Supervisor of any security measures that would dictate the protocol of security.

4. DCF shall arrange with the hospital or Kids House to obtain a copy of their report and for the submission of evidence-to-evidence section.

#### INVESTIGATION

1. DCF shall be responsible for investigating all reports of sexual abuse and sexual harassment including any involving sexual activity (regardless of any perception of consent) between offenders to determine if a PREA event has occurred.

2. DCF investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

3. In conjunction with Medical/Mental Health and other staff as needed, DCF shall ensure that all victims of sexual abuse have access to forensic medical examinations.

4. The credibility of an alleged victim, suspect or witness, shall be assessed on an individual basis and shall not be determined by the person's status as offender or

staff.

5. If the investigation reveals that the sexual activity was not forced or coerced between offenders, DCF shall ensure both offenders are held accountable through the appropriate disciplinary process.

6. If an investigation reveals that a report of sexual abuse or sexual harassment was made in bad faith, the facility may hold the offenders accountable through the appropriate disciplinary process.

7. In consultation with the PREA Compliance Manager, and other staff as needed, the victim shall be placed in the least restrictive housing possible.

8. Allegations involving staff members shall be referred to the chain of command, Professional Standards, and DCF

**PREA COMPLIANCE MANAGER (PCM):**

1. The PCM shall review and ensure completion of the PREA Checklist and be responsible for ensuring PREA standards are met and appropriate coordinated response has been provided.

2. The PCM or designee shall act as a liaison between the offender victim and the victim advocate or qualified staff member, if one is available; to support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

3. The PCM shall provide the victim a list of emotional support/rape crisis providers. In the event that neither a community advocate nor a qualified staff member is available, the offender may choose to correspond in writing or, if appropriate, arrange for telephonic communication.

4. When there is either a substantiated or an unsubstantiated report of sexual abuse, the PC or PCM shall be the chairperson of the Sexual Abuse Incident Review Board.

5. In conjunction with DCF, and other staff as needed, shall ensure the victim is placed in the least restrictive housing possible.

6. As guided by General Order, shall ensure monitoring of the treatment and conduct of offenders and staff who have reported sexual abuse and shall act promptly to remedy any retaliation.

Compliance was determined by review of the Coordinated Response plan and interviews with the facility executive director, program director, nurse, mental health provider, and a random staff member.

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.



<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Memo Statement of Fact</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>The memo indicated that the Seminole County Sheriff's Office governs the Seminole County Juvenile Detention Facility and does not participate in collective bargaining.</p> <p>In interviews with the Facility agency head, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination to what extent discipline is warranted.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon making the compliance determination Retaliation Log (blank)</p> <p>G-25 Employee Harassment Policy</p> <p>Supportive Documentation Retaliation Team</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Memo of Fact</p> <p>Interviews with</p> <p>Agency Head</p> <p>Facility Administrator</p> <p>Staff who conducts Retaliation Monitoring</p>

115.367 (a):

The PAQ requires the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The facility provided JDC-36 Youth Sexual Abuse and PREA, G-25 Employee Harassment Policy, and Retaliation Team Members.

SOP requires monitoring for 90 calendar days or longer based on continuing need. Following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth, or employee who was involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group and facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months, there was no retaliation for reporting allegations of sexual abuse or sexual harassment.

SCJDC provides protection to employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level AA provides protection of youth against retaliation. Prompt action shall be taken to remedy any such retaliation.

G 25 Employee Harassment states that it is the policy of center to protect all residents and staff members from retaliation if they report sexual abuse and sexual harassment, or to protect from retaliation those who cooperate with sexual abuse or sexual harassment investigations.

1. Shift Supervisors will be directly responsible for ensuring all residents and staff members who report sexual abuse and sexual harassment are protected from retaliation.
2. The Office of Professional Responsibility is responsible for monitoring possible retaliation.
3. Staff members engaging in any form of retaliation will face disciplinary action up to and including termination.
4. Residents engaging in any form of retaliation will face disciplinary work detail and loss of privileges.
5. Retaliation will begin as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment and will continue for a minimum of 90 days.

6. Retaliation may continue beyond 90 days based on the investigation, resident's safety, or perception of safety or staff concerns.

The center provided a memo that indicated that during the last 12 months, there have been no allegations of sexual allegation of sexual abuse that are being monitored for retaliation.

The center compliance manager indicated that he would meet with the staff and residents and explain the retaliation monitoring process.

115.367 (b):

The PAQ requires the agency to employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility provided the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility director stated that she would meet with the youth as soon as the incident was reported, and they would ask them about their safety concerns and make immediate accommodations as needed to protect the resident and staff.

The interviewed staff charged with monitoring for retaliation reported that their role in preventing retaliation against residents and staff who reported sexual abuse or sexual harassment, or against those who cooperated with sexual abuse or sexual harassment investigations, was to keep the victim and predator separate, and let the kids know of the supportive services available. The different measures taken include rotating residents separately from the accused. Have them in non-contact. When asked Do you initiate contact with residents who reported sexual abuse it was reported that we would make contact and check in at least once a shift.

The retaliation monitors and PREA compliance manager indicated they would provide resident housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services.

The interviewed agency head reported that they will protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Additionally, periodic status checks with youth, log review, and other measures will be implemented. The center document all resident activities and all retaliation checks on the ELLIS program that provides documentation of all activity occurring at the center.

115.367 (c):

The PAQ requires that, for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. It shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility provided Standard Operating Procedure 36, which requires the facility to monitor residents, beginning as soon as a resident or staff member makes an allegation of sexual abuse or sexual harassment, and will continue for a minimum of 90 days. Retaliation may continue beyond 90 days based on the investigation, the resident's safety, the resident's perception of safety, or staff concerns.

There have been no incidents of retaliation during the 12 months preceding the audit.

The staff member responsible for monitoring for retaliation indicated in the formal interview that he would monitor the youth for a minimum of 90 days; however, he would continue to monitor the youth weekly and document in ELLIS any indication of retaliation.

115.367 (d):

The PAQ requires, in the case of residents, that such monitoring shall also include periodic status checks.

SOP states that, for residents, such monitoring shall also include periodic status checks. The Retaliation monitor indicated status checks would be initiated with staff and residents.

In interviews with the facility administrator and retaliation monitors, both indicated that they see the youth at the center almost every day, usually five to ten times a day, and conduct daily status checks with all youth. They also indicated that they are required to document their monitoring.

115.367 (e):

The PAQ requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The facility provided SOP and interviews with the agency head and facility administrator.

SCJDC 36 indicated that if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states that if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member.

	<p>The facility director indicated she would monitor staff who report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident every week to ensure there is no retaliation for reporting sexual abuse or sexual harassment.</p> <p>Based on</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Statement of Fact memo</p> <p>Facility PREA Response Plan</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Medical and Mental Health Staff</p> <p>115.368 (a):</p> <p>The PAQ requires that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>SOP 36 states that “Youth at risk for sexual victimization, or those who have alleged to have suffered sexual abuse, will only be separated as a last resort and only until less restrictive measures can be found. When a youth is placed in a separation room for these circumstances, the conditions must meet the requirements of PREA Standard 115.342.</p> <p>The facility director provided a memo that indicated no residents have alleged sexual abuse or sexual victimization in the past 12 months.</p> <p>SOP 36 indicates that youth kept separate to reduce the risk of victimization shall have access to all requirements of 115.342.</p> <p>The facility director's interview confirmed compliance with this standard. According to the facility director, there has been no time when a resident was separated or isolated from other residents for an allegation of sexual abuse or harassment, or for fear of being sexually abused.</p>

	<p>Compliance was determined through a review of the SOP and interviews with the facility administrator, the PREA compliance manager, and random staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Seminole County Sheriff’s Office Website</p> <p>Investigator Training Curriculum</p> <p>Investigating PREA Allegations</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Supportive Documentation MEMO</p> <p>Interviews</p> <p>Facility Administrator</p> <p>PRA Coordinator</p> <p>Administrative Investigator</p> <p>Investigation File</p> <p>115.371 (a):</p> <p>The PAQ requires when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Investigating PREA Allegations establishes the agency Policy that all allegations of sexual abuse or sexual harassment will be investigated, including third party reports of sexual abuse or sexual harassment. All allegation of sexual abuse is referred to PSP for investigation unless the incident is not criminal in nature. When the facility conducts an investigation, it is completed by a trained investigator and is conducted promptly, thoroughly and objectively.</p> <p>The agency head, facility director, and investigator indicated that all allegations of sexual abuse or sexual harassment are investigated. When an allegation is made, the center calls the Child Abuse Hotline and the Crimes against Children. The local</p>

DCF and CAC conduct independent investigations. The center staff conducts an administrative investigation following their investigation.

115.371 (b):

The PAQ requires where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. At SCJDC, all investigations are conducted by staff who have received special training in sexual abuse investigations.

The center investigator indicated he had received training through NIC.

15.371 (c):

The PAQ requires Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview. SCJDC operating procedure indicates staff will take every precaution to ensure the crime scene is preserved for appropriate collection of evidence and the victim and the alleged abuser are not allowed to take any action that could destroy physical evidence including brushing teeth, showering or washing any part of the body, changing clothes, urinating, defecating, drinking or eating”

All staff interviewed were aware of their responsibility to secure the scene and not allow victims or abusers to destroy the evidence.

The investigator gathers all surveillance documents, telephone calls recording if available, conducts interviews with the resident victim, witnesses, staff on duty, control room staff, and lastly the abuser.

115.371 (d):

The PAQ requires the agency not to terminate an investigation solely because the source of the allegation recants the allegation

SOP and the investigator indicated that the agency shall not terminate an investigation solely because the source of the allegation recants.

115.371 (e):

The PAQ requires When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting

with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

When the quality of the evidence appears to support criminal prosecution, the agency will refer the investigation to the CAC, which shall conduct compelled interviews only after consulting with prosecutors to determine whether compelled interviews may be an obstacle to subsequent criminal prosecution.

115.371 (f):

The PAQ requires the credibility of an alleged victim, suspect, or witness who shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The center investigator confirmed that the CAC, DCF, or the center never requires youth to take a polygraph or any other truth-telling device.

115.371 (g):

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

SOP 36 mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The investigator interviewed reported that the following efforts would be made during the administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse.

115.371 (h):

The PAQ requires criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

SOP 36 Investigating PREA Allegations requires criminal investigations shall be



documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.371 (i):

The PAQ requires Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

SOP 36 requires that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The center investigator indicated that if it appears to be criminal, he will notify the CAC detective, who will then take over the investigation and prosecution.

115.371 (j):

The PAQ requires the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

SOP 36 states the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

115.371 (k):

The PAQ requires the departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The center investigator indicated he would request that CAC take over the investigation, as they are part of the sheriff's office and can find the abuser and victim and complete the investigation.

115.371 (m):

The PAQ requires when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

	<p>Interviews with the facility investigator, PREA coordinator, Agency Head, Agency website, and facility director determined compliance. The center has not had an allegation of sexual abuse or sexual harassment in the last three PREA audits. The facility superintendent indicated the center has not had any allegations of sexual abuse or sexual harassment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Investigator Training Curriculum</p> <p>Investigative Files</p> <p>115.372 (a):</p> <p>The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility investigators conduct administrative investigations. The investigator may make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the preponderance of the evidence standard (51% of the evidence).</p> <p>The investigator interviewed indicated that the finding is based on the preponderance of the evidence.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determination

	<p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Supportive Documentation Unfounded Detainee Honeycutt.</p> <p>Notification of Investigation Form (Located in the investigative file)</p> <p>Interviews with the Facility Administrator</p> <p>PREA Compliance Manager</p> <p>115.373 (a):</p> <p>The PAQ requires Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The facility provided AYFS Policy 5.3 Investigating PREA Allegations and AYFS Policy 5.5 Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>Investigator Training Curriculum, which requires that when an investigation into a youth's allegation of sexual misconduct occurring in a facility is conducted, the facility shall inform the victim or the victim's parent(s) or legal guardian(s) by letter as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Based on an interview with the PREA compliance manager at the conclusion of an investigation, the PREA Compliance Manager will inform the victim of the allegation in writing whether the allegation has been substantiated, unsubstantiated, or unfounded.</p> <p>The one allegation of sexual abuse was provided for documentation.</p> <p>SOP requires that all such notifications or attempted notifications shall be documented. Over the last 12 months, one resident was notified of the outcome of a facility-completed investigation.</p> <p>Based on a review of the policy and interviews with the PREA compliance manager and the facility director, it was determined that the agency complies with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence relied upon in making the compliance determination

G-35 Discipline

JDC-36 Youth Sexual Abuse and PREA

Memo statement of fact.

Interview with Facility Administrator

115.376 (a)(b):

The PAQ requires staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The facility provided JDC-36 Youth Sexual Abuse and PREA , G-35 Discipline, and an interview with the facility administrator indicated that upon the conclusion of the investigation, if staff are determined that they were involved in the sexual abuse of a resident, the staff will be terminated immediately, and the investigation will be forwarded to law enforcement for further review and charges.

Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.

All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement.

115.376 (c):

The PAQ requires Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

G-35 Discipline requires disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment, other than engaging in sexual abuse, will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.

115.376 (d):

The PAQ requires all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

	<p>SOP 36 indicates that all terminations for violations of agency sexual abuse policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal.</p> <p>According to an interview with the facility administrator, all staff members who are terminated or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>According to the memo with the statement of fact, there has been no adverse action taken against staff for violation of the agency's PREA policy or related policies.</p> <p>Compliance was determined through a review of the agency policy and interviews with the PREA coordinator and facility administrator.</p> <p>Based on t</p>
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115.377 Corrective action for contractors and volunteers	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>Statement of fact (memo)</p> <p>Interview with Facility Director</p> <p>115. 377 (a)</p> <p>The PAQ requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The facility provided JDC-36 Youth Sexual Abuse and PREA and interview with facility director.</p> <p>JDC-36 Youth Sexual Abuse and PREA states SCJDC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any allegation of sexual abuse or sexual harassment by a contractor or</p>

	<p>volunteer</p> <p>Contractor or volunteers will be prohibited from contact with youth and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.377 (b)</p> <p>The PAQ requires the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility provided interviews with the facility superintendent and statement of fact.</p> <p>In interview with the facility superintendent he indicated that he has the authority to take remedial measures to prohibit contractor or volunteer from entering the centers. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.</p> <p>Based on memo from the director, there have been no allegations of sexual abuse or sexual harassment involving contracting and volunteers during the last 12 months.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse and PREA</p> <p>PAQ</p> <p>Interview with</p> <p>Facility Director</p> <p>115.378 (a) (b):</p> <p>The PAQ requires a resident may be subject to disciplinary sanctions only pursuant</p>

to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The PAQ requires any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The facility provided JDC 36, which states a detainee may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse.

2. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

a. In the event a disciplinary sanction results in the isolation of the detainee, the Juvenile Detention Center shall not deny the detainee daily large muscle exercise or access to any legally required educational programming or special education services.

b. Detainees in isolation shall receive daily visits from a mental health care clinician.

c. Detainees shall also have access to other programs and work opportunities to the extent possible.

3. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, to impose.

4. If the Juvenile Detention Center offers therapy, counseling, or other interventions designed to address and correct underlying reasons and motivations for the abuse, the Juvenile Detention Center shall consider whether to offer the offending detainee participation in such interventions.

5. The Sheriff's Office may require participation in therapy, counseling, or other interventions designed to address and correct underlying reasons and motivations for the abuse as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education.

6. The Sheriff's Office may discipline a detainee for sexual contact with staff only

upon a finding that the staff member did not consent to such contact.

7. For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

8. All sexual activity between detainees is prohibited. Detainees may be disciplined for engaging in sexual activities. Sexual activity between detainees shall not constitute sexual abuse if it is determined that the activity was not coerced.

Based on the PAQ and interviews with the facility executive director, there have been no allegations of sexual abuse or sexual harassment and no finding of resident-on-resident consensual sexual activity.

115.378 (c):

The PAQ requires the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

According to the SOP and interview with the facility director, when determining what types of sanctions, if any, should be imposed, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior

115.378 (d):

The PAQ requires If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to provide the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education.

The SOP states that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It was further reported that if the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

According to the mental health staff, these services would be provided by a trained community therapist.

115.378 (e):



	<p>The PAQ requires the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>The facility provided SOP 36, which indicates the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>SCJDC deems such activity to constitute sexual abuse if it determines that the resident coerces the activity.</p> <p>115.378 (f):</p> <p>The PAQ requires for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>SOP 36 states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.</p> <p>115.378 (g):</p> <p>The PAQ requires an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>The facility provided SCJDC 36, which indicates the center prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Residents interviewed indicated they were advised that they would be disciplined for any sexual abuse, sexual harassment, or sexual misconduct. Most indicated that they are reminded of their duties to hold one another accountable for maintaining a safe environment for all residents.</p> <p>The center provided a statement of fact memo that indicated that during the audit period, the center had not had an incident that required intervention for residents engaging in sexual conduct.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<b>Auditor Discussion</b>
	<p>Evidence relied upon in make compliance determination</p> <p>JDC-MED-21.06 Medical Screening and Health Appraisals</p> <p>JDC-MED-21.04 Mental Health Services.</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Medical Intake Screening.</p> <p>MEDICAL LOG</p> <p>Mental Health LOG</p> <p>Youth Proof VSAB</p> <p>Interview with</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>115.381 (a)</p> <p>The PAQ required If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The facility provided JDC-36 Youth Sexual Abuse and PREA</p> <p>JDC-36 states If the screening pursuant to PREA Standard §115.341 indicates that a detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the detainee is offered a follow-up meeting with a medical and mental health practitioner within 14 days of the intake screening.</p> <p>2. If the screening pursuant to PREA Standard §115.341 indicates that a detainee has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the detainee is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>3. All 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, 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.</p> <p>4. Medical and mental health practitioners shall obtain informed consent from</p>

detainees before reporting information about prior sexual victimization that did not occur in the institutional setting, unless the detainee is under the age of 18.

The staff responsible for risk screening reported that all residents are offered Mental Health interviews upon arrival at the center. If a resident has a history of victimization, we notify mental health, and they see the youth. The youth may decline; however, we offer a follow-up meeting with a medical and/or mental health practitioner.

The mental health staff indicated they interview every resident the week they arrive at the center. Before the interview, they review the VSAB before meeting with the resident.

#### 115.381 (b)

The PAQ requires If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow up meeting with a mental health practitioner within 14 days of the intake screening.

The facility provided intake screening forms to all residents, which include a request to see mental health or medical staff. The resident handbook also states that at any time during their stay at the center, a resident can request to see a medical or mental health professional.

JDC-36 Youth Sexual Abuse and PREA states that “If the screening completed indicates that a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, SCJDC employees shall ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

#### 115.381 (c):

The PAQ requires any information related to sexual victimization or abusiveness that occurred in an institutional setting that shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

JDC-36 requires that all 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, to inform treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

#### 115.381 (d):

The PAQ requires medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of

	<p>18.</p> <p>The mental health and medical staff indicated they would obtain consent before reporting information about prior victimization that did not occur in an institutional setting. However, the center does not house any females over the age of 17.</p> <p>There were no youth who claimed they had been a victim of sexual abuse in the center at the time of the audit. The PREA auditor reviewed each of the VSAB and discussed each youth with the mental health professional. She indicated the center did not have any youth who had been victimized or any youth who had perpetrated a sexual assault at the center at the present time. She indicated she sees the youth at the center weekly and often daily.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in make compliance determination</p> <p>JDC-MED-21.01 Continuity of Care</p> <p>Supportive Documentation Pregnancy and Other Services Resources</p> <p>Supportive Documentation Department of Health.</p> <p>JDC-MED-21.04 Mental Health Services.</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Interview with</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>115.382 (a)</p> <p>The PAQ requires resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>The facility provided JDC-MED-21.04 Mental Health Services, JDC-MED-21.06</p>

Medical Screening and Health Appraisals, JDC-36 Youth Sexual Abuse and PREA, and interviews with medical and mental health staff.

JDC-36 Youth Sexual Abuse and PREA requires that Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined on a case-by-case basis by medical and mental health practitioners according to their professional judgement.

2. If no qualified medical or mental health practitioners are on duty in the Juvenile Detention Center at the time of a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA Standard §115.362 and shall immediately notify the Charge Nurse at the John E. Polk Correctional Facility.

3. Detainee victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

4. Treatment Services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility has an MOU with Kids House and Victim Advocacy Services that provides victim advocates. Kids House has SANE staff and provides emotional support. The Sheriff's Office maintains an on-call list of SANE staff in Seminole County.

In an interview with the Kids House staff, she indicated that their staff were trained on conducting SAFE. There is always a victim advocate with the child during the examination.

Prior to the SAFE the victim advocate will meet with the child and explain the procedures and remain with the resident during the examination and interview process. The victim advocacy center has staff on duty or on call twenty-four hours a day.

115.382 (b):

The PAQ requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided a coordinated response plan and JDC 36.

If no qualified medical or mental health practitioners are on duty in the Juvenile Detention Center at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA Standard §115.362 and shall immediately notify the Charge Nurse at the John E. Polk Correctional Facility.

The interviews with clinical staff revealed that residents have unimpeded access to emergency services. The coordinated response plan provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. Interviews with Kids House indicated there is an on call SAFE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident who has been sexually assaulted through the Kids House of Victim Advocacy Center.

115.382 (c):

The PAQ requires resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The facility provided JDC and interview with medical staff. The kids House staff indicated that the information about emergency contraception and sexually transmitted infections prophylaxis is part of the SANE process, and any child will have follow up services as part of the SANE process. The same information will be provided to victims in the follow-up meeting, examination and mental health follow-up.

SOP indicates victims of sexual abuse receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.

Medical staff and random staff indicated that the center would transport victims of sexual abuse to the Kids House.

The center also utilizes the Pregnancy and other Services resources with posters regarding these services posted in the center.

115.382 (d):

The PAQ requires Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility provided JDC 36 mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews.

	<p>Interview with medical provider indicated she would notify the center's pediatrician, review the hospital discharge paperwork, and have him codify the orders, and would provide services as authorized by her clinical supervisor.</p> <p>The mental health staff indicated she would interview the residents, determine the best options for the youth, and develop a treatment plan.</p> <p>The Kids House staff indicated they would provide follow-up service with the resident either by telephone, at the center, or in their office.</p> <p>Based on the analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-MED-21.01 Continuity of Care</p> <p>JDC-MED-21.04 Mental Health Services.</p> <p>JDC-MED-21.01 Continuity of Care</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Interview with</p> <p>Kids House</p> <p>Executive Director</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>115.383 (a):</p> <p>The PAQ requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The facility provided JDC-36 Youth Sexual Abuse and PREA, SCJDC-MED-21.01 Continuity of Care, and interviews with medical staff, mental health staff, and staff from Kids House.</p>

SCJDC 36 indicates the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility director indicated in the interview that the facility would provide treatment, as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone who provides information on prior victimization or past predator behavior to comply with the standard.

Residents receive a mental health and medical screening upon arrival at the center and can request these services at any time.

The mental health staff indicated they see each resident upon arrival at the center and at least once a month. They are usually seen each week. When the youth arrive at the center, I do a mental health evaluation and develop a treatment plan when appropriate.

The Kids House, in an interview, indicated that anyone who goes for a SANE is scheduled for a follow-up meeting with the victim advocate. Typically, a youth is offered the services of a trained community volunteer to provide ongoing support.

The Kids House provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to the Florida Coalition against sexual Violence.

115.383 (b):

The PAQ requires that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provided the Facility JDC-MED-21.01 Continuity of Care, which includes a provision that the evaluation and treatment of such victims shall consist of, 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.

During intake, youth detainees will be given written information on how to access all medical, mental, and dental health services.

Health education on preventive medicine and measures to aid in developing personal health care regimens will be provided to youth detainees. Such education shall include, but not be limited to, the following:

Counseling during medical screening, history & physical, and orientation regarding personal hygiene and disease control, and may include the benefit of regular exercise and proper nutrition.



In addition, when appropriate, health care personnel will assist the youth detainees/ parents in identifying health care referrals in the community, including chronic and convalescent care, medical preventive maintenance, and emergency care.

JDC Detention Staff are often the first to respond when youth detainees need immediate medical assistance. Detention Staff who work with youth detainees will receive health-related training every year to understand their role, be aware of potential emergencies, and know the proper response to life-threatening situations, including the early detection of illness and injury.

Interviews with the director and nurse confirmed that ongoing medical and mental health care will be provided as appropriate and will include, but are not limited to, additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed.

115.383 (c):

The PAQ requires that the facility shall provide such victims with medical and mental health services consistent with the community level of care.

In the interview, the medical and mental health staff indicated that the services provided to the youth meet or exceed community standards.

115.383 (d-e):

The PAQ requires that Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

JDC-36 Youth Sexual Abuse and PREA states that forensic medical exams and treatment services will be offered without financial cost to the victim. Services will be provided whether the victim names the abuser or cooperates with any investigation arising out of the incident. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Staff at the Kids House indicated that residents are provided with timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The center maintains a Poster that.

PREA Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical and crisis intervention services, including information about and access to emergency contraception and sexually transmitted infection prophylaxis.

In interviews with Kids House and Victim Services, victims will be offered a

	<p>pregnancy test and provided information on access to lawful pregnancy-related medical services during the SANE process.</p> <p>115.383 (f)</p> <p>The PAQ requires Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>PREA Policy states that “Ongoing medical and mental health care for sexual abuse victims and abusers. The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA Standards. As part of the intake process, residents complete a medical screening that includes questions about whether the resident is sexually active.</p> <p>According to an interview with the nurse, all residents are advised of sexually transmitted infections and are tested when they arrive at the center.</p> <p>115.383 (g)</p> <p>The PAQ requires treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>SDC SOP 36 indicates that all treatment services will be provided at no cost to the victim.</p> <p>115.383 (h)</p> <p>The PAQ requires the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Services will include, but not be limited to, individual, group, and family counseling. Additionally, an evaluation or reassessment will be administered utilizing Vulnerability Assessment.</p> <p>The mental health staff interviewed indicated that all residents receive a mental health screening when they arrive at the center, and all residents are rescreened within 60 days of arrival at the center. Any resident who is known to have abused another resident would be seen when they first arrived at the center, and as soon as the mental health staff knows it.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>SCJDC SOP 36</p> <p>Interviews with</p> <p>Incident Review Team</p> <p>PREA Compliance Manager</p> <p>Center Director</p> <p>115.386 (a):</p> <p>The PAQ requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>The PAQ indicated there have been no incident review team meetings in the last 12 months.</p> <p>The facility provided SOP 36</p> <p>Policy mandates that the Seminole County Detention Center conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <ol style="list-style-type: none"> <li>1. Sexual abuse incident review will ordinarily be conducted within 30 days of concluding the criminal or administrative investigation.</li> <li>2. The sexual abuse incident review team will include upper-level management officials and allow for input from line supervisors, investigators, and medical or mental health practitioners.</li> <li>3. The Director of Operations will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement, and submit such report to the Executive Director and PREA compliance manager.</li> <li>4. SCJDC will implement the recommendations for improvement or document the reasons for not doing so.</li> </ol> <p>The interview with the assistant director revealed that he was aware of her role to convene the Incident Review Team and provide the investigative files at the meeting.</p> <p>115.386 (b):</p>
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The PAQ requires Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been no allegation of sexual abuse that required an IRT meeting.

115.386 (c):

The PAQ requires the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Sexual Abuse Incident Report lists the staff who will participate in the meeting. The list includes Director, Agency Head, PREA coordinator, medical staff, and supervisory staff.

115.386 (d):

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

The facility provided interviews with the Incident Review Team Member, the Facility PREA compliance manager, the superintendent, and the agency head.

Each was asked whether they would review the following in accordance with standard operating procedure 36.

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.

Examine the area in the facility where the incident allegedly occurred to assess

	<p>whether physical barriers in the area may enable abuse.</p> <p>Assess the adequacy of staffing levels in that area during different shifts.</p> <p>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</p> <p>Prepare a report of its findings utilizing a critical incident review form. Implement the recommendations for improvement.</p> <p>Could you document implementation of recommendations or its reasons for not doing so?</p> <p>A member of the incident review team, the agency head, the director, and the PREA compliance manager confirmed that all areas identified above are reviewed during incident review interviews.</p> <p>115.386 (e):</p> <p>The PAQ requires the facility to implement recommendations for improvement or to document its reasons for not doing so.</p> <p>The policy outlines the requirements of the standard for the areas to be assessed by the incident review team.</p> <p>The interview with the director and review documentation confirmed that the incident review team meetings are documented, including recommendations.</p> <p>The interview with the Incident Review Team Member confirmed that the facility had prepared a report of its findings and recommendations for improvement when conducting a sexual abuse incident review.</p> <p>The PREA compliance manager and executive director indicated that any recommendations that can be made at the center should be completed as soon as possible. Any recommendations that includes large expenses are forwarded to the Seminole County Sheriff's Office.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.387	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>SCJDC SOP 36</p>

Supportive Documentation: PREA Sexual Violence Checklist and Investigative Packet Definitions

Supportive Documentation Department of Justice SSV

Sheriff's Office Annual Report copy

Interviews with

Incident Review Team

PREA Compliance Manager

Center Director

115.387 (a)(b)(c):

The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The agency shall aggregate the incident-based sexual abuse data at least annually.

The PAQ requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The SCJDC is responsible for collecting accurate, uniform data for every allegation of sexual abuse by using a standardized instrument and set of definitions. Seminole County Juvenile Detention Center will provide the Seminole County Sheriff's Office with information/data when requested to accomplish that task.

The auditor reviewed the 2021 annual report.

In the center, a form was provided to gather allegations of sexual abuse at the center. There have been no allegations of sexual abuse noted on the form reviewed.

SCJDC uses a form that conforms to the Survey of Sexual Victimization Report as its standardized instrument. All data from the previous calendar year is provided to the Department of Justice as requested each year.

115.387 (d):

The PAQ requires the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of identified PREA data and related documents.

115.387 (e):

	<p>The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>Seminole County Juvenile Detention Center does not contract for the confinement of residents.</p> <p>115.387 (f):</p> <p>The PAQ requires that, upon request, the agency provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>SOP 36 mandates that upon request, the center shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made in the prior calendar year.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>It was recommended that the sheriff's office update the reports in the PREA section of the sheriff's office PREA portal.</p>
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115.388	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>Supportive Documentation Annual Report JDC</p> <p>Supportive Documentation PREA Meeting Minutes.</p> <p>Supportive Documentation Annual Report JDC.</p> <p>Interview with</p> <p>PREA Compliance Manager</p> <p>Agency Head</p> <p>Facility Director</p> <p>115.388 (a)(b):</p> <p>The PAQ requires The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3)</p>

Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The center provided a statistical review for the past four years and a summary of the analysis of the comparison. This included minute maintained of the PREA Meetings. In reviewing the documentation, the center indicated that Analysis of the aggregated data collected illustrates the agency's commitment to sexual safety in our facilities and culture of zero-tolerance.

The agency head indicated the agency compares reports in order to review policies and enhance training. She indicated that the executive team meets with the center director, PREA coordinator, and Compliance Team each year to complete the PREA annual assessment and review all incidents that are reported for any incident in the last 4 years.

The interviewed PREA Coordinator reported that the agency reviewed data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. It is reviewed annually. The agency will take corrective action as needed. It was further reported that the agency prepares an annual report of its findings.

The agency leadership reviews and approves the after-action plan following the leadership review and sign off on the final report.

In the reports, there is no specific identifying information made available to the public regarding who was involved in any specific matter. It is specified that this information is not included in the report for HIPPA and other privacy considerations.

115.388 (c):

The PAQ requires the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The annual report is reviewed by the Agency Head, PREA Coordinator, Sheriff, Center Director, and the Center Compliance Team.

115.388 (d):

The PAQ requires the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

JDC 36 - Data Collection indicates that all information that is placed on the website will not include personal identities.

The interviewed PREA Coordinator reported that if we redact specific material from the report, it is when publication would present a clear and specific threat to the safety and security of the facility. We would indicate the nature of what was redacted.



	Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JDC-36 Youth Sexual Abuse And PREA</p> <p>Supportive Documentation MEMO</p> <p>Supportive Documentation 2022 Agency Annual PREA Report</p> <p>Interview</p> <p>PREA coordinator</p> <p>PREA Compliance Manager</p> <p>115.389 (a)(b) (c) (d):</p> <p>The PAQ requires the agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>The PAQ requires the agency to maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>The facility provided the JDC-36 Youth Sexual Abuse and PREA, which states that the Seminole Juvenile Detention Center and Seminole Sheriff’s Office are responsible for ensuring that incident-based and aggregated data are securely retained.</p> <p>SDC data will be made readily available to the public at least annually through the Seminole County Sheriff's Office website</p> <p>The County is responsible for maintaining sexual abuse data collected pursuant to 115.387 for at least 10 years after the data of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Compliance was assessed by reviewing the website and interviewing the PREA coordinator.</p>

	<p>The PREA compliance manager indicated that the center executive director would maintain hard copies of the annual report, without retracting information, in a file cabinet in the director's office. All other retracted documents are posted on the Sheriff's Office website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision; corrective action is not required.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Interview with</p> <p>Facility Director</p> <p>Agency Head</p> <p>PREA coordinator</p> <p>PREA Compliance Manager</p> <p>The PAQ requires during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>The agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>The facility provided SOP 36, which requires all DJJ facilities be audited every three years for compliance with the Prison Rape Elimination Act.</p> <p>This is the third audit of Seminole County Juvenile Detention Center. The first audit was conducted in 2019, the second in 2022, and the third in 2025.</p> <p>115.401 (h):</p> <p>The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>During the audit, I was allowed access to all areas of the center. I was allowed to visit places throughout the facility during the official tour and to make additional</p>

	<p>visits to different areas while interviewing and observing camera locations. There were no limitations on interviewing staff or residents, and no obstacles in conducting tours during waking and sleeping hours.</p> <p>115.401 (i):</p> <p>The PAQ requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>I asked for personnel files, resident files, training records, investigation files, logbooks, and pertinent forms to support the audit process. Each document was provided on time.</p> <p>115.401 (m):</p> <p>The PAQ requires the auditor shall be permitted to conduct private interviews with residents.</p> <p>I interviewed staff on duty for the first 24 hours of the audit and a random sample of residents during the on-site audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n):</p> <p>The PAQ requires residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Postings were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on July 29, 2025</p> <p>The auditor interviewed the PREA Compliance Manager and asked if residents were allowed to send mail to the auditor.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making the compliance determination</p> <p>Seminole County Sheriff's Office website</p> <p>This is the third audit for this facility. It will be posted on the Seminole County Sheriff's Office website.</p> <p>The first audit was conducted in 2019, the second audit was conducted in 2022, and</p>

	<p>the third audit was conducted in 2025. The first two audits were located on the Seminole County Sheriff's Office at <a href="https://www.seminolesheriff.org/">https://www.seminolesheriff.org/</a></p>
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<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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 residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents 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 residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility 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? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility 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	yes



	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents 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 a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents 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 residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents 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
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(b)</b>		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(e)</b>		
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes



	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 115.321(a))	na
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who	yes

	have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	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 115.321(a).)	
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	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 juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes



	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351</b>	<b>Resident reporting</b>	

<b>(a)</b>		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents 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 resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352</b>	<b>Exhaustion of administrative remedies</b>	

<b>(f)</b>		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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 they receive regarding retaliation against residents 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 they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes



<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident 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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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: Resident 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: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	

	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident'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 posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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	yes



	within the facility?	
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>	

<b>(c)</b>		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

	medical and mental health practitioners?	
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph §	yes

	115.383(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.)	
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes



	addressing sexual abuse?	
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or	yes

	<p>has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	
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