

# PREA Facility Audit Report: Final

**Name of Facility:** John E. Polk Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/18/2025

## 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:** Cynthia Swier

**Date of Signature:** 12/18/2025

## AUDITOR INFORMATION

**Auditor name:** Swier, Cynthia

**Email:** swierconsultants@gmail.com

**Start Date of On-Site Audit:** 11/04/2025

**End Date of On-Site Audit:** 11/06/2025

## FACILITY INFORMATION

**Facility name:** John E. Polk Correctional Facility

**Facility physical address:** 211 Eslinger Way, Sanford, Florida - 32773

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Sgt. Amy Lawshe
<b>Email Address:</b>	ALAWSHE@SEMINOLESHERIFF.ORG
<b>Telephone Number:</b>	4074023521

#### Warden/Jail Administrator/Sheriff/Director

<b>Name:</b>	Laura Bedard
<b>Email Address:</b>	lbedard@seminolesheriff.org
<b>Telephone Number:</b>	407-665-1205

#### Facility PREA Compliance Manager

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

#### Facility Health Service Administrator On-site

<b>Name:</b>	Mary Souza Campos
<b>Email Address:</b>	msouza@seminolesheriff.org
<b>Telephone Number:</b>	407-665-1308

#### Facility Characteristics

<b>Designed facility capacity:</b>	1396
<b>Current population of facility:</b>	959
<b>Average daily population for the past 12 months:</b>	977
<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>	15-77
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, High Medium, High
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	259
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	270
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	233

#### AGENCY INFORMATION

<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

#### Agency Chief Executive Officer Information:

<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
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### Number of standards exceeded:

4

- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.65 - Coordinated response

#### Number of standards met:

41

#### 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:	2025-11-04
2. End date of the onsite portion of the audit:	2025-11-06

### 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:	Just Detention International Victim Services Center

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1396
15. Average daily population for the past 12 months:	977
16. Number of inmate/resident/detainee housing units:	19
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<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>	936
<b>24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	4
<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>	2
<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>	2
<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>	4
<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>	2
<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

<p><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></p>	<p>The facility was not specifically tracking those inmates who had reported sexual victimization during risk screening in regards to being able to provide a list. They did have referrals from the initial risk screening for those who had seen medical / mental health. I was able to identify inmates to interview to satisfy this requirement by the interviews with mental health staff. The requirements of the standards were completed. Moving forward, the PC, and mental health will maintain a list of these individuals.</p> <p>Inmates who had reported sexual abuse were no longer housed at the facility during the dates of the on-site audit.</p> <p>There were no transgender inmates at the facility during the dates of the onsite audit. This was verified through conversations with the PREA Coordinator, security staff and medical and mental health staff.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><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></p>	<p>259</p>
<p><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></p>	<p>233</p>
<p><b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>270</p>
<p><b>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:</b></p>	<p>No text provided.</p>



## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

**40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:**

30

**41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)**

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☒ Gender
- ☐ Other
- ☐ None

**42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?**

The auditor reviewed the list of inmates by housing unit and selected the 10th person from each unit, ensuring there was representation from each housing unit and a diverse selection of ages, races and ethnicities.

**43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?**

- ☒ Yes
- ☐ No

**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):**

There were no inmates at the facility during the dates of the on-site audit from the following categories: transgender, segregation for risk of sexual victimization, reported sexual abuse, blind, cognitively impaired or limited English proficient. These groups were supplemented with inmates from other targeted categories and additional random inmates.

**Targeted Inmate/Resident/Detainee Interviews**

**45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:**

8

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".

**46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:**

3

**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:**

1

**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:**

0

**a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:**

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>The facility indicated that there were no cognitively impaired inmates at the facility during the dates of the on-site review. The auditor also consulted with medical staff who confirmed that there were no inmates who met this criteria.</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>	<p>0</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><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>
<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>The facility indicated that there were no blind inmates at the facility during the dates of the on-site review. The auditor also consulted with medical staff who confirmed that there were no inmates who met this criteria.</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>	<p>1</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>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility indicated that there were no LEP inmates at the facility during the dates of the on-site review. The auditor also consulted with other staff who confirmed that there were no inmates who met this criteria.</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>1</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>The facility indicated that there were no transgender inmates at the facility during the dates of the on-site review. The auditor also consulted with medical staff who confirmed that there were no inmates who met this criteria.</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>	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>The facility indicated that there were no inmates at the facility during the dates of the on-site review who reported a sexual abuse. The auditor also consulted with other staff who confirmed that there were no inmates who met this criteria.</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>	2
<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>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<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>	The facility indicated that there were no inmates at the facility during the dates of the on-site review who were ever placed in segregated housing for risk of sexual victimization. The auditor also consulted with segregation staff who confirmed that there were no inmates who met this criteria.
<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>	There were no inmates at the facility during the dates of the on-site audit from the following categories: transgender, segregation for risk of sexual victimization, reported sexual abuse, blind, cognitively impaired or limited English proficient. These groups were supplemented with inmates from other targeted categories and additional random inmates.
<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>	13
<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" 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

<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<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>	17
<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 type="radio"/> Yes  <input type="radio"/> No  <input checked="" 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 type="checkbox"/> Other
<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 checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input 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 checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## 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 following documents were requested and reviewed:

Employee Documents

- Hire Date
- Promotion Date
- Initial CH Check
- 5 Year CH Check
- Initial PREA Training Date
- Refresher PREA Training Date

Contractor Documents

- Initial PREA Training Date
- Refresher PREA Training Date

Volunteer Documents

- Initial PREA Training Date
- Refresher PREA Training Date

Inmate Documents

- Risk Screening
  - Intake (within 72 hours of arrival)
  - Medical / MH follow up (if applicable)
  - Risk Re-assessment (within 30 days of arrival)
- Transgender
  - Bi-Annual Risk Assessment
  - Shower Alone
- PREA Education
  - At Intake
  - Comprehensive (with 30 days)
  - Accessible formats for: LEP, Cognitive, Vision, Hearing, Reading, or Physical

The following areas were observed and processes were reviewed during the on-site:  
On-site Site Review - Processes to Check / Verify:

Observations:

Signage:

Civil Immigration info,  
how to report SA & SH,  
access to outside victim advocate,  
external reporting - for Inmates and Staff  
third party reporting  
Accessible, readable, consistent, throughout

facility in English and Spanish – continuously and readily available and observed throughout the facility (posters, handbooks, brochures, etc.)

Audit notice

Supervision Practices (staffing and frequency of checks)

Cross gender viewing (toilet and shower areas and strip search areas) (line of sight)

Searches

Record Storage

Mail: Sending / Receiving  
(mail drop boxes, etc.)

Cross Gender announcement  
in housing units

Tests of Critical Functions:

Intake

PREA information

Risk Screening – who conducts, private setting, instrument, direct inquiry of LGB identity, screening score

Internal Reporting Methods for  
Inmates – general pop and restrictive housing

In Writing – accessibility to  
forms, writing utensils

Electronically – tablets, kiosks,  
traceability

Verbally

External Reporting Methods for  
Inmates

Via Phone

In Writing

Staff Reporting

Third Party Reporting

Access to Outside Emotional Support  
Services

Via Phone

Comprehensive PREA Education

Interpretation Services

Staffing

Work / Shift Assignments

Contract Staff (medical / mental health /  
commissary / food service)

Housing Units

Segregation

	Programming / Education Work Areas (food service, laundry, etc.) Lobby Visitation Camera Room Camera Placement Informal conversations Inmates Staff Volunteers Contractors Record Storage (mental health and medical files, investigations, risk assessments) Electronic Safeguards Locked
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## 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.

<b>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?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.

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

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

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

**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>	6	0	6	0
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	8	0	8	0

**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>	8	0	8	0
<b>Staff-on-inmate sexual harassment</b>	5	0	5	0
<b>Total</b>	13	0	13	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	4	2	0
Staff-on-inmate sexual abuse	0	2	0	0
Total	0	6	2	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	5	2	1
<b>Staff-on-inmate sexual harassment</b>	0	4	1	0
<b>Total</b>	0	9	3	1

**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:**

5



<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>	4
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>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>	1
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-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 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>	8
<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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

**98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

4

**99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

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>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Seminole County Sheriff's Office, Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Seminole County Sheriff's Office, General Order G-25, Employee Harassment Policy</p> <p>Facility Organizational Chart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (by provision):</p> <p>115.11 (a): The agency has a comprehensive PREA policy: Policy 13.30. This policy</p>

	<p>specifies a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. The policy outlines the strategy on preventing, detecting and responding to such conduct and include definitions of prohibited behavior. General Order G-25 also addresses The PREA Elimination Act of 2003. These documents address preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator (PC); criminal history background checks for staff, contractors and volunteers; training for staff, contractors and volunteers; staffing levels, intake/risk and screening for inmates, inmate education and posting of PREA information. The policy and general order address detecting sexual abuse and sexual harassment through training (staff, volunteers and contractors), and intake / risk screening of inmates. The policy and general order address responding to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policy and general order are consistent with the PREA standards and outlines the agency's approach to sexual safety.</p> <p>115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position with agency-wide oversight. The PC reports to Facility Operations who reports directly to the Chief who is the head of the jail facility. The PC was interviewed during the on-site audit and stated that she has sufficient time and authority to accomplish PREA responsibilities for the agency.</p> <p>115.11 (c): The facility is a jail and has a PREA Coordinator and a PREA Compliance Manager.</p> <p>Based on the review of the PAQ, Policy and Procedure 13.30, General Order G-25, the Agency / Facility Organization Chart, and the interview with the PREA Coordinator, this standard is determined to be compliant.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>none</p> <p>Interviews:</p>

	<p>none</p> <p>Findings (by provision):</p> <p>115.12 (a): This standard is not applicable. The agency is a Sheriff's Office and operates one correctional facility housing inmates which is the jail. The agency has not entered into or renewed any contracts for the confinement of inmates.</p> <p>115.12 (b): This standard is not applicable.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Staffing Plan</p> <p>Seminole County Sheriff's Office, Policy and Procedure 03.03, Essential Personnel</p> <p>Seminole County Sheriff's Office, Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Annual Staffing Plan Reviews</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Intermediate-Level or Higher-Level Facility Staff</p> <p>Observations:</p> <p>Staffing Levels</p> <p>Video Monitoring Technology</p> <p>Security Convex Mirrors</p>

Findings (By Provision):

115.13 (a): In the PAQ, the agency provided Policy and Procedure 03.03 and Policy and Procedure 13.30. Policy 13.30 states "Proper patrol procedures and vigilance are imperative in preventing sexual abuse / harassment. Deputy presence can be a major deterrence to inmate sexual abuse / assault as well as other forms of violence or criminal activity." Staffing plan reviews were also provided which state that the facility will perform an annual review of the security staffing plan. This memo and review was submitted by the PREA Coordinator to the Captain and contains all of the 11 requirements per the standard: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable state or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. The PAQ indicated that the current staffing is based on the average daily number of inmates since the last PREA audit, which is 980.

Interviews with the Chief of Corrections and the PC confirmed that the facility has a staffing plan which provides adequate staffing levels and that they reference with the plan on a regular basis.

The Chief of Corrections indicated that the facility reviews the plan and the facility to eliminate any blind spots, to place staff in high traffic areas and areas that have special populations. She indicated that staff review the population to include aggressors and victims and determine any areas of weakness at the facility for these individuals. She also indicated that posts are not authorized to be unmanned, and overtime or mandatory overtime would be utilized, if necessary.

During the site review, the auditor compared the written staffing plan against the observations in the facility. There were multiple staff in every housing area as well as work areas, recreation areas and programming areas. Line of site was acceptable and areas were well monitored by staff, video and mirrors. Staff were moving about in the areas and conducting security checks. The cameras were reviewed at different locations and were observed to be monitored by staff. The placement and output of the surveillance was sufficient. There was no staffing concerns noted. Informal conversations were conducted by the auditor with staff and inmates. Staff stated that they do frequent unannounced rounds in the housing units and that they do not have an issue with staff shortages or overcrowding. Inmates stated that officers make rounds throughout the housing units regularly and in other areas such as



programming.

115.13 (b): The PAQ indicated that there have been no deviations from the staffing plan.

The interview with the Chief of Corrections indicated that deviations would not occur as policy does not allow for correctional service posts to be unmanned. The facility will pay overtime or mandate overtime. In circumstances where the staffing plan was not complied with, the facility would document and justify all deviations.

115.13 (c): The PREA Policy and Procedure 13.30 specifies on page 4 that the facility staffing plan will be reviewed a minimum of once per year. The plan is reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The PC confirmed in the interview that she is consulted annually with regard to a review of the staffing plans for the facility. Documentation was provided in the PAQ of the staffing plan annual reviews for 2022, 2023, 2024 and 2025.

115.13 (d): The facility PREA Policy and Procedure 13.30 requires that intermediate-level or higher-level staff conduct unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. These rounds are required to be documented and are captured on the electronic Event Log.

A review of the PAQ supplemental documentation indicated that unannounced rounds are being conducted daily on all shifts and in all locations at the facility by the Shift Lieutenant(s) and sergeants. The PREA policy prohibits staff from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. During the interviews, supervisory staff indicated that they deviate their times and vary locations from unit to unit instead of in a consistent pattern in order to prevent staff from alerting other staff that rounds are occurring.

Based on a review of the Pre-Audit Questionnaire (PAQ), PREA Procedure 13.30, Policy and Procedure 03.03, the staffing plan, documentation of unannounced rounds, documentation of the annual staffing plan reviews, observations made during the site review and interviews with supervisory staff, the Detention Chief, and the PC, the standard is determined to be compliant.

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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Seminole County Sheriff's Office, Policy and Procedure, 10.02, Youthful Offenders</p> <p>Seminole County Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>JEPCF Population Bedding</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Line Staff Who Supervise Youthful Inmates</p> <p>Program Staff who Work with Youthful Inmates</p> <p>Youthful Inmates</p> <p>Site Review Observations:</p> <p>Observations in the Housing Units of Youthful Inmates</p> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that the facility does house youthful inmates. During the site review, it was observed that there were youthful inmates housed at the facility. Procedure 10.02 covers the policy for youthful offenders in the facility and states "All juveniles will be housed separately from adult inmate. Housing will prohibit juveniles from having regular contact with incarcerated adults including inmate workers." The facility has housing to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. JEPCF Population Bedding</p>

	<p>identifies each housing area in the facility including the housing area for juveniles. Youthful inmates are not housed with adults. There is one specific housing unit to which youthful inmates are assigned that provides sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers and sleeping quarters. There have been no instances in the previous 12 months of youthful inmates being placed in the same housing unit as adults at the facility.</p> <p>During the on-site audit, the auditor observed the housing areas for youthful inmates as well as escorting procedures. Staff cleared the area of adult inmates when it was necessary to escort youthful inmates to another area of the jail. Interviews with staff who supervise youthful inmates and youthful inmates themselves indicated that they are not in contact with adult inmates and are housed separately where adult inmates cannot be seen or heard.</p> <p>115.14 (b): Policy and Procedure 10.02 states that Juvenile Housing is an area that separates juveniles from the sight and sound of the adult population. During the site review, it was observed that there were inmates under the age of 18 housed at the facility. It was also observed that youthful inmates are physically separated from adult inmates in areas outside the housing units. Facility staff were observed as having direct supervision of the youthful inmates when they were outside of their housing units where they would have sight, sound, or physical contact with adult inmates. Interviews with youthful inmates stated that staff always escorted them and would have any adult inmates in the area to stand and face the wall while the youthful inmate was escorted through the area. This was also stated in interviews with staff who supervise youthful inmates.</p> <p>115.14 (c): The PAQ indicated that youthful inmates are housed at this facility. A review of the daily population reported indicated that inmates under the age of 18 were housed at the facility within the previous twelve months. The facility provided documentation of youthful inmates' recreation. This documentation noted each youthful inmate by name, with the date, time and duration of the recreation and the name of the staff escort. In the past 12 months, no youthful inmates were placed in isolation in order to separate them from adult inmates. As of the dates of the on-site audit, there were no juvenile female inmates. The auditor interviewed several of the youthful inmates and they stated that they were not held in solitary confinement. They all stated that they were provided exercise and programming activities. Staff who supervise youthful inmates and Education / Program staff were interviewed and all stated that programming opportunities are provided to the youthful inmates.</p> <p>Based on a review of the Pre-Audit Questionnaire (PAQ), Policy and Procedure 13.30, 10.02, the daily population reports, observations made during the site review and information from the interviews with the Chief of Corrections, the PC, youthful inmates, staff who supervise youthful inmates and program staff who work with youthful inmates, this standard is determined to be compliant.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Seminole County Sheriff’s Office, Policy and Procedure 09.13, Frisk, Strip and Body Cavity Searches</p> <p>Documentation of Opposite Gender Announcement – Event Logs</p> <p>Curriculum of Staff Sexual Abuse Training</p> <p>Documentation of Staff Training</p> <p>Interviews:</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Transgender Inmates - none at the facility during the dates of the on-site audit</p> <p>Female Inmates</p> <p>Site Review Observations:</p> <p>Individual Showers in Housing Units with Visibility Barriers</p> <p>Findings (By Provision):</p> <p>115.15 (a): Policy and Procedure 09.13 states that staff will not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical doctor. The facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. All cross-gender pat-down searches and all cross-gender strip searches and cross-gender visual body cavity searched shall be documented. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months.</p> <p>During the on-site audit, the auditor observed the areas used to conduct strip searches, visual body cavity searches and pat-down searches. Opposite-gender staff</p>

cannot visually observe the conducting of strip searches or visual body cavity searches. Informal conversations with staff and inmates regarding search procedures and the limits to viewing by staff of the opposite gender indicated that the inmates are not subjected to searches by staff of the opposite gender nor are opposite gender staff able to observe these searches.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Additionally, the PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the provision. Policy and Procedure 09.13 states that cross-gender pat-down searches of female inmates are not permitted, absent exigent circumstances. As a result, male staff are not permitted to pat search female inmates, unless exigent circumstances exist. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. In the previous 12 months, there were no pat-down searches of female inmates that were conducted by male staff.

Interviews with staff and female inmates indicated that female inmates were not searched in any way by male staff.

115.15 (c): Policy and Procedure 09.13 states that visual searches are to be conducted by staff of the same gender as the inmate, except in exigent circumstances or when performed by a medical doctor. All cross-gender strip searches and cross-gender visual body cavity searches shall be documented. All cross-gender pat-down searches of female inmates shall also be documented. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months.

115.15 (d): Policy and Procedure 13.30 specify policies and procedures which enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This also includes viewing by camera. Cameras have black out boxes to cover sensitive areas from viewing (toilets, showers). Signage is located outside the housing units which instruct staff of the opposite gender to announce their presence when entering an inmate housing unit. This announcement by staff is required to be documented in the jail daily log providing documentation of compliance with this standard. Documentation of the opposite gender announcement was provided and reviewed by the auditor.

	<p>Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom, and changing clothes. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit and an announcement is routinely made over the loudspeaker.</p> <p>During the site review, the auditor heard the opposite gender announcement being made. The auditor observed that all housing units had showers with a curtain which allowed coverage of inmates from the shoulders to the knees. Toilets in these housing units are not in full view of staff but had curtains at the entrance to the area. Areas in medical, intake, transport holding areas and other areas where inmates work or attend programming were observed by the auditor and it was observed that these areas had reasonable privacy from non-medical staff and staff of the opposite gender. Viewing of the cameras and mirrors in these locations did not allow viewing of inmates in a state of undress such as showering, using the toilet and / or changing their clothes.</p> <p>115.15 (e): This provision is no longer applicable to the compliance finding per Executive Order 14168.</p> <p>115.15 (f): This provision is no longer applicable to the compliance finding per Executive Order 14168.</p> <p>Based on a review of the PAQ, Policy and Procedure 09.13, the staff training curriculum, documentation of cross gender announcements, a sample of staff training records, observations made during the site review of housing units to include bathrooms with individual showers with privacy curtains, the opposite gender announcement as well as information from interviews with random staff, inmates, and female inmates, this standard is determined to be compliant. Pursuant to Executive Order 14168, portions of this standard are not included in this compliance determination.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

Documents:

Pre-Audit Questionnaire (PAQ)

Seminole County Sheriff's Office Policy and Procedure 13.30, Prison Rape Elimination Act

JEPCF English and Spanish Rules and Regulations Handbook with ADA Attachments

Seminole County Sheriff's Office Policy and Procedure 17.01, Inmate Orientation

Contract - Horizons - Translation and Interpretation Services

Contract - Interpretek, Sign Language Services

Signage - PREA Victim Services - Bilingual

General Order 58, Communicating with Hearing Impaired and LEP individuals

Training Curriculum, Staff Sexual Abuse Training PowerPoint

Event Log - ADA services

Interviews:

Chief of Corrections

Limited English Proficient (LEP) Inmates

Random Staff

Site Review Observations:

PREA Signage in English and Spanish

Observations of ADA Devices

Findings (By Provision):

115.16 (a): Policy and Procedure 13.30 states that for inmates with disabilities and inmates who are limited English proficient, procedures are established which provide disabled inmates an equal opportunity to benefit from all aspects of the facility's

efforts to prevent, detect and respond to sexual abuse and sexual harassment. All inmate materials will be in a format accessible to all inmates in accordance with Title II of the Americans with Disabilities Act, 42 U.S.C. Formats include but are not limited to interpreter services for the deaf or hard of hearing inmates; interpreter services for non-English speaking inmates; reading of the material by staff to inmates.

Interpreter services are offered through the use of staff as well as the LanguageLine translation service.

Policy and Procedure 17.01 states that the jail has videos that are shown to the inmates as part of their classification interview. The videos are in English, Spanish and Sign Language. The PREA pamphlet that inmates receive when they are being processed in booking are available in English and Spanish. If an inmate is blind and cannot read, the video will assist them in understanding their rights under PREA.

Case managers also have a transcribed copy of the PREA video that they can read to the inmate, if necessary.

A review of PREA signage, PREA directives and inmate informational materials confirmed that information is provided in a manner which is in large font, bright colors and has accompanying pictures to the word directives. Materials given to inmates at intake and in their comprehensive PREA training on their tablets and kiosks are in English and Spanish. The facility also has staff who are bi-lingual and an interpretation device which can access a multitude of languages and dialects which is used in education with inmates regarding facility policies and rules as well as in medical and other inmate contact situations in which an interpreter would be necessary. The auditor was shown, and a demonstration was conducted with these technology formats.

The interview with the Chief of Corrections indicated that inmates receive PREA information in a format that they can understand. During the on-site visit, the auditor was able to interview inmates with hearing disabilities and physical disabilities. These inmates' files indicated that they received PREA information, and they understood the information. These inmates indicated that they did not have any issues with accessing materials that they can understand, either through written materials, a translator or other staff assistance. There were no inmates with cognitive disabilities, vision disabilities or LEP at the facility during the dates of the on-site audit, therefore, no inmates in these categories were able to be interviewed by the auditor.

115.16 (b): Policy and Procedure 13.30 and General Order 58 establish the procedure to ensure meaningful access to all aspects of the facility's efforts to prevent, detect



and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The facility has several staff who are bilingual and assist in translation, when needed. Materials given to inmates at intake and in their comprehensive PREA training on their tablets and kiosks are in English and Spanish. The facility also has staff who are bi-lingual and an interpretation device which can access a multitude of languages and dialects which is used in education with inmates regarding facility policies and rules as well as in medical and other inmate contact situations in which an interpreter would be necessary. The auditor was shown and a demonstration was conducted with these technology formats.

A review of PREA signage, the inmate handbook, PREA directives and inmate educational information, confirmed that information is available in both English and Spanish. Interviews with the Chief of Corrections and inmates who were hearing disabled indicated that inmates received PREA information in a format that they can understand. A review of a sample of files for inmates with disabilities indicated that they received PREA information and they understood the information. During the site review, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): Policy and Procedure 13.30 prohibit the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment, except in limited circumstances where an extended delay could compromise the inmate's safety. The PAQ indicated that there were no instances where an inmate was utilized to interpret, read or provide other types of assistance. The facility has staff who are fluent in Spanish and are utilized as interpreters. The facility also has the use of translation tablets.

Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. There were no LEP inmates at the facility during the dates of the on-site audit. Inmates who were hearing impaired were interviewed through the use of a staff sign language interpreter and an interpretation hearing device. Event Logs were provided which document the use of these interpretation devices.

Based on a review of the PAQ, Policy and Procedure 13.30, the inmate handbooks in Spanish and English, Policy and Procedure 17.01, the contracts for translation and interpretation services, the contract for sign language, General Order 58, the staff training curriculum, PREA signage and information, observations made during the site review to include PREA signage as well as interviews with the Chief of Corrections, random staff, and hearing disabled inmates, this standard is determined to be compliant and is rated as exceeds.

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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>General Order 23, Recruitment and Selection</p> <p>General Order 1, Standards of Conduct</p> <p>Policy and Procedure 07.03, Contractor Work Criteria</p> <p>Standard Operating Procedure PER-1, Job Vacancy and Employment Selection Procedures</p> <p>Staff Hiring and Promotion Documentation of Criminal Record Background Checks</p> <p>Application Showing Questions Regarding Past Conduct</p> <p>Preliminary Background Screening Memo</p> <p>Job Postings – Detention Deputy and Detention Services Officer</p> <p>Florida Department of Law Enforcement Release of Information, Background Investigation Waiver</p> <p>Interviews:</p> <p>Human Resource Staff</p> <p>Findings (By Provision):</p> <p>115.17 (a): General Order 23 states that the agency shall not hire or promote anyone who may have contact with inmates, and prohibits enlisting the services of any contractor, who may have contact with inmates, who: have engaged in sexual abuse</p>

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.

115.17 (b): General Order 23 states that 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 inmates. The interview with Human Resources staff indicated that prior incidents of this kind are reviewed and considered in determining whether to hire or promote individuals.

115.17 (c): General Order 23, PER-1, and the Memorandum of Background checks state that before hiring new employees who may have contact with inmates, the agency shall perform a criminal background record check and 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. FDLE Authority for Release of Information – Background Investigation Waiver (CJSTC 58) was provided which is required to be completed and signed by the applicant.

The PAQ indicated that all of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted (44). A review of personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all prior institutional employers contacted. Additionally, all staff are fingerprinted, and any future arrest is automatically reported to the agency. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired, institutional checks, and numerous other checks are part of the background investigation process.

115.17 (d): Policy and Procedure 07.03, Contractor Work Criteria states the agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that in the past 12 months, thirty (30) background record checks were conducted on staff covered in the contracts who might have contact with inmates. A review of current contractor personnel files indicated that a criminal background check had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to enlisting their services.

115.17 (e) General Order 23, the Preliminary Background Screening and PER-1 state the agency shall conduct criminal background records checks of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. The PAQ indicated that the agency requires either criminal background checks to be conducted at least every three to five years for current employees and contractors or have a system in place for otherwise capturing such information for current employees. The agency utilizes the National Crime Information Center (NCIC). The interview with the Human Resource staff confirmed that all staff and contractors have a criminal background check completed every five years. Documentation of background records checks of current employees and contractors was provided to the auditor and reviewed. The documentation verified that background records checks of current employees and contractors are completed at least every five years.

115.17 (f) General Order 23 states the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct 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 PAQ indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of the eligibility questions on the job application indicated that the three questions are required to be answered electronically for all applicants. A review of personnel files for staff who were hired in the previous twelve months indicated that all had completed an application and were required to answer the eligibility questions. All staff had a background check completed which included their criminal history, credit history and other record inquiries. The job application contains verbiage which specifies a continuing affirmative duty to report any future misconduct to facility administrators. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the eligibility questions section on the employment application, which is required for all applicants.

115.17 (g): Policy and Procedure 13.30 states that employees must disclose any misconduct as mentioned previously in the policy. Any material omissions regarding

	<p>sexual misconduct or the provision of materially false information shall be grounds for termination.</p> <p>115.17 (h): Policy and Procedure 13.30 states that the facility investigator shall make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during pending investigations of an allegation of sexual abuse. The interview with HR staff indicated that this is part of the background check for staff and contractors.</p> <p>Based on a review of the PAQ, General Order 23, General Order 1, Policy and Procedure 13.30, PER-1, the Background Checks memo, Policy and Procedure 07.03, FDLE CJSTC 58, the job postings, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview, this standard is determined to be compliant.</p>
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115.18	Upgrades to facilities and technologies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Facility Staffing Plan</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Site Review Observations:</p> <p>Modifications to the Physical Plant - none</p> <p>Video Monitoring Technology</p>

	<p>Findings (By Provision):</p> <p>115.18 (a): Policy and Procedure 13.30, p. 5 states staff members will identify and eliminate or minimize any blind spots, as dictated by facility design. Suggestions to enhance or improve the facilities security camera system should be forwarded via the chain of command.” When installing or updating a monitoring or surveillance system, the Seminole County Detention Facility shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.” The Facility Staffing Plan was provided which contains a section which discusses whether modifications to the facility need to be made. The facility has not designed, acquired or planned any expansion or modification of the existing facility since the last PREA audit. The interview with the Chief of Corrections confirmed that new facility designs, modifications and technology upgrades would be reviewed to see how these modifications or upgrades may enhance the ability to protect inmates against sexual abuse. During the site review of the facility, the auditor did not observe modifications and expansions in process.</p> <p>115.18 (b): The PAQ as well as the interview with the Chief of Corrections indicated that upgrades or installation of video monitoring technology is constantly evaluated and / or upgraded. New facility designs, modifications and technology upgrades would be reviewed to determine how these modifications or upgrades may enhance the ability to protect inmates against sexual abuse.</p> <p>Based on the information in the PAQ, Policy and Procedure 13.30, the interview with the Chief of Corrections and observations of the physical plant during the onsite review, this standard is determined to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>General Order 69, Preliminary and Follow-Up Investigations</p> <p>General Order 68, Evidence and Property</p> <p>Investigation Files</p>

MOU between Seminole County Sheriff's Office and The Refuge House

Interviews:

Random Staff

SAFE/SANE staff – none at this facility – these staff are employed at local hospital / health department

PREA Coordinator

Random Inmates

Random Staff

Inmates who Reported a Sexual Abuse – none at the facility during the dates of the on-site audit.

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency is responsible for conducting administrative and criminal investigations. General Order 69 and General Order 68 specify the policy, scope and responsibilities of staff in the identification, recording, preservation, collecting and storing of evidence recovered in crime scenes. The Jail has two (2) investigators. Interviews with random staff indicated that they are aware of evidence protocol and that they were responsible for preserving evidence until the facility investigators could arrive at the scene to collect it. Interviews with staff indicated that they were knowledgeable regarding the steps to properly secure potential crime scenes and protect evidence from both the victim and suspect until the evidence can be properly collected.

115.21 (b): The Seminole County Sheriff's Office is responsible for investigating allegations of sexual abuse and follows a uniform evidence protocol is developmentally appropriate for youth. This protocol is based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, DOJ Office of Violence Against Women, second edition, April 2013".

115.21 (c): Per the Policy and Procedure 13.30, the facility utilizes the local hospital or health department for conducting forensic examinations. All inmates who experience

sexual abuse have access to a forensic medical examination. When available, examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs Cannot be made available, the examination can be performed by other qualified medical practitioners. These exams are conducted at no cost to the victim.

Documentation of the forensic medical exams are included in the investigative files and were verified by the auditor.

In the previous 12 months, there were no (0) forensic exams conducted by SAFE/ SANE staff and zero (0) conducted by a qualified medical practitioner. Interviews with medical staff while on-site indicated that in the event of a sexual assault the SAFE/SANE exam would be provided at the local hospital.

115.21 (d): The PAQ indicated that the agency attempts to make available to the victim a victim advocate from a rape crisis center and if a rape crisis center is not available, a qualified staff member from a community-based organization or a qualified agency staff member. The facility has a Memorandum of Understanding with the Victim Service Center of Central Florida, Inc. for victim advocacy services. The MOU was provided and reviewed by the auditor. The MOU states that the Victim Service Center will provide a 24 hour Rape Crisis Hotline, provide victims with information and referrals, provide crisis intervention services including individual and group counseling and therapy, advocacy and / or accompaniment to sexual assault victims, provide forensic evidence collection and hospital advocacy to sexual assault victims through the SANE program, facilitate staff and / or client trainings about the dynamics and primary prevention of sexual violence and maintain collaborative partnerships to assure quality system coordination for sexual assault response.

The Victim Services Center will be contacted and a request for a Victim Advocate will be made. Inmates are allowed to call the outside provider and talk to staff at this organization. Interviews with random staff indicated that an advocate would be contacted and provided in the event of a sexual abuse. The inmates also have access to the victim advocacy information which is provided in the inmate handbook and information pamphlet. There were no inmates who had reported a sexual abuse at the facility during the dates of the onsite audit.

115.21 (e): The Policy and Procedure 13.30 states that the agency shall make available to the victim a victim advocate from a rape crisis center. If requested by an inmate, a rape crisis hotline representative, or qualified staff member, a corrections officer of the same sex shall accompany and support the victim through the forensic



	<p>medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The agency has an existing MOU with the local rape crisis center, Victim Services Center, to provide services for inmates.</p> <p>Interviews with the PC and with random staff indicated that an advocate would be contacted and provided in the event of sexual abuse. The inmates have access to victim advocacy information as it is included in the inmate handbook and the pamphlet. There were no inmates who had reported a sexual abuse at the facility during the dates of the onsite audit.</p> <p>115.21 (f): The agency is responsible for conducting administrative and criminal investigations. The agency complies with all investigatory requirements under PREA standards 115.21, 115.34 and 115.71.</p> <p>115.21 (g): The agency is responsible for conducting administrative and criminal investigations and complies with all investigatory requirements under PREA standards 115.21, 115.34, and 115.71.</p> <p>115.21 (h): The agency always makes a victim advocate from a rape crisis center available to victims.</p> <p>Based on a review of the PAQ, General Order 69, General Order 68, Policy and Procedure 13.30, investigation files, the MOU with the Victim Services Center, and information from interviews with the PREA Coordinator, inmates and staff, this standard is determined to be compliant.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

Pre-Audit Questionnaire (PAQ)

Investigative Reports

Policy and Procedure 13.30, Prison Rape Elimination Act

Interviews:

Chief of Corrections

Investigative Staff

Findings (By Provision):

115.22 (a): Policy and Procedure 13.30, states that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The PAQ indicated that there were twenty-two (22) allegations reported within the previous twelve months. All of these resulted in being administratively investigated and two (2) were referred for a criminal investigation. The interview with the Chief of Corrections indicated that all allegations are investigated.

115.22 (b): Policy and Procedure 13.30 outlines the administrative and criminal investigative process and states that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This policy is published on the agency website. The interviews with the investigators indicated that the facility has the legal authority to conduct administrative investigations and criminal investigations. Any referral of allegations of sexual abuse or sexual harassment for criminal investigations is also required to be documented. Interviews with investigators indicated that any allegation of sexual abuse or sexual harassment is referred to them via documentation as well as emails and phone calls.

115.22 (c): PREA Procedure outlines the administrative and criminal investigative process. The PAQ indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

115.22 (d): The auditor is not required to audit this provision.

	<p>115.22 (e): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the agency's website, investigations and information obtained via interviews with the Chief of Corrections, and the investigators, this standard is determined to be compliant.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PREA Staff Training Curriculum – PowerPoint</p> <p>New Employee Training – PREA PowerPoint</p> <p>Staff Training Records (Acknowledgement Form)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Interviews:</p> <p>Random Staff</p> <p>Findings (By Provision):</p> <p>115.31 (a): Policy and Procedure 13.30 states that all staff will receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment as well as how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, and the agency trains all employees of the rights of inmates to be free from sexual</p>

abuse and sexual harassment and all employees and inmates have the right to be free from retaliation for reporting sexual abuse and sexual harassment. The training is provided upon hire, yearly and as part of the annual refresher training.

A review of the training curriculum confirmed that the training includes information on: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics 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 inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting.

A review of a sample of staff training records indicated that 100% of those reviewed had received PREA training. Interviews with random staff confirmed that they had received PREA training during annual training and that they receive information through supplemental trainings. Staff confirmed all required topics were covered in the training.

Sub-section (9) of this provision is no longer applicable to the compliance finding per Executive Order 14168.

115.31 (b): Policy and Procedure 13.30 indicates that training is tailored to the gender of inmate population at the facility. A review of the training curriculum confirmed that the annual training includes information on male and female inmates.

115.31 (c): A review of documentation confirmed that all of the staff records reviewed had received PREA training and that those hired prior to the previous twelve months had received annual refresher training. The PAQ indicates that staff receive refresher training annually. Staff training is also provided through various means such as conference calls, department head meetings and emails.

115.31 (d): The PAQ indicates that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. A review of the training records indicate that staff are required to sign a training acknowledgement upon completion of training. A review of a sample of staff training records in the PAQ as well as randomly selected training records during the onsite phase of the audit indicated completion of the PREA training on an annual basis and

	<p>that staff have signed the acknowledgement form.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the training curriculum, a review of a sample of staff training records with acknowledgment forms, as well as interviews with random staff, this standard is determined to be compliant. Pursuant to Executive Order 14168, portions of this standard are not included in this compliance determination.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Volunteer and Contractor PREA Training PowerPoint</p> <p>Sexual Abuse / Assault Awareness Test</p> <p>Volunteer / Contractor Training Confirmation Forms</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Volunteer and Contractor Approved List</p> <p>Interviews:</p> <p>Contractors and Volunteers who have contact with inmates (no volunteers at the facility during the dates of the on-site audit)</p> <p>Findings (By Provision):</p>

	<p>115.32 (a): The Policy and Procedure 13.30 states that volunteers and contractors who have contact with inmates will be trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. The PAQ indicated that 503 contractors and volunteers have been trained. A review of a sample of training documents for contractors and volunteers indicated that they had received PREA training. Additionally, the interviews conducted with contractors confirmed that they receive PREA training each year and that they were aware of the zero-tolerance policy and knew to immediately report any information regarding a PREA incident to a staff member. There were no volunteers at the facility during the dates of the on-site audit.</p> <p>115.32 (b): The information provided by the facility indicates that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. Additionally, the volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. A review of a sample of training documents for contractors and volunteers indicated that they had received PREA training. Additionally, the interviews with contractors confirmed that they had received PREA training each year and that they were aware of the zero-tolerance policy and knew to immediately report to a staff member. There were no volunteers at the facility during the dates of the on-site audit.</p> <p>115.32 (c): A review of a sample of training documents for contractors and volunteers indicated that all of those reviewed had signed the acknowledgement of training form.</p> <p>Based on a review of Policy and Procedure 13.30, the PREA Training for volunteers and contractors, a review of a sample of contractor and volunteer training records as well as the interviews with contractors, this standard is determined to be compliant.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Pre-Audit Questionnaire (PAQ)

JEPCF Inmate Orientation / Handout Sign-In Sheet

Policy and Procedure 17.02, Intake and Booking Procedures

Inmate Brochure

Inmate Handbook

Documentation of Inmate Training

Policy and Procedure 13.30, Prison Rape Elimination Act

PREA Signage – Spanish, English

JEPCF English and Spanish Rules and Regulations Handbook with ADA Attachments

Interviews:

Intake Staff

Random Inmates

Site Review Observations:

Intake Area

PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): Policy and Procedure 17.02 outlines the requirement for inmates to receive PREA education and states that inmates receive information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment.

There are three forms of educational awareness available to inmates on PREA: pamphlets, videos and a read and sign document provided with intake booking papers.

The PAQ indicated that 10105 inmates received information at the time of intake on the zero-tolerance policy and how to report. A review of inmate records indicate that

they had received PREA information at intake.

During the site review, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook and brochure. The PREA orientation video is also played upon the inmate's entry into the facility and the next day at 1st appearance. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via handbook and brochure. Inmates that were interviewed indicated that they received information the agency's sexual abuse and sexual harassment policies. Staff translators were provided, when needed, and information was given to the inmates in Spanish, if needed.

115.33 (b): The PAQ indicated that 1651 inmates received comprehensive PREA education within 30 days of intake. A review of inmate records indicate that they had received comprehensive PREA education within 30 days of intake. Policy and Procedure 13.30 states that within thirty (30) days of entering general housing, in-depth information is provided to the inmate about sexual assault / harassment. The information will be communicated orally, in writing, or by video in a language clearly understood by newly arrested inmates. The comprehensive education is provided in the PREA Information Video. This video is in English, Spanish and Sign Language.

Interviews with inmates indicated that they received information on the agency's sexual abuse and sexual harassment policies. The interview with intake staff indicated that inmates receive comprehensive training regarding PREA through a video presentation which is coupled with staff instruction. Inmates sign a form acknowledging they have received PREA education. Documentation of these forms was provided to the auditor.

115.33 (c): The PREA education is completed within the first week of incarceration. The interview with the intake staff indicated that all inmates who arrive at the facility receive the PREA brochure explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates are not transferred as this is a county jail facility.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for disabled and Limited English Proficient (LEP) inmates. Policy and Procedure 13.30 states that the PREA video is available in English, Spanish and Sign Language. If the video is not available or in a format the inmate can understand, information may be conveyed one-on-one. The PREA video script is also given to inmates and is



documented in the electronic case notes. The case manager may read PREA information in cases where the inmate may be intellectually challenged. For inmates with a limited English vocabulary, the case manager must provide a written script of the video or other comparable information in the inmate's native language. Inmates who are deaf or hard of hearing, will be provided interpreters who can interpret effectively, accurately and impartially. Written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility has staff members who are fluent in Spanish to provide accommodations for inmates who are LEP. The PREA video is also available in Spanish and with subtitles. Staff are able to access agencies with the ability to assist if inmates need other formats. Inmates who are deaf or hard of hearing can receive information in American Sign Language and closed captioning on the video. The facility also has deaf translation devices which were demonstrated to the auditor.

An interview with Intake staff indicated that information is provided to deaf and hard of hearing inmates and that information is verbally provided to inmates with cognitive disabilities and literacy issues. PREA education is given to inmates through video and written material in both English and Spanish. Information is posted throughout the facility which is also in English and Spanish. The inmates interviewed stated that they were provided education on PREA policies and that they understood.

There were no LEP, blind or cognitively impaired inmates at the facility during the dates of the on-site audit. Interviews were conducted with inmates who had hearing impairments. These interviews were conducted with staff who used American Sign Language and also through the translation device. The inmates stated that they were provided information in a method they were able to understand.

115.33 (e): Inmate PREA education documentation is captured on the Inmate Orientation / Handout Sign In-Sheet. A review of inmate completed forms indicate that they had received PREA education and it was documented.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the orientation handbook, the pamphlet and through PREA signage. During the site review, the auditor observed the PREA signage in each housing unit and in common areas.

	<p>Based on a review of the PAQ, Policy and Procedure 13.30, Policy and Procedure 17.02, the Inmate Brochure, the PREA Intake Form (with signatures), the inmate handbook, the PREA video, a review of inmate records, accessible formats, the PREA video in Spanish and with subtitles, observations made during the site to include the availability of PREA information via signage and documents as well as information obtained during interviews with intake staff and inmates, this standard is determined to be compliant.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Investigators' NIC Training Certificates</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.34 (a): Policy and Procedure 13.30 states that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. This training is completed through the National Institute of Corrections. A review of the facility investigators' training records indicated that they had completed the training. The interview with investigators indicated the investigators received specialized training.</p> <p>115.34 (b): Policy and Procedure 13.30 states that investigators are required to be trained in conducting sexual abuse investigations in a confinement setting. A review</p>

	<p>of the training curriculum confirmed it included the following: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of the facility investigators' training records indicated that they had completed the training. The interview with facility investigators indicated they received specialized investigations training.</p> <p>115.34 (c): The PAQ indicated that two (2) facility investigative staff have received specialized training in conducting sexual abuse investigations. A review of the facility investigators' training records indicated that the investigators had completed the specialized training. The interview with two (2) facility investigators indicated they received specialized training and that it is documented.</p> <p>115.34 (d): All criminal sexual abuse allegations are investigated by agency investigators.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the PRC investigator training curriculum, a review of investigator training records as well as interviews with investigative staff, this standard is determined to be compliant.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Medical and Mental Health Staff Training Certificates</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Interviews:</p>

## Medical and Mental Health Staff

### Findings (By Provision):

115.35 (a): Policy and Procedure 13.30 requires that all medical and mental health care staff complete the required specialized training. The training includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ indicated that 33 (100%) of the facility medical and mental health staff received the specialized training. A review of medical and mental health training records indicated that those sampled had received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

115.35 (b): The facility indicated that inmates are transported to a local hospital or health department for forensic examinations and that exams are performed by a SANE or a doctor. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): Documentation showing the completion of training is maintained by the agency. A review of training documents for medical and mental health care staff confirm that the completed training is documented via a training certificate.

115.35 (d): A review of medical and mental health staff members' training documents indicated that 100% of those reviewed completed the Sexually Abusive Behavior Prevention and Intervention training.

Based on a review of the PAQ, Policy and Procedure 13.30, the training curriculums, a review of the medical and mental health care staff training records as well as interviews with medical and mental health care staff, this standard is determined to be compliant.

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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 18.01, Inmate Classification Plan</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Intake Sheet J-805</p> <p>Inmate Risk Assessments / Re-assessments</p> <p>Inmate Risk Screening Referrals to Medical Mental Health</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Random Inmates</p> <p>PREA Coordinator</p> <p>Site Review Observations:</p> <p>Risk Screening Area</p> <p>Locations of Inmate File Storage</p> <p>Findings (By Provision):</p> <p>115.41(a): Policy and Procedure 18.01 and 13.30 describe the risk screening process. It indicates that inmates will be assessed during the intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This screening will take place within 72 hours of admittance to the facility. Policy and Procedure 13.30 states that during intake, the inmate is screened to determine</p>

whether the inmate has ever been the victim of sexual abuse either while in an institution or within society. During the classification interview that is conducted within 72 hours of the inmate being assigned to housing in the facility, the inmate is also screened by staff. Documentation of the risk assessment is entered in the electronic Inmate Event Log.

During the site review, the auditor observed the inmate area. The risk screening is conducted in a setting that ensures as much privacy as possible. Interviews with random inmates confirm that they were asked questions either the same day or the next day after their arrival at the facility. The interview with the staff responsible for the risk screening (booking nurse and classification) indicated that inmates are screened using the screening instrument. The PREA Intake Victimization Screening Checklist is the tool utilized.

115.41 (b): Policy and Procedure 13.30 states that all inmates will be assessed within 72 hours of arrival at the facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ indicated that inmates are screened within this timeframe and that 3845 inmates were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate records confirmed that they were all screened within 72 hours.

The interview with the staff who conduct risk screening as well as interviews with inmates indicated that the screening is conducted within 72 hours of their entry into the facility. A review of intake records of inmates also indicated that the screening takes place within 72 hours of their arrival at the facility.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the Intake Sheet (J-805) indicated that inmates are asked “yes” or “no” questions. The screening instrument includes sections that are determined based on the inmate’s history (which can be found in the inmate’s institutional file). Staff go through the list of questions with the inmate and annotate any specific information applicable to victimization or abusiveness.

115.41 (d): A review of the Intake Sheet (J-805) indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether

the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming and whether the inmate is detained solely for civil immigration purposes. The form takes into consideration whether the inmate has previously experienced sexual victimization and the inmate's own perception of vulnerability.

Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open ended.

Sub provision (7) under this standard is no longer applicable to the compliance finding per Executive Order 14168.

115.41 (e): A review of the Intake Sheet (J-805) confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility.

Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly. Interviews with staff who perform the risk screening indicated that the required components are included and that the majority of the questions are yes or no format, with a few that are open ended.

115.41 (f): Policy and Procedure 13.30, p. 6 states that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival. The PAQ indicated that the facility requires inmates to be reassessed within 30 days of their arrival and that in the previous 12 months, 1651 inmates were reassessed for risk of sexual victimization or risk of sexually abusing other inmates within 30 days of their arrival at the facility.

Interviews with staff responsible for the risk screening indicated that inmates are reassessed within 30 days. An interview was conducted with a classification staff member who explained the process and stated that inmates are reassessed every three months and are reviewed for housing, program, and work opportunities. Interviews with random inmates and a review of a sample of inmate files, indicated that inmates were reassessed within the 30-day timeframe.

115.41 (g): Policy and Procedure 13.30 states that inmates would be reassessed for

their risk of victimization or abusiveness when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. This reassessment would be completed by Classification staff.

Interviews with staff indicated that any inmate who alleged sexual abuse would be administered a reassessment during their mental health evaluation. Interviews with staff responsible for risk screening indicated that inmates are also reassessed when warranted. A review of a sample of inmate files indicated that inmates were reassessed. Documentation of referrals to medical and mental health were provided to the auditor and were reviewed. This documentation is all included in the electronic Inmate Event Log.

115.41 (h) Policy 13.30 states that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability' whether or not the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): Interviews with the PREA Coordinator and staff responsible for the risk screening indicate that the information obtained during the risk screening is limited to staff who have a need to know. This would include those individuals who determine housing and work assignments. During the site review, the physical storage area of the information / documentation in the risk screenings was observed which maintained electronically and in files which are stored in locked cabinets in locked offices. Electronic records are only accessible to certain staff with the appropriate access profile.

Based on a review of the PAQ, Policy and Procedure 13.30, 18.01, and Intake Sheet J-805, a review of inmate risk assessments, re-assessments and information from the interview with the PREA Coordinator, the staff responsible for conducting the risk screenings and random inmates, this standard is determined to be compliant. Pursuant to Executive Order 14168, portions of this standard are not included in this compliance determination.



115.42	Use of screening information
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Policy and Procedure 18.01, Inmate Classification Plan</p> <p>Custody Notes</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>PREA Coordinator</p> <p>Random Inmates, Transgender Inmates and Gay/Bisexual Inmates – no transgender inmates at the facility during the dates of the on-site audit.</p> <p>Site Review Observations:</p> <p>Location of Inmate Records</p> <p>Housing Assignments of Inmates</p> <p>Shower Area in Housing Units</p> <p>Findings (By Provision):</p> <p>115.42 (a): Policy and Procedure 13.30 and 18.01 state that the agency uses the information from the risk screening to determine housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexually abused from those at high risk of being sexually abusive. The facility shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>The interview with the PC indicated that information is given to mental health and classification staff and if they have any concerns, a decision would be made regarding the need for more appropriate housing.</p>

The interviews with the staff responsible for the risk screening indicated the lists of inmates are reviewed and the results of the risk screening which is used to determine housing, work and program assignments. The staff members indicated they would also check periodically to ensure that the recommendations for housing, program and work assignments are being followed. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive are not housed together. Additionally, they do not work together or attend education or other programs together, to the extent possible. The facility provided custody notes which specify the actions taken to house inmates with the goal of keeping them safe and separate from other inmates who may be sexually abusive.

115.42 (b): Policy and Procedure 18.01 states that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicated that staff review the lists of inmates to ensure that inmates are housed appropriately.

115.42 (c): This provision is longer applicable to the compliance finding per Executive Order 14168.

115.42 (d): This provision is longer applicable to the compliance finding per Executive Order 14168.

115.42 (e): This provision is longer applicable to the compliance finding per Executive Order 14168.

115.42 (f) This provision is longer applicable to the compliance finding per Executive Order 14168.

115.42 (g): This provision is longer applicable to the compliance finding per Executive Order 14168.

Based on a review of the PAQ, Policy and Procedure 13.30 and 18.01, a review of inmate housing assignments, the custody notes, and information from interviews with the PREA Coordinator, staff responsible for conducting risk screenings, random

	inmates, and an inmate who identified as lesbian, this standard is determined to be compliant. Per Executive Order 14168, portions of this standard are not included in the compliance determination.
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 18.01, Inmate Classification Plan</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Policy and Procedure 10.01, Restrictive Housing of Inmates</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Staff Who Supervise Inmates in Segregated Housing</p> <p>Site Review Observations:</p> <p>Observations of the Facility</p> <p>Findings (By Provision):</p> <p>115.43 (a): Policy and Procedure 18.01, 13.30 and 10.01 state that the agency does not place inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and no alternative is available to separate the inmate victims from likely abusers.</p> <p>The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Chief of Corrections indicated that inmates are not placed in involuntary</p>

segregated housing unless there is no alternative housing available, and then, only until a more suitable placement can be made. If inmates are placed in segregation, their privileges are not revoked. Occurrences of any privileges revoked would be documented.

115.43 (b): Policy and Procedure 10.01 states that if an inmate was placed in segregated housing, that they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with the indication of the reason and length of time of the limitation. The Electronic Logbook Information System (ELIS) is the primary method of documentation in the Restrictive Housing Unit.

The interviews with random staff and with staff who supervise inmates in segregated housing were conducted and indicated that inmates would have access to everything except a work assignment. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered a sexual abuse at the time of the on-site audit.

115.43 (c): Policy and Procedure 10.01 states that Classification will review the inmate's record in Restrictive Housing within seventy-two (72) hours to ensure appropriate classification / security level. Placement in restrictive housing would only be until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days.

The PAQ indicated that there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Chief of Corrections and staff who supervise inmates in segregated housing indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. There were no inmates in segregated housing for risk of sexual victimization or who allege to have suffered a sexual abuse at the time of the on-site audit.

115.43 (d): The PAQ indicated there have been no instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization.

115.43 (e): Policy and Procedure 10.01 states that if an inmate was placed in segregated housing due to risk of victimization, they would be reviewed every 30

	<p>days to determine if there was a continued need for the inmate to be separated from the general population.</p> <p>There were no inmates housed in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse during the time of the on-site audit.</p> <p>Staff who supervise inmates in segregated housing were interviewed and stated that if there was an inmate housed in segregated housing for more than 30 days, their status would be reviewed to determine if there was a continuing need for separation from the general population. This facility has not had any incidences of involuntary segregated housing for PREA related issues that extend beyond 30 days.</p> <p>Based on a review of the PAQ, Policy and Procedure 10.01,18.01, 13.30, the electronic Inmate Event Logs, information from the interview with the Chief of Corrections and segregation staff, this standard is determined to be compliant.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Policy and Procedure 14.03, Inmate Grievances</p> <p>PREA Reporting Retaliation Interview Form</p> <p>JEPCF Rules and Regulations Handbook (English and Spanish)</p> <p>PREA Inmate Educational Pamphlet</p> <p>Electronic Log (ELIS) PREA Hotline Documentation of Review</p> <p>Email from State Attorney Documenting Call Received from Hotline</p> <p>PREA Compliant from Inmate via SmartJail</p>

Interviews:

Random Staff

Random Inmates

PREA Coordinator

Observations:

Observation of PREA Reporting Information in Housing Units

Facility Website

Findings (By Provision):

115.51 (a): Policy and Procedure 13.30 states that the agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Educational Pamphlet states that there are multiple ways for inmates to report. These methods include: by phone to the facility hotline (\*222), to the State Attorney (\*333), to the Rape Crisis counselor (\*444). The Inmate Handbook states that inmates can report via hotline, kiosk, or directly to any staff member. The Inmate Handbook states that there is a drop-down on the kiosks to report, as well, but kiosks are not monitored 24/7. Inmates can file a grievance, write a note to staff or write to a public or private entity that is not part of the facility (information on this is provided in a brochure which is issued upon intake and on various posters throughout the facility and can be found in the Inmate Handbook, as well.)

During the on-site review, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. The auditor had inmates demonstrate how they could report an allegation of sexual abuse or sexual harassment. Reviews of the investigation files showed the different ways that inmates had reported allegations. Some of these were through the hotline number to the outside provider and others were through notes to staff, verbally telling staff, telling family who reported on their behalf and other inmates reporting on their behalf. Test calls were made by the auditor to the listed hotline reporting numbers and these numbers were all in working order and accessible through the inmate phones.

Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed of these

methods. Most inmates indicated that they would tell a staff member or call the hotline. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (written, verbal, electronic, anonymous and third party) to report sexual abuse and sexual harassment.

115.51 (b): Policy and Procedure 13.30 states that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the information to agency officials. Inmates can report to the local rape crisis center. All calls are free and not monitored. Inmates can also contact the State Attorney's Office and can have family members, friends or acquaintances report incidents of sexual assault or harassment on their behalf.

During the on-site review, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. The information on the signage was easily visible and readable and was consistent throughout various areas in the facility. Test calls were made in the housing units to these numbers. The numbers were working and connected to a live person. A brief conversation with the persons who answered the phone on behalf of the entity verified the services they provide and that when they receive a report, it is forwarded to the facility. The reporting entities allow confined persons to report anonymously upon request. The reporting numbers can be accessed via the inmate phones and are not only accessible on a dedicated phone. The internal hotline is monitored by the central control room detention deputy who will check the PREA hotline for messages every three (3) hours. The calls did not require a pin number to be entered.

The audit postings were observed in all of the housing units, program areas, visitation areas, lobby and inmate work areas throughout the facility. The information contained on these postings were accurate.

Signage with information on how to report sexual abuse and/or sexual harassment (external and internal reporting methods) as well as civil immigration information was posted in living areas, program areas, work areas and education areas. In the housing units, this information was posted near the phones so persons confined in the facility could easily access the phone number, if needed.

Writing instruments, paper, envelopes and stamps are also readily accessible for inmates including those housed in segregation. Mailboxes are placed in areas easily accessible to inmates and are accessed by staff who pick up the mail daily. The boxes are kept locked and secured and are only accessible by designated staff.

	<p>The interview with the PC / PCM indicated that the outside reporting information is located on signage around the facility. Interviews with a sample of inmates confirm that most are aware of the various methods of reporting and that the information is posted in their housing area. Informal interviews with inmates also confirmed that they were aware of the various methods of reporting.</p> <p>115.51 (c): Policy and Procedure 13.30 states that staff are required to accept all reports made verbally, in writing, anonymously and from a third-party and will promptly document any verbal reports.</p> <p>Interviews with inmates confirm that they are aware of the methods available for reporting. Interviews with staff indicate they accept all allegations of sexual abuse and sexual harassment, and they immediately report any allegation to the shift supervisor and document the information.</p> <p>115.51 (d): Policy and Procedure 13.30 states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. Staff can privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor outside their immediate chain if necessary or directly to the PREA Coordinator. Staff are informed of these ways in staff training, brochures, and pocket cards.</p> <p>Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to facility leadership.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 14.03, JEPCF Inmate Handbook in English and Spanish, the staff annual training PowerPoint, Inmate Educational Pamphlet, PREA Hotline Report in ELIS, PREA Complaint to State Attorney, PREA Complaint on SmartJail, the facility website, PREA signage, observations from the facility site review and interviews with the PC, random inmates and random staff, this standard is determined to be compliant and is rated as exceeds.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Documents:

Pre-Audit Questionnaire (PAQ)

Policy and Procedure 14.03, Inmate Grievances

PREA Investigations List

Policy and Procedure 13.30, Prison Rape Elimination Act

PREA Violation Report Form

JEPCF Inmate Handbook – English and Spanish

Policy and Procedure 15.01, Inmate Discipline

Interviews:

Inmates Who Reported Sexual Abuse - none at the facility as of the dates of the on-site audit.

Observations:

PREA Signage

Agency Website

Findings (By Provision):

115.52 (a): Policy and Procedure 14.03 is the administrative procedure for dealing with inmate grievances regarding sexual abuse. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): Policy and Procedure 14.03 states that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse.

115.52 (c): Policy and Procedure 14.03 states that the inmate may submit a grievance

without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. PREA-related grievances may be placed in a sealed envelope by the inmate and addressed directly to the administrative lieutenant.

115.52 (d): Policy and Procedure 14.03 states that upon receipt, the zone supervisor, shift commander or appropriate designee will have up to five (5) calendar days to issue a final resolution unless immediate action is deemed necessary by the zone supervisor, medical staff or watch commander. All resolutions will be documented in the inmate's Electronic Logbook Information System (ELIS) record. There have been twenty-two (22) grievances filed in the previous 12 months that alleged sexual abuse. All of these reached a decision within 90 days after being filed. There were no inmates who reported sexual abuse at the facility during the dates of the on-site audit.

115.52 (e): Policy and Procedure 14.03 states that third parties are permitted to assist inmates in filing requests for administrative remedies for sexual abuse and are permitted to file such requests on behalf of the inmate. The PREA Violation Report Form is provided as well as information regarding PREA is accessible to the public via the agency website.

Signage was observed around the facility during the on-site review which specifies information on reporting allegations of sexual abuse and sexual harassment. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months.

115.52 (f): Policy and Procedure 13.30 states that staff must respond to concerns of substantial risk of imminent danger, including sexual abuse, within forty-eight (48) hours, if not immediately. Staff have been trained to move such inmates out and away from the alleged perpetrator immediately and without delay. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. Per Policy and Procedure 14.03, final decisions on grievances for PREA allegations will be within 5 days.

115.52 (g): Policy and Procedure 13.30 and the Inmate Handbook states that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

	Based on a review of the PAQ, Policy and Procedure 14.03, 13.30, 15.01, the PREA Violation Report Form, the PREA Investigations List, the Inmate Handbook, as well as observations of PREA signage throughout the facility and information on the agency website this standard is determined to be compliant.
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115.53	Inmate access to outside confidential support services
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>MOU with the Victim Services Center</p> <p>MOU with the State Attorney's Office</p> <p>PREA Inmate Educational Pamphlet</p> <p>Inmate Rules and Regulations Handbook – English and Spanish</p> <p>Interviews:</p> <p>Random Inmates</p> <p>Inmate Who Reported Sexual Abuse - none at the facility as of the dates of the on-site audit.</p> <p>Informal Conversations with Staff and Inmates</p> <p>Observations:</p> <p>Signage Regarding the MOU with the Victim Services Center</p> <p>Signage Regarding the MOU with the State Attorney's Office</p> <p>Findings (By Provision):</p>

115.53 (a): Policy and Procedure 13.30 states that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential a manner as possible.

The PAQ indicated that inmates were provided mailing addresses and phone numbers to The Victim Services Center and that they enabled reasonable communication with these services in as confidential a manner as possible. The contact information is provided to the inmates in the Inmate Educational Pamphlet and the Inmate Rules and Regulations Handbook.

The MOU states that the Victim Services Center will provide sexual assault victims with: a 24-hour Rape Crisis Hotline; information and referrals; crisis intervention services, including individual and group counseling; therapy; advocacy and/or accompaniment to sexual assault survivors; forensic evidence collection, and hospital advocacy to sexual assault victims through the SANE program; facilitate staff and/or client trainings about the dynamics and primary prevention of sexual violence; maintain collaborative partnerships to assure quality system coordination for sexual assault response.

Interviews with random inmates indicated that most were familiar with the services provided by The Victim Services Center. Interviews with random inmates indicated that most of these were aware of the availability of outside emotional support services. Information regarding these services was posted throughout the facility.

Contact was made with this provider and confirmation was made of the MOU and the services they provide. The call to the provider was made from the inmate phones in the same manner that an inmate would be expected to call. The number is a local toll-free number which was answered by a live person. This number is unmonitored. The provider advised that inmates can also write to them via the address provided in the signage and in their inmate handbooks.

During the site review, signage was posted throughout the facility with contained contact information to the Victim Services Center as well as information regarding civil immigration. The signage was specific to the services provided and was in English and Spanish. It could be easily read and was not obscured or unreadable. The information was accurate and consistent throughout the facility. Informal conversations with staff and inmates was conducted regarding the signage – the readability and availability and general awareness of the information provided. Staff

and inmates were aware of the information which was posted in the signage. Staff and inmates were asked about the accessibility of mailing letters to the outside entities. No issues were reported.

115.53 (b): Policy and Procedure 13.30 states that prior to giving inmates access to outside support services, they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. Policy indicates that confidential is not the same as privileged communication and such communication is monitored consistently with security practices. Information for the inmate population is contained in the Inmate Handbook.

Interviews with random inmates indicate that most were familiar with the advocacy information and stated that information is provided to them in their packet of information they are given at intake and orientation. Most inmates indicated that any contact with these services would be confidential. Inmates are not detained solely for civil immigration purposes at this facility, therefore, that part of the provision does not apply.

115.53 (c): The facility has a Memorandum of Understanding with The Victim Services Center to provide emotional support services to inmates for issues related to sexual abuse. This MOU was provided and reviewed by the auditor. The facility also has a Memorandum of Understanding with the 18th Judicial Brevard / Seminole State Attorney's Office Criminal Investigations Unit to provide an independent avenue for reporting incidents of alleged sexual harassment and/or sexual battery upon inmates at the John E. Polk Correctional Facility (JEPCF) and the Juvenile Detention Center (JDC). The State Attorney's Office provides a voice mailbox that is checked daily Monday through Friday from the hours of 8am to 5pm. Reports received by way of the voice mailbox will be forwarded to the Seminole County Sheriff's Office. The Sheriff's Office Dispatch line is posted for the inmate population alongside of the SAO number in the event an inmate requires immediate reporting after hours or on weekends. This MOU was provided and reviewed by the auditor.

Based on a review of the PAQ, Policy and Procedure 13.30, the MOU with The Victim Services Center, the MOU with the State Attorney, the Inmate Educational Pamphlet, the Inmate Rules and Regulations Handbook, observations from the facility site review related to PREA signage and posted information, interviews with inmates, and informal conversations with inmates and staff, this standard is determined to be compliant and is rated as exceeds.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Agency PREA Violation Report Form</p> <p>Observations:</p> <p>The Agency Website</p> <p>Findings (By Provision):</p> <p>115.54 (a): Policy and Procedure 13.30 states that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>A review of the agency's website confirms that third parties can report on behalf of an inmate. Phone numbers are provided on the website. This information is also provided to the inmate population via the PREA signage in English and Spanish posted at various locations in the facility as well as on the inmate kiosk system. The Agency website also contains access to the PREA Violation Report Form which can be filed on behalf of the inmate by a third party.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the PREA Violation Report Form, the agency's website and posted PREA signage, this standard is determined to be compliant.</p>

115.61	Staff and agency reporting duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Policy and Procedure 20.06, Civilian Volunteer Program</p> <p>Policy and Procedure 07.03, Contractor Work Criteria</p> <p>Post Order 98.48, Central Control Detention Deputy and Detention Service Officer</p> <p>PREA Allegation Reports</p> <p>Interviews:</p> <p>Random Staff</p> <p>Medical and Mental Health Staff</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.61 (a): Policy and Procedure 13.30, 07.03, and 20.06 and Post Order 98.48 requires all staff including volunteers and contractors to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident to the shift supervisor.</p> <p>Interviews with random staff confirm that staff take all allegations seriously and that they know they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews with random staff also confirmed they would report retaliation, or any staff neglect related to these incident types. Staff are required by policy to report immediately any retaliation against inmates or staff who report such incidents. All staff are required to immediately report any neglect or violation of responsibilities that may have</p>

	<p>contributed to an incident or retaliation. Interviews with random staff indicated that they are able to report to any supervisor, verbally, in writing or anonymously. Staff stated that they can report to any supervisor if they did not feel comfortable reporting to their immediate supervisor. They are also able to call the National Sexual Abuse Hotline number to report the incident.</p> <p>115.61 (b): Staff are prohibited from revealing 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. Interviews with random staff confirm that they would immediately report the information to their supervisor and they would report it in as confidential manner as possible.</p> <p>115.61 (c): Interviews with medical and mental health care staff confirm that they would immediately report any allegation of abuse that occurred within a confinement setting. Medical and mental health care staff stated that they inform inmates of the limits of confidentiality.</p> <p>115.61 (d): Interviews with the Chief of Corrections and the PREA Coordinator confirmed that any alleged victims under the age of eighteen or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service agency under applicable mandatory reporting laws.</p> <p>115.61 (e): The interview with the Chief of Corrections confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be reported to the facility's designated investigators.</p> <p>Based on a review of the PAQ, PREA Policy 20.06, 13.30, 07.03, Post Order 98.48, investigative reports and interviews with random staff, medical and mental health staff, the PC and the Chief of Corrections, this standard is determined to be compliant.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard



	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30</p> <p>Policy and Procedure 14.03</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Random Staff</p> <p>Findings (By Provision):</p> <p>115.62 (a): Policy and Procedure 13.30 states that when the facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ stated that there were no inmate victims who were determined to be at risk of imminent sexual abuse within the last 12 months.</p> <p>Interviews indicated that if an inmate is at imminent risk, that staff would immediately contact the shift supervisor and remove the inmate victim from the situation. The interview with the Chief of Corrections indicated that any inmate at risk would be immediately safeguarded and then additional steps would be taken depending on the situation. The inmate victim may require a change in job assignment, housing assignment and/or program assignment. The inmate may be moved to another housing unit, or the perpetrator may be moved to another housing unit. Inmates may be placed in segregated housing for the least amount of time necessary for a determination to be made regarding the safety of the inmate victim. Additionally, the interviews indicated that appropriate measures may also include moving a staff member's work assignment or removing the staff from the facility until the investigation is complete.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 14.03, and interviews with the Chief of Corrections and random staff, this standard is determined to be compliant.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PREA Procedure 13.30</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Findings (By Provision):</p> <p>115.63 (a): PREA Procedure 13.30, p. 8 describes the requirements for reporting to other confinement facilities. The policy requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, notification will be made by phone through the appropriate office of the alleged sexual abuse/harassment. This notification will be documented with written correspondence to the other facility. Notification will be made as soon as possible but no later than 72 hours.</p> <p>The PAQ indicated that during the previous twelve months, the facility had no (0) instances in which another agency was notified concerning an inmate allegation of sexual abuse.</p> <p>115.63 (b): PREA Procedure 13.30 describes the requirements for reporting to other confinement facilities. The policy requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the notification will be made as soon as possible, but not later than 72 hours after receiving the allegation.</p> <p>115.63 (c): PREA Procedure 13.30 states that the facility will document in written correspondence that it has provided notification.</p> <p>115.63 (d): PREA Procedure 13.30 states that if the facility receives information from another facility that an incident allegedly occurred in the jail prior to an inmate being transferred to another facility, the jail will ensure that the allegation is investigated in accordance with the PREA standards and agency policy.</p>

	<p>The interview with the Chief of Corrections verified that allegations received from other agencies will be investigated according to policy. Per the PAQ, there were no allegations of sexual abuse received from other facilities in the past 12 months.</p> <p>Based on PREA Procedure 13.30, the PAQ and the interview with the Chief of Corrections, this standard is determined to be compliant.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30</p> <p>Investigative Files</p> <p>JEPCF Quick Reference Card</p> <p>Interviews:</p> <p>Custody Staff and Non-Custody Staff First Responders</p> <p>Inmates Who Reported a Sexual Abuse – none at the facility as of the dates of the on-site audit</p> <p>Random Staff</p> <p>Findings (By Provision):</p> <p>115.64 (a): Policy and Procedure 13.30 pp. 7-8 describe staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first responder custody staff member will: separate the alleged victim and the alleged perpetrator, preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</p>

	<p>The PAQ indicated that during the previous twelve months, there have been no (0) allegations of sexual abuse. The auditor interviewed random staff, and all random staff interviewed were well versed on their first responder duties. The JEPCF Quick Reference Card is given to all staff which contains the PREA checklist for responding to allegations of sexual abuse. All staff interviewed indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. Staff also indicated they would take the inmate to medical. There were no inmates at the facility who had reported a sexual abuse.</p> <p>A review of the investigation files indicated that the allegations were not for sexual abuse.</p> <p>115.64 (b): Policy and Procedure 13.30 describe staff first responder duties. Specifically, these policies require that if the first responder is not a custody staff member, the responder shall advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence.</p> <p>Interviews with staff (custody and other staff) confirmed that they are aware of their first responder duties. There were no instances in the previous 12 months where the first staff to respond was not a security staff member.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the JEPCF Quick Reference Card, a review of the investigative files and interviews with random staff, this standard is determined to be compliant.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Documents:  Pre-Audit Questionnaire (PAQ)

	<p>Policy and Procedure 13.30</p> <p>Policy and Procedure 13.04</p> <p>Policy and Procedure 14.01</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Findings (By Provision):</p> <p>115.65 (a): Policy and Procedures 13.30, Attachment A, p. 12 as well as Policy and Procedures 13.04 and 14.01 indicates that the facility has a written plan which coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators and facility leaders. A review of the procedures showed that all areas are accounted for in the plan.</p> <p>Attachment "A" also specifies the written institutional plan specific to the Detention Facility 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 plan specifies the role of each staff member previously listed.</p> <p>The Chief of Corrections confirmed that the facility has a plan and that it includes staff first responders, medical, mental health, investigators and facility leadership.</p> <p>Based on a review of Policy and Procedures 13.30, 13.04,14.01, and the interview with the Chief of Corrections, this standard is determined to be on compliance and is rated as exceeds.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

	<p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Findings (By Provision):</p> <p>115.66 (a): Per the PAQ, the Seminole County Sheriff's Office has not entered into any collective bargaining agreement since the last PREA Audit.</p> <p>115.66 (b): N/A. The auditor is not required to audit this provision</p> <p>The Chief of Corrections stated in the interview that the facility is not limited in their ability to remove staff sexual abusers from contact with inmates.</p> <p>Based on the PREA Compliance manual and the interview with the Chief of Corrections, this standard is determined to be compliant.</p>
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115.67	Agency protection against retaliation
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act (PREA)</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p>

Inmates Who Reported Sexual Abuse - none at the facility as of the dates of the on-site audit

Findings (By Provision):

115.67 (a): Policy and Procedure 13.30, pp. 9-10 state that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring.

The policy states that the Professional Standards Division is responsible for monitoring retaliation. The policy also states that the facility PREA Compliance Manager and shift supervisors will be responsible for monitoring an inmate's housing assignment and treatment after their reporting of or cooperation in the investigation of a sexual assault/ battery investigation.

The staff who monitors for retaliation was interviewed and stated that there are measures in place to monitor retaliation such as: housing changes or transfer for victims of abusers, removal of alleged abusers from contact with victims, emotional support services for those who request (including staff). Contact is made directly with the inmate or staff and retaliation tracking will be done every 30 days and up to 90 days or more if needed and will review any changes, discipline reports, housing changes, etc. and will conduct periodic status checks.

115.67 (b): Policy and Procedure 13.30 states that the agency protects all inmates and staff who report sexual abuse or sexual harassment or those who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The PREA Compliance Manager and two PREA Compliance Officers are designated to monitor for possible retaliation. These monitoring measures include housing changes for inmate victims, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation for reporting.

A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation.

Interviews with Chief of Corrections and staff responsible for monitoring retaliation indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Chief of Corrections indicated that the PREA Coordinator and PREA Compliance Officer would monitor the inmate,

and monitoring would include housing and cell reassignments, work reassignments, programming changes and disciplinary action. For staff it could include reassignment of work posts, performance evaluations and shift changes. The staff responsible for monitoring indicated inmates would be reviewed for up to 90 days for retaliation and that staff could be removed from the area or facility and the inmates could be moved to another facility. There were no inmates at the facility who had reported a sexual abuse.

115.67 (c): Policy and Procedure 13.3 requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. Monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The policy states that all supervisory staff are charged with the duty to monitor for signs of retaliation and any suspicion of retaliatory actions will be forwarded to the PREA Coordinator without delay.

The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. Documentation was provided of a form which documents the retaliation monitoring at 30-, 60- and 90-day intervals and includes a checklist for the review of the mental health assessment, disciplinary history review and allegations of relevant threats or victimization. The inmate is also asked questions pertaining to any problems experienced from other residents or staff and if the inmate feel safe and the reasons for the response given. The form also contains space for summary notes as well as a space for the inmate to sign and date, the staff member's decision on further assessment and the staff signature and date. Documentation was provided to the auditor of completed retaliation monitoring forms and all of the required information was included.

The PAQ indicated that there had been no instances of retaliation in the previous twelve months. Interviews with the Chief of Corrections and staff responsible for monitoring retaliation indicated that they would monitor the inmate for at least 90 days and would spot check every few weeks. Housing changes, job changes, progress reviews, disciplinary reports and unreasonable incident reports would be reviewed for possible retaliation.

During the on-site audit and review of the monitoring documentation for the sexual abuse and sexual harassment allegations, it was verified that inmates were being monitored for retaliation which continued for the full 90 days and beyond, if warranted. Because the facility is a jail, many of the inmates are not housed at the facility for the entire monitoring period.



	<p>There were no inmates who had reported sexual abuse at the facility during the dates of the on-site audit.</p> <p>115.67 (d): In instances where monitoring was required, staff stated that they would monitor an inmate who alleged sexual abuse or sexual harassment for 90 days. This monitoring would include status checks. The interview with the Chief of Corrections and staff responsible for monitoring retaliation indicated that the inmate would be monitored for at least 90 days and that this would include status checks.</p> <p>115.67 (e): The interview with the Chief of Corrections indicated that the facility would employ the same protective measures as stated previously related to staff and inmates to include removal of inmates or staff, protective protocols, counseling and an investigation.</p> <p>115.67 (f): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, investigative reports, monitoring documents and interviews with the Chief of Corrections, and staff charged with monitoring retaliation, this standard is determined to be compliant.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30</p> <p>Interviews:</p> <p>Chief of Corrections</p>

Staff Who Supervise Segregation

Inmates who Reported Sexual Abuse – none at the facility

Site Review Observations:

Observations of Segregation

Findings (By Provision):

115.68 (a): Policy and Procedure 13.30 states that inmate victims will be placed in the least restrictive housing possible.

The PAQ indicated that there were no inmates involuntarily segregated for zero to 21 hours or longer than 30 days. During the site review, it was observed that the segregation unit at this facility did not currently house any inmates who were alleged to have suffered sexual abuse.

The interview with the Chief of Corrections indicated that inmates who alleged sexual abuse would only be placed in involuntary segregated housing until an assessment of all available alternatives had been made and a determination was made that no available alternative means of separation from likely abusers existed. The Chief of Corrections indicated this would typically not exceed 30 days and the status of the inmate would be reviewed at least every 30 days by staff.

Interviews with staff who supervise segregation also indicated that inmates who are victims of sexual abuse are not housed in segregated housing unless there is no other alternative and then it is for a very short period of time. Inmates in segregated status are not restricted from programs, education or other privileges unless there is a documented disciplinary or security reason for doing so. In these situations, the opportunities limited would be specified as well as the duration and the reasons for such limitations.

Based on a review of the PAQ, Policy and Procedure 13.30 and interviews with the Chief of Corrections, and staff who supervise segregation, this standard is determined to be compliant.

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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Seminole County Sheriff's Office, General Order G-69, Preliminary and Follow-Up Investigations</p> <p>Policy and Procedure 13.30</p> <p>Sexual Abuse Investigation Files</p> <p>Investigators' Training Certifications</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Inmates Who Reported Sexual Abuse - none at the facility</p> <p>Findings (By Provision):</p> <p>115.71 (a): General Order G-69 is the policy which relates to criminal and administrative investigations.</p> <p>The interviews with the investigators confirmed that in any allegation of sexual abuse or sexual harassment, an investigation would be initiated immediately and promptly. The investigators indicated that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively. A review of the investigation files showed that after the allegation was reported, the investigation was promptly initiated.</p>

115.71 (b): A review of training records revealed that facility staff have completed the investigator specialized training and are compliant with all PREA investigatory standards to include 115.34 and 115.71. The interview with the investigators indicated that they received specialized training and complete the training annually. Both investigator training records were reviewed and they had both received specialized investigator training.

115.71 (c): Policy and Procedure 13.30 states that the major crimes investigator will gather and preserve direct and circumstantial evidence including physical, DNA, electronic monitoring data and interviews of alleged victims, suspected perpetrators and witnesses. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator.

The interviews with investigative staff indicated that in these allegations, and any allegations, they would ensure the victim was safeguarded and begin the investigation. This would include interviews, evidence collection, photographs, medical assessments, mental health assessments, video surveillance review, and review of prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71 (d): Policy and Procedure 13.30, p. 9 states that sexual assault / abuse cases that are found to be substantiated will be referred to the States Attorney's Office for prosecution. The interviews with the investigators confirmed that they would only conduct compelled interviews after consulting with prosecutors.

115.71 (e): Policy and Procedure 13.30, p. 14 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. Polygraph examinations or other truth-telling device will not be used as a condition for proceeding with the investigation of such an allegation.

The interviews with the investigators confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse.

There were no inmates who reported sexual abuse at the facility during the dates of the on-site audit.

115.71 (f): Policy and Procedure 13.30, p. 9 states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

The interviews with investigative staff confirmed that administrative investigations are documented in written reports and include all facts and findings. The reports contain a memorandum, photos (if any), interviews, summary, initial allegation and a conclusion. The investigators indicated that they review any evidence, to determine if staff actions or failure to act contributed to the abuse. A review of the investigations indicates that all of this information was included.

Investigative files are stored both physically and electronically and are secured to protect sensitive information. This was pointed out to the auditor during the on-site review.

115.71 (g): Policy and Procedure 13.30, p. 9 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and the reasoning behind credibility assessments, and investigative facts and findings.

A review of the investigation files indicated that they were stored in an electronic and physical storage area. The investigation files were reviewed by the auditor and it was verified that the investigations included an effort to determine whether staff actions or failures to act contributed to the abuse and were documented in written reports that included a description of the physical and testimonial evidence, and the reasoning behind credibility assessments and investigative facts and findings.

The interviews with investigative staff confirmed that criminal investigations would be documented in written reports and include all factual findings as well as the conclusion of the findings. Staff indicated they would have all the same components as an administrative investigation.

115.71 (h): Policy and Procedure 13.30, p. 9 states that substantiated allegations of conduct that appear to be criminal will be referred to prosecution.

The PAQ indicated that there were no (0) allegations referred for prosecution since the last PREA audit.

The interviews with the investigators confirmed that if fact finding led to a belief that the allegation occurred, and it was criminal, the case would be referred to prosecutors.

115.71 (i): Policy and Procedure 13.30, p. 9 states that all written reports referenced in (f) and (g) will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of a sample of historic investigations confirmed that the retention requirement is being met.

115.71 (j): Policy and Procedure 13.30, p. 9 states that any and all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody. The interviews with investigators also confirmed this.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): The facility is a jail which is operated under the agency which is the Seminole County Sheriff's Office. The investigators are employed by the sheriff's office. The Chief of Corrections, the PREA Coordinator and the investigative staff all stated that the facility cooperates with the investigators and there is a cooperative information sharing during the course of the investigation.

Based on a review of the PAQ, Policy and Procedure 13.30, General Order G-69, the investigator training records and information from interviews with the Chief of Corrections, PREA Coordinator, and investigative staff, this standard is determined to be compliant.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30</p> <p>Interviews:</p> <p>Investigative staff</p> <p>Findings (By Provision):</p> <p>115.72 (a): Policy and Procedure 13.30 states that the agency shall impose a standard of a preponderance of evidence or lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>A review of the investigation files indicated that the preponderance of the evidence was the standard of evidence used in the determinations.</p> <p>The interviews with the investigators indicated that preponderance of evidence is the threshold to substantiate an allegation.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, a review of the investigation files and information from the interviews with investigative staff, it is determined that this standard is compliant.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p>

Policy and Procedure 13.30

Investigation Files

Notification of Outcome of Investigation

Interviews:

Chief of Corrections

Investigative Staff

Inmates Who Reported Sexual Abuse – none at the facility

Findings (By Provision):

115.73 (a): Policy and Procedure p. 8 states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

The PAQ indicated that there were twenty-two (22) investigations completed within the previous twelve months.

The interview with the Chief of Corrections and investigative staff confirmed that inmates are informed for the outcome of the investigation into the inmates' allegations.

There were no inmates at the facility who had reported a sexual abuse as of the dates of the on-site audit.

A review of the investigation files contained the written notification to the inmate and contained the inmates' signatures acknowledging receipt of the findings. Three (3) of these were also included in the PAQ.

115.73 (b): The PAQ indicated that there were no investigations completed within the previous twelve months by an outside agency. This facility is a jail and the agency (Sheriff's Office) has both administrative and criminal investigators. These investigators conduct investigations of PREA allegations in the facility.



115.73 (c): Policy and Procedure 13.30 states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There were no inmates at the facility during the on-site audit who reported a sexual abuse. A review of the investigation files indicates that there were no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the past 12 months.

115.73 (d): Policy and Procedure 13.30 p. 15 states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There were no inmates at the facility during the dates of the on-site audit who reported a sexual abuse.

A review of the investigation files indicates that there has not been an instance where the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility in the previous 12 months.

115.73 (e): Policy and Procedure 13.30, p. 15 states that all notifications or attempted notifications would be documented.

Notifications made during the audit period were documented in the investigation files. The inmate signs the notification form as acknowledgement of receipt of the information.

115.73 (f): The auditor is not required to audit this provision.

	<p>Based on a review of the PAQ, Policy and Procedure 13.35, information from interviews with the Chief of Corrections, investigative staff and documentation provided in the investigation files, this standard is found to be compliant.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Seminole County Sheriff's Office, General Order G-34, Conduct Investigations</p> <p>Policy and Procedure 13.30</p> <p>Findings (By Provision):</p> <p>Policy and Procedure 13.30, p. 3 states that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. General Order G-34 further specifies the disciplinary procedures for staff. This policy states that formal disciplinary action is punitive in nature and can range from a written reprimand, to suspension and dismissal. Staff can also receive demotions, reduction in rate of pay and removal from a specialty team.</p> <p>115.76 (b): The PAQ indicated that in the past 12 months, there have been no (0) termination, resignation or other sanctions against staff for violating the agency sexual abuse and sexual harassment policies.</p> <p>115.76 (c): General Order G-34 and Policy and Procedure indicate that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff members who were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies.</p>

	<p>In the previous 12 months, there have been no (0) staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>115.76 (d): Policy and Procedure 13.30 states that If the investigation involves a staff member, it will be the responsibility of the professional standards investigator to determine if the allegation presented should be investigated criminally. The Major Crime's Division investigator is the criminal investigator.</p> <p>The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies in the previous 12 months.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30 and General Order G-34, this standard is determined to be compliant.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>General Order G-34, Conduct Investigations</p> <p>Policy and Procedure 13.30</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>Findings (By Provision):</p>

	<p>115.77 (a): Policy and Procedure 13.30 states that the policy applies to all certified, civilian, and volunteer correctional personnel as well as investigative personnel assigned to the Major Crimes Unit, Diversified Investigative Services Division, and contractors providing services at the facility. Sexual conduct or abuse involving inmates, staff and inmates, volunteers and inmates, or contract personnel and inmates, regardless of consensual status, is strictly prohibited and subject to administrative, disciplinary, and criminal actions.</p> <p>The PAQ indicated that there have been no (0) contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months, or who have been subjects of investigations of sexual abuse or sexual harassment of inmates.</p> <p>115.77 (b): General Order G-34 indicates that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies.</p> <p>The interview with the Chief of Corrections indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed in the facility.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, General Order G-34, and information from the interview with the Chief of Corrections, this standard is determined to be compliant.</p>
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115.78	Disciplinary sanctions for inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30</p> <p>Policy and Procedure 15.01, Inmate Discipline</p>

Policy and Procedure 13.07, Mental Health Services

Interviews:

Chief of Corrections

Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): Policy and Procedure 13.30 p. 10 states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. Policy and Procedure 15.01 specifies the process for administrative proceedings and sanctions that can be imposed.

The PAQ indicated there has been no (0) administrative finding of inmate-on-inmate sexual abuse, and no criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.

115.78 (b): Policy and Procedure 15.01 states that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories.

The PAQ indicated there have been no (0) substantiated findings of inmate-on-inmate sexual abuse (administrative case) and there been no criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months. There has not been any discipline administered.

The interview with the Chief of Corrections indicated that if the allegation were not criminal that a disciplinary hearing would take place and sanctions could include loss of good conduct, disciplinary special housing, transfer to another facility or transfer to a higher level of security. If the conduct were criminal, it would be referred for prosecution.

115.78 (c): Policy and Procedure 15.01 indicates that the disciplinary process will

consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed.

The interview with the Chief of Corrections indicated that the inmate abuser's mental health would be considered in the disciplinary sanctions hearing.

115.78 (d): Policy and Procedure 13.07 states that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits.

Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues and that it is voluntary. They indicated that they do not require the inmate to participate as a condition of access to programming and other benefits.

115.78 (e): Policy and Procedure 13.30 p. 10 states that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent.

There have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): Policy and Procedure 13.30 p. 10 states that inmates will not be disciplined for reporting sexual abuse in good faith based upon reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.

There have been no instances during the previous twelve months of the audit where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): Policy and Procedure 13.30 p. 10 states that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. The facility may only deem such activity to constitute sexual abuse if it

	<p>is determined that the activity is coerced.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 13.07, 15.01, interviews with the Chief of Corrections, medical and mental health care staff, this standard is determined to be compliant.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.07, Mental Health Services</p> <p>Policy and Procedure 13.02, Community of Care</p> <p>Policy and Procedure 13.20, Health Records</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Medical and Mental Health Documents – JEPCF Mental Health Referrals</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Medical and Mental Health Staff</p> <p>Inmates Who Disclosed Sexual Victimization at Risk Screening</p> <p>Site Review Observations:</p> <p>Risk Screening</p> <p>Findings (By Provision):</p>

115.81 (a): Policy and Procedure 13.30 states that inmates who have disclosed any prior sexual victimization during the risk screening are offered a follow-up with medical or mental health practitioners within fourteen (14) days of the screening.

The PAQ indicates that inmates who reported prior victimization within the previous 12 months were offered a follow-up meeting with a medical or mental health practitioner. A report of mental health referrals was provided in the PAQ for the auditor. The PAQ also indicated that medical and mental health practitioners maintain documents related to compliance with these services. The auditor was provided documentation of secondary materials documenting compliance with this standard.

Interviews with inmates who disclosed sexual victimization at risk screening indicated that they were offered follow-up services with medical and mental health staff. The interview with the staff responsible for risk screening stated that the prior sexual victimization is noted on the booking intake form when the inmate is processed at intake and it is also noted by classification staff.

115.81 (b): This provision does not apply as the facility is a jail and not a prison.

115.81 (c): Policy and Procedure 13.30 states that inmates who have disclosed any prior sexual victimization during the risk screening are offered a follow-up with medical or mental health practitioners within fourteen (14) days of the screening.

The PAQ indicated that medical and mental health practitioners maintain documents related to compliance with these services. The auditor was provided documentation of secondary materials documenting compliance with this standard.

Interviews with inmates who disclosed sexual victimization at risk screening indicated that they were offered follow-up services with medical and mental health staff. The interview with the staff responsible for risk screening stated that the prior sexual victimization is noted on the booking intake form when the inmate is processed.

115.81 (d): Policy and Procedure 13.30 states that information derived from the use of the screening instrument or during inmate interviews is considered confidential and is to be used solely to assist in determining appropriate classification and housing assignments. Deputies should safeguard this information both verbally and written so



	<p>as not to be used to the detriment of the inmate by staff or other inmates.</p> <p>During the site review, it was noted by the auditor that inmate medical files are maintained electronically, and inmate classification files are kept behind locked doors with limited access by staff.</p> <p>115.81 (e): Medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under eighteen (18) years of age.</p> <p>Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve (12) months. Additionally, they indicated that victims under eighteen (18) years of age and vulnerable adults fall under mandatory reporting laws, and they would be required to report any allegations from these individuals.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 13.07, 13.02, 13.20, medical and mental health documents and information from the interviews with staff who perform risk screening, medical and mental health staff, and inmates who disclosed sexual victimization at risk screening, this standard is determined to be compliant.</p>
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115.82	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.04, Emergency Health and Dental Services</p> <p>Policy and Procedure 13.06, Prenatal Care</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p>

## Medical and Mental Health Documents

### Interviews:

#### Medical and Mental Health Staff

Inmates Who Reported Sexual Abuse - none at the facility as of the dates of the on-site audit

#### First Responders

### Site Review Observations:

#### Observations of Medical and Mental Health Areas

### Findings (By Provision):

115.82 (a): Policy and Procedure 13.30 p. 13 indicates that inmate victims of sexual abuse receive time and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health staff. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.

The PAQ indicates that medical and mental health staff maintain secondary materials documenting the timeliness of services. During the site review, the auditor noted that all medical and mental health areas consisted of an emergency room, numerous exam rooms and offices. All areas were private and consisted of solid doors that allowed for adequate confidentiality. Interviews with medical and mental health staff confirm that inmates receive timely services, typically immediately. They also advised that services are based on their professional judgement.

There were no inmates at the facility during the dates of the on-site audit who had reported a sexual abuse.

Documentation of the forms utilized during medical services was provided in the PAQ.

115.82 (b): Policy and Procedure 13.30 indicates that if no qualified medical or mental

	<p>health practitioners were on duty at the time of a report of recent abuse, non-health staff would take preliminary steps to protect the victim and notify the appropriate medical and mental health services. Procedure confirms that inmate victims of sexual abuse would be transported to the local hospital or the health department for a forensic medical examination. The interviews with first responders indicated that the inmates would be immediately separated, that evidence on the inmates would be preserved, the crime scene would be secured, and the shift supervisor would be contacted.</p> <p>115.82 (c): Policy and Procedure 13.30 indicates that inmate victims of sexual abuse will receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transported for the forensic examination, these services are typically rendered at the time and the facility would continue any follow-up medication, education or services.</p> <p>The PAQ included the Policy and Procedure 13.04 which supports this standard.</p> <p>115.82 (d): Policy and Procedure 13.30, p. 13 states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 13.04, 13.06, a review of medical and mental health documents and information from interviews with medical and mental health care staff and first responders, this standard is determined to be compliant.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.04, Emergency Health and Dental Services</p>

Policy and Procedure 13.02 Continuity of Care

Policy and Procedure 13.07 Mental Health Services

Policy and Procedure 13.30 Prison Rape Elimination Act

Policy and Procedure 13.06 Prenatal Care

Medical and Mental Health Documents

Interviews:

Medical and Mental Health Staff

Inmates Who Reported Sexual Abuse - none at the facility as of the dates of the on-site audit

Site Review Observations:

Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): Policy and Procedures 13.04, 13.02, 13.07 and 13.30 specify that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility.

During the site review, the auditor noted that the medical area consisted of an emergency room, numerous exam rooms and offices. The mental health area consisted of numerous offices. All areas were private and consisted of solid doors which allowed for adequate confidentiality.

115.83 (b): Policy and Procedure 13.02 states that evaluations and treatments of such victims will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody.

Interviews with medical and mental health staff indicated that these services are provided and interviews with inmates who reported a sexual abuse also indicated that they were provided ongoing medical and mental health care and referrals for continued care.

There were no inmates at the facility during the dates of the on-site audit who had reported a sexual abuse.

115.83 (c): Policy and Procedures 13.04, 13.07 and 13.02 indicates that the facility provides inmates who have been sexually victimized with medical and mental health services consistent with the community level of care.

All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital and health department for forensic medical examinations. Interviews with medical and mental health staff indicated that inmates have immediate access to medical and mental health care when needed. Interviews also confirm that the services they provide are consistent, if not better, than the community level of care.

115.83 (d): Policy and Procedure 13.06 states that female offenders who have been sexually victimized while incarcerated shall be offered pregnancy tests.

115.83 (e): Policy and Procedure 13.06 states that if pregnancy results from the conduct of section (d), such victims shall receive timely and comprehensive information and access to all lawful pregnancy related medical services.

Interviews with medical and mental health staff indicated that the information and services would be provided, if pregnancy resulted.

There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse.

115.83 (f): Policy and Procedure 13.04 and 13.06 state that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse. A review of the investigative files contained documentation that the inmates involved received treatment from medical.

	<p>115.83 (g): Policy and Procedure 13.30 states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation.</p> <p>There were no inmates at the facility during the dates of the on-site audit who had reported a sexual abuse.</p> <p>115.83 (h): This provision is not applicable since the facility is a jail and not a prison.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, 13.04, 13.02, 13.07, and a review of medical and mental health documents and information from interviews with medical and mental health care staff, this standard is determined to be compliant.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>Sexual Abuse Incident Reviews</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Incident Review Team</p>

Findings (By Provision):

115.86 (a): Policy and Procedure 13.30 states that the facility will conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

The PAQ indicated that the incidents of reported sexual abuse were followed up with a sexual abuse incident review at the conclusion of the investigation. The auditor reviewed the completed sexual abuse investigations during the onsite phase of the audit from the previous 12 months. All of these contained the sexual abuse incident review with the exception of those which were determined to be unfounded.

115.86 (b) Policy and Procedure 13.30 states that the reviews will be conducted within 30 days of the conclusion of the investigation. The PAQ indicated that the reviews were conducted within 30 days of the completion of the investigations for the reported allegations from the previous twelve months. A review of the documentation of these reviews indicated that the documents were completed within the 30-day timeframe.

115.86 (c): Policy and Procedure 13.30 states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health staff.

The interview with the Chief of Corrections confirmed that these reviews would be completed and they include upper management officials, mental health and medical staff and the investigator, in the event of a reported incident.

A review of the documentation confirmed that the incident review team included line supervisors, investigators and medical and mental health practitioners.

115.86 (d): Policy and Procedure 13.30 specifies that the review at a minimum will use the elements listed in this provision which requires that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice; consider whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement; review of policy; if the

	<p>incident was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, a of review of the area where the incident occurred, the adequacy of staffing levels in the area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>The facility does prepare a report of its findings, which was provided in the investigation files and reviewed by the auditor.</p> <p>Interviews with the Chief of Corrections, the PREA Coordinator and a member of the Incident Review Team indicated that the report of the findings of the review team included the elements in paragraphs (d)(1)-(d)(5) of standard 115.86.</p> <p>Sub provision (7) is no longer applicable to the compliance finding per Executive Order 14168.</p> <p>115.86 (e): SOP 450.K15 and Policy 20.1.6 state that the facility will implement the recommendations for improvement or document the reasons for not doing so. This is included in the Critical Incident Review Board Report which is forwarded up to the Sheriff for review.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, information from interviews with the Chief of Corrections, the PC and member of the sexual abuse incident review team, as well as a review of the investigation files which included a review of the sexual abuse incident reviews, this standard is determined to be compliant. Pursuant to Executive Order 14168, portions of this standard are not included in this compliance determination.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p>



Policy and Procedure 13.30, Prison Rape Elimination Act

COR – 0230 PREA Incident Form

COR – 0228 PREA Checklist

SSV and Annual Reports on Website

Findings (by provision):

115.87 (a): Policy and Procedure 13.30 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions. The facility utilizes forms COR-0230 and COR-0228 to collect information on specific incidents. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. The PREA Coordinator keeps a database of PREA information on each case along with a file of all pertinent documentation.

115.87 (b) Policy and Procedure 13.30 states that the facility must collect the incident-based data at least annually. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually. An annual report is written outlining the data received that year by type incident, noting the outcome of the investigation and if there were staff involved. Trends are also reviewed and notated.

115.87 (c): Policy and Procedure 13.30 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also states that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.

115.87 (d): Policy and Procedure 13.30 states that the facility will maintain, review and collect data as needed from available incident-based documents.

115.87 (e): This provision does not apply as the facility does not contract for the confinement of its inmates.

115.87 (f): Policy and Procedure 13.30 states that the facility provides the Department of Justice with data from the previous calendar year to the Department of

	<p>Justice no later than June 30th. A review of the agency website was noted as including the Annual Reports from 2022-2024.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, the agency website Survey of Sexual Violence and Annual Reports, this standard is determined to be compliant.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>PREA Annual Reports</p> <p>Agency Website</p> <p>Interviews:</p> <p>Chief of Corrections</p> <p>PREA Coordinator</p> <p>Observations:</p> <p>Agency Website</p> <p>Findings (by provision):</p> <p>115.88 (a): Policy and Procedure 13.30 states that the facility reviews data annually in</p>

order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training.

The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action.

Interviews with the Chief of Corrections and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations in order to determine if any improvements are needed.

115.88 (b): The PAQ indicated that the facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action.

Interviews with the Chief of Corrections and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (c): The PAQ indicated that the facility's annual report is approved by the Chief of Corrections and made available to the public through its website.

The interview with the Chief of Corrections confirmed that she reviews the report and approves it annually and it is placed on their website. A review of the website confirmed that the annual reports are available to the public online for 2022-2024.

115.88 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

	Based on a review of the PAQ, Policy and Procedure 13.30, the annual reports, the agency website, as well as information obtained from interviews with the Chief of Corrections and the PC, this standard is determined to be compliant.
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>Pre-Audit Questionnaire</p> <p>Policy and Procedure 13.30, Prison Rape Elimination Act</p> <p>PREA Annual Reports on Agency Website</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (by provision):</p> <p>115.89 (a): Policy and Procedure 13.30 states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained by the PC in a locked cabinet in a locked file room. This was observed by the auditor during the site review. The electronic information is only accessible to staff with the appropriate clearance and electronic profile to access the information.</p> <p>115.89 (b): Policy and Procedure 13.30 states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the annual report, which includes aggregated data, is available to the public online.</p>

	<p>115.89 (c): Policy and Procedure 13.30 states that the agency does not place any personal identifiers in its annual reports. The facility does not include sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.</p> <p>115.89 (d): Policy and Procedure 13.30 states that the facility maintains sexual abuse data that is collects for at least ten years after the date of initial collection. A review of the agency website confirmed that data is available from 2022 to present.</p> <p>Based on a review of the PAQ, Policy and Procedure 13.30, annual reports, the website, observation of hard copy storage as well as electronic storage of documentation and information obtained from the interview with the PC, this standard is determined to be compliant.</p>
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115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (by provision):</p> <p>115.401 (a). The Seminole County Sheriff's Office John E. Polk Correctional Facility is a stand-alone facility and does not have any other facilities that are operated by the agency. The facility was previously audited on July 8-20, 2022.</p> <p>115.401 (b): The Seminole County Sheriff's Office John E. Polk Correctional Facility is a stand-alone facility and does not have any other facilities that are operated by the agency. The facility is being audited in the first year of the fifth audit cycle.</p> <p>115.401 (h) - (n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted</p>

	<p>to conduct private interviews and was able to receive confidential information/ correspondence from inmates. The audit notice was posted and was available on the inmate kiosks and tablets. This notice was posted six weeks prior to the on-site audit. This notice was observed by the auditor, and the information was accurate. Any documentation sent to the address posted was allowed to be sent through the legal mail process. This was verified through an informal conversation with mail room staff who were conducting legal mail processing during the time of the onsite audit.</p> <p>The auditor finds the facility in compliance with this provision.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (by provision):</p> <p>115.401 (a). The facility was previously audited on July 18-20, 2022. The final audit report was published and is available on the agency website.</p>

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes



	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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>115.15 (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>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates 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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b) Hiring and promotion decisions</b>		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c) Hiring and promotion decisions</b>		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d) Hiring and promotion decisions</b>		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e) Hiring and promotion decisions</b>		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

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

	whichever is later.)	
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes



	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	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 inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

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

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	



	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g)</b>	<b>Use of screening information</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
<b>115.43 (a)</b>	<b>Protective Custody</b>	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b) Protective Custody</b>		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c) Protective Custody</b>		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

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

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes



	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?	
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	



	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

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

	has been determined to be unfounded?	
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	

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

<b>(b)</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 permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	yes



	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.)	
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