

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report September 20, 2019

Auditor Information

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Mailing Address: PO Box 701974	City, State, Zip: Saint Cloud, FL 34770
Telephone: 407-709-2830	Date of Facility Visit: May 13-17, 2019

Agency Information

Name of Agency: Seminole County Sheriff's Office	Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.		
Physical Address: 100 Eslinger Way	City, State, Zip: Sanford, FL 32773		
Mailing Address: 100 Eslinger Way	City, State, Zip: Sanford, FL 32773		
Telephone: 407-665-6500	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To enhance the quality of life by reducing crime and the fear of crime throughout Seminole County.			
Agency Website with PREA Information: https://www.seminolesheriff.org/webbond/page.aspx?id=103			

Agency Chief Executive Officer

Name: Dennis Lemma	Title: Sheriff
Email: dlemma@seminolesheriff.org	Telephone: 407-665-6500

Agency-Wide PREA Coordinator

Name: Anthony Pastor	Title: Sergeant
Email: apastor@seminolesheriff.org	Telephone: 407-665-1279

PREA Coordinator Reports to: Lt. Stacy Heath	Number of Compliance Managers who report to the PREA Coordinator 2
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Facility Information

Name of Facility: John E. Polk Correctional Facility

Physical Address: 211 Eslinger Way, Sanford, FL 32773

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number: 407-665-6600

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: The John E. Polk Correctional Facility is a department of the Seminole County Sheriff's Office. Through its dedicated and professional staff, we pledge to serve and protect the citizens of Seminole County. We further pledge to provide a safe, secure and humane environment for the staff and inmates.

Facility Website with PREA Information: <https://www.seminolesheriff.org/webbond/page.aspx?id=103>

Warden/Superintendent

Name: Laura Bedard **Title:** Chief

Email: lbedard@seminolesheriff.org **Telephone:** 407-665-1201

Facility PREA Compliance Manager

Name: Bill Rex **Title:** Lieutenant

Email: brex@seminolesheriff.org **Telephone:** 407-665-2423

Facility Health Service Administrator

Name: Marc Pierre-Louis **Title:** Medical Director

Email: mpierre-louis@seminolesheriff.org **Telephone:** 407-665-1301

Facility Characteristics

Designated Facility Capacity: 1396 **Current Population of Facility:** 958

Number of inmates admitted to facility during the past 12 months 13361

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 4,949

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		14,221	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 15-17	Adults: 18-69	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		18	
Average length of stay or time under supervision:		57 days	
Facility security level/inmate custody levels:		Minimum, medium, high medium, maximum	
Number of staff currently employed by the facility who may have contact with inmates:		401	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		35	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		8	
Physical Plant			
Number of Buildings: 3		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		106	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has deployed 388 cameras, utilized in the housing units, direct observation cells, medical, booking, kitchen, programming areas, public waiting areas and on the outside perimeter. The cameras have a retention period of 30 days. Cameras have zoom capabilities and can be moved to see different areas of the housing unit. They are monitored 24 hours a day from four control rooms. Video playback is limited to certain staff members only.</p>			
Medical			
Type of Medical Facility:		Single cell and open dorm treatment. Shelter housing and direct supervision.	
Forensic sexual assault medical exams are conducted at:		Health Department	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		723	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		8	

Audit Findings

Audit Narrative

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

Pre-Onsite Audit Phase

In preparation for their Prison Rape Elimination Act (PREA) audit, the Seminole County Sheriff's Office contacted Department of Justice (DOJ) certified PREA auditor James Kenney on March 11, 2019. The agency requested onsite audit dates in May 2019 for the PREA audit of the John E. Polk Correctional Facility (JEPCF) in Sanford, Florida. The agency and auditor selected May 13-17, 2019, as the dates for the onsite audit. The auditor sent a contract draft to the facility on 03/19/19, along with the Pre-Audit Questionnaire (PAQ). The facility provided an executed copy of the contract on 03/26/19.

This will be the second PREA audit for the JEPCF, the first completed in 2014. This facility is the one operated by the Seminole County Sheriff's Office.

On 03/26/19, the auditor conducted an audit kickoff meeting by telephone with Sgt. Anthony Pastor, PREA Coordinator, and the facility's accreditation manager. During the call, the auditor provided JEPCF information about the audit process, timelines and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit and a plan was put into place for ongoing communications and expectations. JEPCF was also provided the audit process map for their review. Due to the short time frame of the pre-onsite audit phase, the auditor and the facility have agreed to allow the facility to provide the auditor with access to the PAQ through the facility's online training and documentation system. The auditor requested that the facility complete the PAQ and send it to the auditor by 04/01/19. The auditor also supplied the facility with a copy of the required audit notice and explained the need to have it posted throughout the facility and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The auditor requested that the notice be printed on color paper in two languages, English and Spanish. The facility agreed to send photos of the audit notice to the auditor.

On 04/01/19, the auditor was provided with online remote access to the agency's PowerDMS, where documentation for the audit was uploaded for review. The auditor verified access to the online tool. The auditor explained that an issue log would be provided to the PREA Coordinator as soon as the review of documentation was complete. The issue log would identify any missing information or gaps in the documentation. This would provide the facility an opportunity to respond to any issues found in the document review prior to the onsite audit. The auditor also received a completed copy of the PAQ at this time. On this date, the auditor began the review of the uploaded documentation and PAQ responses.

On 04/02/19, the PREA Coordinator submitted photos showing the posted audit notice in several areas of the facility. The notice was printed in both languages on bright yellow paper. The auditor will confirm the posting of the notice during the onsite review.

On 04/08/19, the auditor completed the review of the PAQ and documentation and sent the issue log to the PREA Coordinator for review and response. The issue log requested additional information for 50 items. The auditor requested return of information by 05/03/19.

On 04/09/19, the auditor provided the PREA Coordinator with the PREA checklist of documentation, checklist for review of inmate files, checklist for review of employee files and checklist for review of investigation files. These checklists will assist JEPCF with preparation for the auditor to review documents during the onsite phase of the audit.

The auditor also requested the following documentation from JEPCF:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

The PREA Coordinator was sent an email on the same day requesting comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. The listings requested included:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

JEPCF was asked to provide schedules for the following staff to allow for access for interviews during the onsite audit:

1. Agency head
2. Warden, facility director, superintendent or designee
3. PREA coordinator
4. PREA compliance manager
5. Human resources staff
6. Contract administrator

The facility was also asked to provide a complete staff roster and to identify staff who worked in the following specialized categories for interviews during the onsite audit:

1. Intermediate or higher-level staff
2. Medical and mental health staff
3. SANE nurse
4. Investigative staff
5. Sexual abuse incident review team members
6. Screening staff
7. Supervising staff in segregated housing

8. First responders
9. Intake staff
10. Non-medical staff involved in cross-gender strip searches
11. Contractors with inmate contact
12. Volunteers with inmate contact

The auditor performed an internet search for the JEPCF. Although there were several new stories listed that involved the high-profile arrests of individuals, there were no news stories related to sexual abuse, sexual assault or sexual harassment or any other physical abuse. The auditor also found no documentation of any pending or final civil court cases related to the facility. The auditor located reported Survey of Sexual Violence data submitted to the Bureau of Justice Statistics dating back to 2008.

The auditor located on the agency website a page dedicated to the JEPCF. This page includes a link to a page for PREA, where the agency has posted the facility PREA policy, the 2018 annual PREA report, the 2014 PREA audit report and an online form available to the public to file a report of sexual abuse or sexual harassment. The auditor completed the online form and explained that it was a test for the PREA audit. The PREA coordinator sent an email to the auditor advising that he was notified of the test by a professional standards investigator 20 minutes after the form was submitted.

The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Florida State Statute (FSS) 944.35(3)(d). Also, in the State of Florida, criminal courts must file criminal charges for youthful offenders in the adult court for the court to certify a youthful offender as an adult. This allows for the youthful offender to be held in an adult county jail facility, however, youthful offenders under the age of 18 must be held separate from adult offenders, with no sight or sound of the adults.

On 05/03/19, the auditor contacted community-based organizations to confirm information provided by the facility in the PAQ. The auditor contacted the Victim Service Center of Central Florida (VSC) and spoke with the program director. She acknowledged that the VSC had just received a signed Memorandum of Understanding (MOU) from the JEPCF, which had been pending approval for several months. The VSC had been certified as Seminole County's sole rape crisis center for nearly one year and had attempted to engage with the facility for services, training and education. The MOU established the VSC as a resource for an inmate hotline. The program director confirmed that the VSC had not yet received any phone calls from the facility. The VSC was also set to provide outside emotional support services for inmates, but there had yet to be a discussion with the facility to establish guidelines for use of the services. The auditor was advised that forensic examinations for the facility and Seminole County were still being performed by the Seminole County Health Department (SCHD).

The auditor then contacted the SCHD and spoke with an administrative staff member. She confirmed that forensic rape examinations for Seminole County are performed at their facility. This, of course, is information not provided through their website and not publicly known. All law enforcement agencies in the county bring sexual abuse victims to their facility, where an on-duty or on-call SAFE nurse would perform the examination, collect evidence, perform initial STI and pregnancy testing, provide prophylactic medications for STIs, and provide a treatment plan for additional follow-up. These same services would be available for inmates victimized at JEPCF.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at JEPCF. They showed no information in reference to the facility. The auditor will interview victim advocate staff during the onsite phase of the audit.

The auditor did not receive written communication from any inmate or staff member through the advertised mailbox prior to the onsite phase of the audit.

Onsite Audit Phase

The auditor arrived at the facility on 05/13/19 and attended a short entrance briefing with the security captain, medical services director, the PREA coordinator and the PREA compliance manager. Also present was a programs deputy, who was assigned for audit support throughout the week. He provided security, conducted the site review and facilitated the random interviews with inmates and staff.

At the briefing, the auditor was provided with a packet that contained the facility floor plan and layout, as well as complete roster of inmates, listed by housing unit, and the staff rosters for the week. The auditor randomly selected staff members and inmates and supplied staff with the list to prepare for the next day. The auditor also received the facility responses to the issue log. The auditor was notified that the inmate count on the first day of the onsite audit was 958.

JEPCF has 14 housing unit, eight of those in the original part of the facility and the other six in the expansion area built in 2010. Total bed capacity is 1,396. The new intake/booking area is also part of the 2010 expansion. Food services, warehouse, laundry and the programs area are all in the original part of the jail.

The auditor began the site review in the older part of the facility. Here the auditor visited pods A through H. The pods are laid out the same, with closed-door cells, wet cells and an open shower area in each pod. Each of the shower areas has a shower curtain hung, with an open top and bottom for security, but coverage to provide inmates privacy. There were telephones in each pod. The auditor checked the phones in each pod, and they were operational. The auditor saw signs in each housing unit to provide inmates with information about PREA, the right to be free from sexual abuse and the ways to report incidents of sexual abuse. In each housing unit, the auditor also took note of the required audit notice, on yellow paper, in two languages. The auditor could visualize several overhead cameras in each unit. There were no cameras inside inmate cells in this area. There is an officer's station located near each of the pods. The station is a non-inmate area. The auditor did not identify any blind-spots in this area of the jail. The facility's segregation cells are in this area. The auditor spoke with several detention deputies during the site review. Everyone was friendly and easily answered the auditor's questions. The auditor did not identify any person who was unable to provide answers to questions asked. The auditor confirmed that staff are required to make rounds once every hour during daytime hours and once every 30 minutes during overnight hours.

The auditor then moved into the intake/booking area. The auditor watched the inmate booking process and could see the flow for inmates from the initial pat search through their move to initial housing. The auditor saw the strip search room, which is near the facility sally port and is a small room, with no camera and no window on the door. Intake staff stated that strip searches are performed by one officer, only in this room, only for those inmates that can legally be strip searched by state statute. The strip searches are performed by an officer of the same gender as the inmate. The auditor could see many cameras in the intake area, except in the strip search room and in the inmate bathroom. They utilize an open-booking technique, so inmates sit in main room where they are provided a television. The television is showing inmate orientation information that includes initial PREA information, in two languages, English and Spanish. There is a large sign for PREA directly in front of the inmate at the fingerprinting machine. Deputies explained that they tell the inmate about PREA while they do the fingerprinting. The auditor witnessed this process. Prior to moving to initial housing, the inmates meet

with a nurse, who initiates the medical evaluation and the first screening for the sexual violence screening tool. The auditor reviewed the tool, questions to be asked and a sample of the responses received prior to initial housing.

The auditor then visited classification and met with the classification manager. She provided the auditor with a copy of the sexual violence screening tool and explained the process for completion and evaluation of the responses. She also showed the auditor how housing decisions were made and supplied copies of completed screening forms for review. The auditor was not able to watch the screening process directly but did discuss the screening with the intake nurse and classification officers. The auditor was also showed storage of the screening information and confirmed that other staff could not access the confidential information.

Next, the auditor walked through the warehouse and food service. The auditor could see cameras in both areas and the auditor was not able to identify blind spots. All storerooms and restrooms have locked doors and are not accessible without staff authorization. Dry storage and freezers and refrigerators in the kitchen are behind a locked door, limiting access to only those inmate workers that are approved by staff. Staff supervise the work in these areas and the auditor was told that policy prohibits one staff and one inmate worker to be in those areas at any time. Inmate workers are not allowed inside the food service office, which is staffed by contract workers with Trinity Services Group. The auditor spoke with the Trinity supervisor, who confirmed that all staff members receive required PREA education before they are approved for work in the facility. In the warehouse, the auditor could see all items stored no higher than shoulder level, which allowed for clear sight lines throughout the warehouse on the cameras. Mirrors are used in this area as well to ensure clear sight in all areas.

The auditor then visited the laundry area. There were female inmate workers present in the laundry working with a female staff member. The auditor confirmed that a female deputy is always assigned to work with the female inmate workers. They do not allow the deputy to work with only one inmate at a time. The auditor talked with the inmate workers and asked about male inmates in this area. They stated that this is never allowed. The auditor was told that the inmates feel very safe in this area and in the jail. There is adequate camera coverage in the laundry.

The auditor then moved to medical services. Here, the auditor could see several PREA signs posted with the hotline number and the inmate's right to be free from victimization. The auditor viewed exam rooms and areas, direct supervision cells and staff offices. Inmates were not allowed in the offices and exam areas had curtains to provide privacy for exams. Deputies complete rounds every 30 minutes in this area. There were no blind-spots and adequate camera coverage.

The auditor walked through the facility's courtroom, staff dining and chapel. The auditor did not identify any concerns with blind spots in these areas and cameras are visible in all areas. The dining area is off-limits to inmates.

The auditor then was escorted to the expansion area of the jail to visit the six units in this three-story building. Units I through N are open bay direct supervision units and are always staffed by one deputy. Toilet areas are at the front of each unit and toilets are separated with half-wall dividers. The toilets are turned to the side, so the divider walls provide privacy into the living area of the unit. Shower areas have multiple shower heads and have a large shower curtain hanging at the front for privacy. These curtains are clear at the top and bottom for security. The facility has also installed a roll-up window blind, hanging horizontally, that provides additional privacy to the open side of the shower curtain. The auditor took note of this additional privacy feature. Deputies interviewed explained that non-written policy allows for one inmate to use the shower at a time. The auditor talked with several inmates who

stated that they felt safe in the units and were not seen naked by staff or others since the curtains were added several years prior. Telephones are in the dayroom area of each unit. Near the phones there are PREA signs posted with hotline information. The phones are operational in each unit. Cameras are visible in the housing units and cover all areas. Each unit has a recreation yard at the rear of the unit and a classroom. The auditor confirmed with staff that inmates are not allowed to be in the classroom alone with any staff member or volunteer that enters for classes or meetings. The elevators in this area have cameras in the elevator and are controlled by key access.

The auditor had informal conversations with several staff members throughout the building. Each person was able to properly identify the appropriate steps to take if they identified an incident of sexual abuse or sexual harassment. They could also explain inmate rights, prohibitions against retaliation, signs of abuse and ways to avoid staff sexual misconduct. The auditor also had informal conversations with inmates in each area. Every inmate understood what PREA was, could tell me how to file an allegation and recalled seeing the educational video at intake. Each inmate described overall safety in the jail. The inmates explained that staff of the opposite gender always announce before entering and the inmates were never seen when undressed by staff of the opposite gender.

The auditor asked questions about the grievance form process. Most grievances are submitted on the portable kiosk and go directly to the grievance coordinator. Paper grievances are delivered to staff members who forward to the grievance coordinator mailbox. Staff did confirm that inmates can submit grievance forms to supervisors, if requested.

The auditor made a test telephone call to the hotline. The PREA coordinator received notification within 90 minutes that the call was received. The auditor attempted to make a test call to the new outside hotline, but the number was not in service. Later in the week, after the PREA coordinator was assured that the hotline number had been fixed, the auditor made another test call to the outside hotline. The call was answered and the PREA coordinator received notification approximately 90 minutes later.

The auditor then entered the programs area for the site review. This area is in the older portion of the facility and houses three classrooms and a chapel. An office for programs staff is here also and is off-limits to inmates. The classrooms and chapel are square rooms and there are no blind spots visible. Each room has adequate camera coverage. One deputy is posted in the hallway for security and does rounds in the area every 30 minutes. There is one classroom dedicated for education at the far end of the hall for youthful inmates.

The auditor visited the facility greenhouse. It is outside control room three and just inside the perimeter fence area. There is an assigned female detention deputy who works with up to eight female inmate workers. This is an active greenhouse with hydroponic plants. It provides great educational opportunities for the inmates. The deputy provides security and rules do not allow for her to work with only one inmate at a time.

In the facility lobby and the visitation area, the facility had several posters for public education. The PREA poster contained the same information for reporting of sexual abuse. There were also posters encouraging visitors to ask for help for any inmate that has been abused in custody. The facility had also posted the audit notice in the lobby.

Lastly, the auditor visited each of the four control rooms. The control rooms handle access through doors, monitor inmate movement and monitor cameras. Control room one is responsible for access into and out of the secure facility. Control room three is responsible for visitation at that end of the facility. The fourth control room is located on the second floor of the direct supervision building. This

room monitors nearly all the cameras in the facility. The auditor reviewed each of the monitors and randomly selected several areas to check for access to toilet and shower areas and there was no access to any area throughout the facility. The staff member confirmed cameras are monitored 24 hours a day. There is a 30-day retention period for the camera system.

Throughout the site review, the auditor took note of cameras that were visible in all areas. The facility had also installed mirrors in several areas. The PREA coordinator stated that they had identified potential blind spots prior to the 2014 PREA audit and these mirrors were installed at that time. PREA signage was visible near the telephones in all housing units. Signs are in English and Spanish and were easy to read. The auditor reviewed portable kiosks (tablets) that were available in all areas. The kiosk provides the inmate with the opportunity to review PREA information, gain access to a flyer with hotline information and file grievances. The PREA coordinator stated that the kiosk requires the inmate to sign into the PREA information prior to being able to use it for other reasons, but the auditor was unable to verify this.

Cross-gender announcements were made prior to the auditor entering all female housing units. The PREA coordinator contacted the housing unit by radio while we walked to each unit and by the time we arrived, all inmates had cleared the toilet and shower areas and were fully dressed. There were no females with the auditor during the site review, so the auditor approached one female deputy and took her by surprise, asking her to escort the auditor into B pod. She immediately stepped to the door, yelled “female on the unit”, waited about a minute and a half, then walked inside the unit with the auditor.

The auditor observed two significant things in the facility. First, nearly all areas of the facility were in rooms with a general square shape. With the lack of strange angles or boxed in areas, it provided greater ease of viewing on the camera systems and a decreased opportunity for blind spots. Second, the PREA coordinator designed, had printed and installed a wrap for the table-tops in the housing units that works much like signage on a motor vehicle. This wrap contains all the PREA education and information for inmates and is readily available 24 hours a day. The auditor was impressed with this unique way to provide ongoing education for inmates.

Inmate Interviews

The auditor began interviews the second day onsite. Based on the inmate population of 958 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted interviews are required. The PREA coordinator and an assigned programs deputy facilitated interviews of all inmates in a private setting in the direct supervision building or the programs area. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	22
Targeted Inmates (Total)	12
Total Inmates Interviewed	34
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	3
• Inmates with physical disability	1

• Inmates who are blind, deaf, or hard of hearing	1
• Inmate who are LEP	1
• Inmates with a cognitive disability	1
• Inmates who identify as lesbian, gay, or bisexual	1
• Inmates who identify as transgender or intersex	N/A
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	1
• Inmates who reported sexual abuse	2
• Inmates who reported sexual victimization during risk screening	1
Total Number of Targeted Inmate Interviews	12

The PREA coordinator provided the auditor with a complete list of inmates by housing unit and a list of inmates who might meet a targeted category for an interview. There were no inmates identified as having reported sexual abuse, but the auditor randomly selected an inmate that reported this abuse to the auditor during our interview. This inmate's report occurred during a prior incarceration and is included in the facility's investigations, discussed later. The facility reported there were no transgender inmates or inmates that identified as lesbian, gay or bisexual (LGB) in custody at the time of the audit. The auditor noticed an inmate in a male housing unit during the site review and asked that he be added to the list for interviews. He identified as gay during the interview. The auditor confirmed that inmates are asked if they identify as LGB on the screening for abusiveness. They were unable to provide documentation, however, of inmates that identified as LGB. The auditor recommended to the facility that they retain documentation in the future. Classification provided the auditor a list of eight inmates that identified as transgender females that were admitted to the facility over the previous 12 months. None of the eight inmates were still in custody at the time of the audit. Overall, the facility had difficulty identifying inmates in several targeted areas. The PREA coordinator and classification must maintain better recordkeeping of inmates identified through vulnerability screening, sexual abuse and sexual harassment allegations and other incidents in the facility.

The auditor randomly selected inmates from the youthful housing unit and inmates from the facility's K pod, which houses inmate with disabilities and medical needs. For random inmate interviews, the auditor selected the 14th and 33rd inmate from each of the remaining 12 housing units.

Staff Interviews

The auditor conducted interviews with the following facility leadership and are not counted in the totals below:

Dr. Laura Bedard, Agency Head, Chief of Corrections
 Sgt. Anthony Pastor, PREA Coordinator
 Lt. Bill Rex, PREA Compliance Manager

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (Total)	20
Specialized Staff (Total)	27

Total Staff Interviewed	47
Breakdown of Specialized Staff Interviews:	
• Intermediate- or higher-level facility staff	2
• Medical and mental health staff	2
• Non-medical staff involved in cross-gender strip searches	1
• Human resources staff	1
• SANE staff	1
• Volunteers and Contractors who have contact with inmates	2
• Investigative staff	1
• Victim advocates	2
• Staff who perform screening for risk of victimization	2
• Staff who supervise inmates in segregated housing	1
• Incident review team	1
• Designated staff member charged with monitoring retaliation	2
• First responders, security staff	1
• First responders, non-security staff	1
• Line staff who supervise youthful inmates	1
• Education and program staff who work with youthful inmates	1
• Intake staff	1
• Food service	1
• Maintenance	1
• Grievance coordinator	1
• Chaplain	1
Total Specialized Interviews	27

The PREA coordinator supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. Some staff members fill multiple duties in the facility and were interviewed for multiple specialized staff positions. The facility lists 260 volunteers and 463 contractors on their approved entry list. The auditor interviewed two volunteers and one contractor (food service director) as part of the specialized staff interviews. The volunteers selected were in the facility on the day interviews were held and asked to participate in the audit. For random staff interviews, the auditor selected five staff members from each of the four security shift rosters, three from the left side of the roster and two from the right side of the roster. Random staff interviews were conducted in a private setting in the direct supervision building or the programs area. The specialized staff interviews were conducted in the same manner.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files and records. The auditor reviewed a list of 42 grievances and verified that there were no grievances listed that were related to sexual abuse or sexual harassment that were not included in the investigation files. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	8
Volunteer Files	4
Inmate Files	18
Investigation Files	33
Total Files	63

Employee Files: The auditor was provided eight employee records that included hiring information and training records that corresponded with staff members interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed 18 inmate files that were randomly selected. These records included inmates that responded with yes answers on the sexual violence screening tool.

Investigation Files: During the previous 12 months, there were a total of 33 allegations of PREA related misconduct at the facility and each of the investigations were closed and completed. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. The only substantiated allegation was inmate-on-inmate sexual harassment. There were no reports of criminal investigations for any of the 33 investigations. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded
Inmate-on-inmate abusive sexual contact	0	0	0
Inmate-on-inmate nonconsensual sexual act	0	2	24
Inmate-on-inmate sexual harassment	1	0	3
Staff-on-inmate sexual misconduct	0	0	2
Staff-on-inmate sexual harassment	0	0	1
Total Allegations	1	2	30

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the chief of corrections, both security captains, the accreditations manager and the PREA coordinator. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor also presented several points where the facility will be required to take corrective action and will be presented in the audit report.

The facility staff was friendly and helpful during the onsite phase of the audit. Interviews with staff and inmates were completed timely due to the cooperation of the facility staff. The auditor was presented all documentation requested and it was orderly and complete.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested additional documentation from the PREA coordinator to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review. The auditor made an additional phone call to the Victim Service Center to review services that will be provided to the facility under the newly signed Memorandum of Understanding.

The auditor did not receive any correspondence from staff or inmates through the advertised auditor mailbox.

Facility Characteristics

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

The John E. Polk Correctional Facility (JEPCF) is located at 211 Eslinger Way in Sanford, Florida. The facility is operated by the Seminole County Sheriff's Office and opened in 1980. It is divided into four divisions: Operations, Intake and Release, Support Services and Health Care services. Staff includes the facility director, two deputy directors, a medical director, 180 detention deputies and 141 additional staff. The facility assigns 32 deputies per shift, with seven deputies assigned to intake/booking, as well as five civilian staff as support.

This is a county jail facility, housing pre-trial inmates and those inmates sentenced to serve less than one year in jail. Those sentenced to more than one year are transported to the Florida Department of Corrections. The facility houses male and female inmates at all security levels and houses youthful inmates that have been certified by the local court to face criminal charges as an adult. Age range of offenders spans from 15 to 69. The JEPCF average daily population for the last 12 months is 929, with an average length of stay of 27 days. Of the 929 average daily population, the facility averages 781 male inmates and 148 female inmates. Inmate demographics includes approximately 43% white, 37 Black/non-Hispanic and 20% Hispanic.

The original part of the jail has eight housing units. Three pods each contain four housing units with 16 cells, four pods each have three housing units: two of the units house 36 inmates and one unit houses 72 inmates. The last pod contains six housing units, with housing for maximum security inmates, mental health, disciplinary confinement and protective custody.

In 2010, the facility completed a massive jail expansion. A new intake and release area and sally port were built to enhance the booking process for the jail and the community. A three-story, six-unit direct supervision housing area was added, increasing bed capacity from 812 to 1,396. The kitchen was also renovated at this time.

Housing units in the original part of the jail have closed-door cells with open dayroom areas and bed space for 812 inmates. The cells are double-bunked, wet cells and the shower area is open to the dayroom at the end of the unit. Each unit has an officer's station in the hallway outside, with an officer assigned 24 hours a day, as well as an additional officer assigned to assist with rounds and inmate movement. Inmates in these units have full access to programs and activities, even if they are in protective custody or disciplinary confinement.

Housing units in the expansion area are open bay, direct supervision units. Inmate bunks are single level, separated by half-walls into groups of four, with bed space for 584 inmates. The officer is

stationed inside each unit with direct observation of all inmates. Restrooms and showers are in a central area. Each of the units has a classroom, recreation yard, medical evaluation room and visitation room.

The facility entrance is staffed by a detention deputy and visitors and staff must pass through a metal detector before entrance to the facility. Entrance is made through a sally port at control room one. Inmates enter the facility through the vehicle sally port at the west end of the building, off the intake/booking area. Inmates are released from intake/booking area at this end of the building. There is one additional public access at the east end of the building where the facility has a second visitation area. Visitation is held six days per week.

The facility's kitchen is staffed by contractors from Trinity Services Group, Inc. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are to the back of the kitchen behind a secured door.

The warehouse is secured, and access is limited to approved staff and inmate workers assigned to work inside. Stored boxes are purposefully stored low to the floor and spread out rather than high up on shelves to provide clear viewing of all areas. The laundry area is secured unless work is being performed by inmate workers under the supervision of a detention deputy.

JEPCF offers a variety of health, educational and faith-based programs to the inmate population. These programs are designed to improve practical skills, enhance character development and ultimately reduce recidivism rates. The facility highlights several programs, including the GED program, Edovo-computer skills, Thinking for a Change, and Celebrate Recovery. The facility reports a high success rate with each of these programs. Programs run Monday through Friday.

They also have a large greenhouse and outside garden area at the far west end of the facility. This greenhouse features a 40-hour course in hydroponics that is presented in coordination with the University of Florida. The female inmate workers cultivate and grow vegetables that are harvested and sold to the kitchen vendor, which are then used to feed the inmates.

Inmate health care services are provided through facility medical and mental health care staff. Services are available to inmates 24 hours per day. Forensic medical examinations are performed at the Seminole County Health Department.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

115.65

Number of Standards Met: 44

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Each standard discussion contains information specific to any needed corrective action.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Policy and Procedure (P&P) 13.30 – *Prison Rape Elimination Act*
 - b. General Order (GO) G-25 – *Employee Harassment Policy*
 - c. JEPCF Organizational Chart
2. Interviews:
 - a. PREA coordinator
 - b. PREA compliance manager

Findings (by provision):

115.11(a). The John E. Polk Correctional Facility (JEPCF) has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The JEPCF provided their Policy and Procedure (P&P) 13.30 – *Prison Rape Elimination Act*, which contains the bulk of the agency's sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. This policy, along with

General Order (GO) G-25 – *Employee Harassment Policy*, provide the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The policy also outlines sanctions for those that have participated in prohibited behaviors in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.11(b). The agency has designated an agency wide PREA coordinator, who is assigned these duties along with duties in the facility's programs department. The facility's organizational chart was provided for review. The chart shows the PREA coordinator's position near the bottom of the chart and the auditor questioned his level of authority based on this chart. The auditor interviewed the PREA coordinator and confirmed that he has other responsibilities but has ample time to oversee the agency's efforts to comply with the PREA standards. He also confirmed that he has direct access to the lieutenant and captain in his chain of command, who will report PREA issues directly to the chief of corrections. Based on this interview and my contact with the PREA coordinator during the three months of this audit, the auditor believes he has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.11(c). Although the agency does not operate more than one facility, they have elected to designate two PREA compliance managers. They report information back to the PREA coordinator. Through an interview with one compliance manager, it was clear that he understood his role and was well educated on the PREA standards. In their role at the JEPFCF, the compliance managers assist with retaliation monitoring and monitoring of vulnerable inmates. The auditor was not able to determine time and authority to perform the duties as a compliance manager because it is not required under the agency's structure.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. None
2. Interviews:
 - a. None

Findings (by provision):

115.12(a) The agency does not contract with any other agency for the housing of their inmates.

115.12(b) The agency does not contract with any other agency for the housing of their inmates.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 03.03 – *Essential Personnel*

- b. P&P 13.30 – *Prison Rape Elimination Act*
 - c. John E. Polk Correctional Facility Staffing Plan
 - d. Event logs
2. Interviews:
- a. PREA coordinator
 - b. Agency head
 - c. Random inmates
 - d. Random staff
 - e. Specialized staff
3. Site Review Observations:
- a. Control rooms (electronic monitoring)
 - b. Programs area
 - c. Housing units
 - d. Food service
 - e. Health services
 - f. Warehouse

Findings (by provision):

115.13(a). In the PAQ, the facility provided a copy of the JEPCF Staffing Plan. The document is well written and provides a wide view of the activities and staffing in the facility. The plan includes a review of the inmate population, the programs and activities available for inmates, the medical and mental health care available, video monitoring, physical plant and the coverage plan for staff. The plan was written within the last year.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – the JEPCF is audited and accredited by the American Correctional Association (ACA) and the Florida Corrections Accreditation Commission (FCAC). Both agencies have standards to ensure proper staffing for the safety of the inmates and staff. JEPCF is also inspected annually and must conform with the standards of the Florida Model Jail Standards (FMJS).
2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – JEPCF states that there are no such findings.
3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – JEPCF states that there are no such findings.
4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – the JEPCF is audited and accredited by the ACA and the FCAC. Both agencies have standards to ensure proper staffing for the safety of the inmates and staff. JEPCF is also inspected annually and must conform with the standards of the FMJS.
5. Provision 115.13(a)(5) – All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) – JEPCF addresses this in the Physical Plant and Video Monitoring sections (*pp. 13-14*).
6. Provision 115.13(a)(6) – The composition of the inmate population – JEPCF houses male and female adult inmates and male juvenile inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation or age. It also includes a deputy assigned to the juvenile housing unit on each shift, to ensure safe housing that is separated from adult inmates by sight and sound.

7. Provision 115.13(a)(7) – The number and placement of supervisory staff – JEPCF addresses the placement of supervisors for the proper supervision of staff and safety of the inmates.
8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – JEPCF addresses the various inmate programs and religious activities that are available to inmates. They established a full unit of staff members that are available to supervise inmates to ensure the proper safety and security (*pp. 9-10*). This unit allows the facility to continue with programming even if security staffing in other areas is at a minimum.
9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – the facility must meet the FMJS standards and complete an annual review to maintain compliance
10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – the plan addresses the periodic review of incidents of sexual abuse that are reported in the facility. This review has not highlighted any need for significant changes to the staffing plan.
11. Provision 115.13(a)(11) – Any other relevant factors – the plan indicates that JEPCF has determined there are no other relevant factors at this time that would affect the plan.

The overall staffing of the facility is consistent with accepted practices and standards of the ACA and FCAC. In fact, the JEPCF was receiving their ACA onsite review while this auditor was performing the onsite review for the PREA audit.

During the site review, the auditor did not identify any areas of concern that would be considered blind spots in the facility. The auditor reviewed all areas, including food service, medical and mental health department and all housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as mirrors had been installed. The auditor saw several areas where stored items were placed lower near the ground to avoid blocking the camera view. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited three control rooms where staff actively monitor video from within the facility. There appeared to be extensive coverage in all areas of the facility.

The auditor talked with several supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety.

The auditor spent many hours in the facility's programs area during the onsite visit and talked with the programs staff. This team works hard to ensure that all inmates have an opportunity to participate in the programs and be successful. This clearly supports the statements in the staffing plan.

The auditor interviewed the security captain, who confirmed the written staffing plan. The plan includes a review to ensure adequate staffing to meet the agency's efforts to prevent, detect and respond to incidents of sexual abuse. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The captain stated that they utilize a standing overtime list to ensure proper coverage on each shift to avoid deviations which could lead to unsafe conditions in the facility. The captain reviews daily and weekly staffing reports and addresses any concerns immediately. The auditor also interviewed the PREA coordinator, who confirmed that he played a large role in the development of the staffing plan. He explained the need to review each of the points in this standard in developing the plan. Each of the points assists the agency to better prevent and detect sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). JEPCF could not provide documentation related to deviations from the staffing plan. The auditor interviewed the security captain, who stated that the facility utilizes a system for overtime that allows them to avoid deviations from the plan. She could not recall any time during the previous 12 months that facility activities had to be limited due to short staffing. Shift supervisors utilize the standing overtime list to fill open positions on the shift due to sick and vacation leave or leaves of absence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The staffing plan provided was written within the last 12 months and is new. Staff has not yet had the opportunity to perform and document the annual review required under this provision. The auditor spoke with the security captain and the PREA coordinator regarding the need to perform this annual review and document it. The PREA coordinator confirmed that he will part of the first annual review later this year.

As part of the facility's corrective action, the facility completed their annual review of the staffing plan. The PREA coordinator and the security captain completed an extensive review of the current staffing deployment and a review of the facility's video monitoring. Their review resulted in no immediate needs to update staffing within the facility. They did, however, identify three areas where it is recommended to update video monitoring. This review was forwarded to the chief of corrections for review and action. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. This policy states, "Regular security checks shall be made through the housing areas supplemented by frequent unscheduled security checks by upper level management on both day and night shifts" (p. 4). The PREA policy also states that staff members are prohibited from taking actions to inhibit the prevention practices in place, which includes alerting coworkers to unannounced rounds by supervisors.

During interviews with 22 random inmates, each inmate clearly stated they see supervisors come in the housing units often. During interviews with random staff members, staff stated that supervisors perform rounds daily and at different times. Supervisors interviewed indicated that rounds are performed at all times of the day and night.

The facility supplied several copies of event logs, which showed various upper level supervisors logging in PREA rounds throughout the facility. Most of the logs, however, noted rounds from 0500 hours to 2200 hours. The logs also noted rounds on only one or two days per month. After discussion, the PREA coordinator was able to provide additional logs showing security rounds performed by supervisors at all levels, which were more frequent, but still not appropriate to meet the standard. Therefore, the auditor was not able to identify adequate rounds performed during the overnight hours, specifically from 2200 hours to 0500 hours.

As part of the facility's corrective action, the auditor was provided several facility logs clearly identifying supervisors, at all levels, completing rounds throughout the facility. These logs showed rounds at all times of the day and night, including the identified time between 2200 hours and 0500 hours. The auditor could see from these logs that the facility has included in their practice the logging of these rounds at all times throughout the day and night. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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 No NA

115.14 (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 No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- 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 No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. P&P 10.02 – *Youthful Offenders*
 - b. Event logs
 - c. Programs records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
 - c. Random inmates
3. Site Review Observations:
 - a. Programs area
 - b. Youthful housing

Findings (by provision):

115.14(a). The auditor reviewed P&P 10.02 – *Youthful Offenders*, which was provided in the PAQ. This policy clearly outlines the required safe housing for inmates housed in JEPCF that are under age 18. The facility has designated one housing unit, which is on a hallway with only one other unit, where youthful inmates are housed. That unit, D Pod, is continuously staffed by one corrections deputy inside the unit, as well as the corrections deputy outside the unit. The auditor was provided a cell report showing eight inmates housed in that unit.

During the site review, the auditor visited D Pod and talked with several inmates. The inmates are housed in single cells, but this is not for disciplinary or administrative reasons. Due to the small youthful population, the unit is large enough to provide the opportunity for a single cell. The unit's dayroom is only accessible to inmates housed there and the windows to the outside have reflective covering to avoid viewing from the inside to the hallway.

The auditor also interviewed two youthful inmates and randomly selected one additional youthful inmate to interview. Each inmate confirmed that the deputy remains in the unit 24 hours per day. They also confirmed that they are unable to see or hear adult inmates while in the housing unit. The inmates also explained that they are provided outside recreation daily. They also attend school five days a week.

Through specialized staff interviews, the auditor was able to confirm that youthful inmates were always separated by sight and sound. The facility does not utilize solitary confinement to achieve separation and inmates are only placed in confinement for disciplinary reasons. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(b). Youthful inmates that were interviewed stated that they can see adult inmates while they are moved from the housing unit to the recreation yard and to the programs room for school. They confirmed that they are always escorted by a deputy and never left alone.

Staff confirmed that youthful inmate movement is done with the hallway clear of other inmates. The auditor interviewed a teacher who provides education daily for the youthful inmates. She explained that she has a classroom at the end of the hallway in the programs area and adult inmates are not allowed

in that room. She provides classes Monday through Friday for the youthful inmates and never leaves the inmates unattended.

The auditor was provided documentation to show daily recreation for youthful inmates and records from programs to document inmate attendance in classes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). Staff interviewed provided information that D Pod is used routinely for the housing of youthful inmates and inmates are not placed in confinement to achieve sight and sound separation. The youthful inmate population has averaged eight inmates over the previous 12 months, which required the use of the full housing unit.

Random and targeted inmate interviews (three youthful inmates) confirm that housing has been consistent in D Pod and no inmate has been placed in isolation, other than disciplinary confinement in a cell within this unit. Two of the inmates had been in custody for at least one year. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 09.13 – *Frisk Strip and Body Cavity Searches*
 - c. P&P 17.02 – *Intake and Booking Procedures*
 - d. Quarterly Strip Search Reports
 - e. Training curriculum – search procedures
 - f. Training records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
 - c. Random inmates
3. Site Review Observations:
 - a. Control rooms (electronic monitoring)
 - b. Strip search room
 - c. Bathrooms and shower areas
 - d. Housing units
 - e. Medical services

Findings (by provision):

115.15(a). In the PAQ, the facility provided P&P 09.13 – *Frisk Strip and Body Cavity Searches*. This document specifically describes the policy related to when and how searches are to be performed on inmates. This policy prohibits cross-gender strip searches (*p. 5*) and cross-gender body cavity searches of inmates (*p. 7*). The auditor was provided copies of the Quarterly Strip Search Report, where staff has documented supervisory approval for a strip search, the gender of the staff member and the gender of the inmate searched. Each report reviewed showed all inmates strip searched by a staff member of the same gender. The policy also requires supervisory approval for body cavity searches, which are to be performed by medical staff only. The PAQ shows that no body cavity searches were performed in the previous 12 months.

During the site review, the auditor viewed the strip search room in the facility's intake area. This room has no window on the door and no camera inside. It is utilized only for strip searches following supervisor approval. Through informal discussion with several deputies in the intake area, the auditor learned that all strip searches had to be approved by a supervisor and then performed by a staff member of the same gender of the inmate. Informal discussion with inmates confirmed that information, with all inmates stating that they were never searched by a staff member of the opposite gender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(b). P&P 09.13 – *Frisk Strip and Body Cavity Searches*, includes the policy regarding pat down searches of female inmates. The policy states, "Pat searches of clothed female inmates shall be conducted by a female Detention Deputy" (*p. 7*).

During informal discussions with staff and random interviews with staff and inmates, everyone confirmed that pat searches of female inmates are performed by female staff members. The auditor interviewed 22 random inmates, ten of which were female, and each stated clearly that they were never searched by a male staff member or witnessed a male staff member searching a female inmate. One inmate stated that male deputies were not allowed to search her. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). In the PAQ, the facility provided several copies of the Quarterly Strip Search Report, where staff has documented supervisory approval for a strip search, the gender of the staff member and the gender of the inmate searched. Each report reviewed showed all inmates strip searched by a staff member of the same gender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). In the PAQ, the facility provided several photos of shower and restroom areas where privacy features have been added. The policy does not specifically state that inmates are to have privacy as required in the standard, so the facility is not in compliance with the standard. However, the facility has taken steps to provide privacy in the shower and restroom areas. P&P 13.30 – *Prison Rape Elimination Act*, requires that when staff members enter housing units of inmates of the opposite gender, they make an announcement prior to entering (p. 5). The policy must be updated to include this provision.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy. Nearly all the showers in the facility have multiple shower heads and the showers were open to the dayroom areas. To provide privacy, the facility added shower curtains that provide coverage for the inmate's body but are clear above and below so the staff can still view inside for security. Also, in the female housing unit, staff limit use of the shower to one inmate at a time. The auditor was not able to see an inmate in the shower in any housing unit in the facility. In the restroom areas of the direct supervision units have multiple toilets, but half walls exist between the toilets to provide separation and privacy from the dayroom.

The auditor visited each of the three control rooms where video is monitored by staff. In each room, the auditor was able to view housing units and determined that there are no cameras that can view into the restrooms or showers.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into housing units. At one point, the auditor asked a random female officer to escort the auditor into a male housing unit. The officer was not assigned to that unit and was surprised by the request. However, the officer stepped to the entry, made a loud announcement, waited approximately one minute, then entered the unit.

During random interviews with 22 inmates, they all stated that officers routinely make an announcement before entry to the unit. The female inmates stated that officers in female housing units also make the male staff wait until the restrooms are empty before allowing to staff to enter the unit. Inmates also confirmed that they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with staff members, they confirmed that cross-gender announcements are done every time someone enters a housing unit. Officers stated clearly that that they cannot see inmates in the showers and restrooms and will only see inmates naked during routine cell checks and security rounds.

During the corrective action period, the facility updated P&P 13.30 – *Prison Rape Elimination Act* and included the required language from this standard. The policy was updated with several items to better meet the PREA standards. It was approved and signed off by the chief of corrections on September 2, 2019 and was sent to staff for review and sign-off immediately thereafter. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the facility provided P&P 09.13 – *Frisk Strip and Body Cavity Searches*. This policy outlines the steps to take for identification of inmates who identify as transgender males and transgender females. The policy prohibits security staff from viewing of the inmate’s body in order to determine the gender of any inmate. The policy states clearly that a medical staff member is to be consulted if staff cannot make a determination based on questioning the inmate or on information available from previous arrests (pp. 3-4).

During interviews with 20 random staff members, the auditor asked about the strip search policy and the identification of transgender inmates. All 20 staff members were aware of the policy regarding strip searches and identification of transgender inmates. All staff interviewed stated that only medical staff can visualize the inmate’s body, if necessary, to make a determination. There were no inmates in custody in the facility during the onsite phase of the audit that identified as transgender, so the auditor was not able to perform additional interviews. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The facility provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module. In each of the two years, records indicated confirmation of training for all 180 of the 180 detention deputies.

During random staff interviews, all 20 staff members stated that they had received training on performing pat searches of transgender inmates. All those interviewed stated that searches must be done professionally and respectfully. Officers stated that searches of a transgender female would normally be done by a female staff member. There were no inmates in custody in the facility during the onsite phase of the audit that identified as transgender, so the auditor was not able to perform additional interviews to confirm this information. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 - Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 17.01 – *Inmate Orientation*
 - c. Bilingual Employee List
 - d. Contract for Language Line
 - e. *Inmate Rules and Regulations Handout*
2. Interviews:
 - a. Agency head
 - b. Targeted inmates
 - c. Random inmates
3. Site Review Observations:
 - a. Postings in housing units
 - b. Medical housing
 - c. Inmate educational materials in intake

Findings (by provision):

115.16(a). In the PAQ, the auditor was provided P&P 13.30 – *Prison Rape Elimination Act*. The policy states that inmate education regarding PREA and orientation information is provided to inmates orally,

in writing or by video, in a language clearly understood by newly arrested inmates (p. 5). The policy directs staff to utilize contracted interpreter services to assist inmates that are not proficient in English, are blind or deaf, or requires other interpretation services to understand the information provided. The *Inmate Rules and Regulations Handout* is provided in both English and Spanish. This handout includes the initial PREA education for inmates. The auditor was provided a list of staff members who can interpret several languages to assist inmates. The agency has a contract with a provider for interpretation in American Sign Language.

During the site review, the auditor talked with several inmates who spoke Spanish. Each of these inmates understood what PREA was and knew how to properly report an incident of sexual abuse, if needed. There were signs clearly posted in each of the housing units in English and Spanish. The auditor met with inmates in K Pod. This pod was classified as housing for inmates with disabilities. There were no inmates present that were blind or deaf or hard of hearing during the onsite phase of the audit, so the auditor was not able to interview an inmate to confirm access to educational information. The PREA coordinator confirmed that he would provide the education to a blind inmate by reading the information to him/her and a deaf inmate would receive a handout for reading. The auditor viewed the inmate orientation video in the intake area. This video provides initial PREA education and has captioned Spanish. All inmates can watch the video, hear the speaker or read the captions.

The auditor interviewed two targeted inmates, one with a mental health disorder and one with a cane. Both inmates could explain what PREA was, the prohibited behaviors and how to properly report an incident of sexual abuse or sexual harassment. The facility chief confirmed that all efforts are made to provide all inmates with the required PREA information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided P&P 13.30 – *Prison Rape Elimination Act*. The policy states that inmate education regarding PREA and orientation information is provided to inmates orally, in writing or by video, in a language clearly understood by newly arrested inmates (p. 5). The policy directs staff to utilize contracted interpreter services to assist inmates that are not proficient in English, are blind or deaf, or requires other interpretation services to understand the information provided. The *Inmate Rules and Regulations Handout* is provided in both English and Spanish. This handout includes the initial PREA education for inmates. The auditor was provided a list of staff members who can interpret several languages to assist inmates and the facility contracts with a language for other languages, as needed. The agency has a contract with a provider for interpretation in American Sign Language.

The auditor spoke with two inmates who spoke Spanish during the random inmate interviews. Both inmates could speak both English and Spanish. The auditor was able to speak with both in English, but both inmates confirmed that all information for orientation and PREA are readily available in Spanish and are easily understood. The auditor was told that there were no inmates in the facility that spoke a different language during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). During the onsite phase of the audit, the auditor spoke with 20 random staff members and 22 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate.

The facility chief and the PREA coordinator both confirmed that although there is nothing in policy to prohibit it, the facility will not use an inmate interpreter. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No

- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-23 – *Recruitment and Selection*
 - c. GO G-33 – *Performance Review System*
 - d. GO G-40 – *Promotional Process*
 - e. Employment Application Sworn/Certified Positions
 - f. *Chaplain, Contractor, Volunteer Approval List*
 - g. Employment records
2. Interviews:
 - a. Specialized staff – Human Resources

Findings (by provision):

115.17(a). In the PAQ, the auditor was provided General Order (GO) G-23 – *Recruitment and Selection*. This document includes the hiring policies for all sworn and certified positions and civilian positions within the facility as well as guidelines for background checks and the selection process for hire. The hiring process for all positions includes a criminal background check, searching records in Florida and nationally. This report will locate an individual's Florida criminal history report, arrests from other states and federal arrests. It will also include any outstanding arrest warrants and domestic violence injunctions. The agency completes a Level 2 background check for those seeking employment as a certified officer, known as a detention deputy in this agency. In Florida, the Level 2 background includes a more intensive criminal background check based on the individual's fingerprints and identification. In Florida, this is required for the individual to be certified as a law enforcement officer. P&P 13.30 – *Prison Rape Elimination Act* also includes a section related to this provision. It states that will not hire any individual without first verifying that they have not engaged in any form of sexual abuse/harassment while currently employed, during previous employment, or within the community setting (*p. 4*).

The agency's employment application requires that the applicant answer affirmatively regarding any prior arrests for all felony charges, specifically sexual abuse related offenses. The criminal background check will verify that this information is correct. The applicant then must take a computer voice stress analysis (CVSA) test prior to final selection for employment. This test also includes questions regarding sexual abuse related offenses and sexual harassment accusations.

All potential volunteers and contractors that will have inmate contact inside the secure facility must also have a completed background check performed prior to admission to the facility. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.

During the onsite phase of the audit, the auditor met with the agency's director of human resources. She provided the auditor with complete copies of the agency's applications and discussed the full hiring and review process. We then reviewed several staff employment records, where the auditor was able to see results for background checks, CVSA results, interview results and final decision making by the agency. Each of the reviewed records contained the proper application questions and supportive documentation. The auditor interviewed the chief's administrative assistant, who is responsible for the initial background checks for all volunteers and contractors. She confirmed that the background check must be completed and approved by administration before any person was granted entry into the facility. The auditor was provided the *Chaplain, Contractor, Volunteer Approval List*, which is prepared and maintained by the assistant and distributed to the control center. Staff will review this list prior to granting entry to all volunteers and contractors.

The auditor confirmed through these interviews that the agency will not grant employment or approve an individual for volunteer work or as a contractor if he or she has engaged in sexual abuse in a corrections facility or been convicted of a sexual abuse related offense. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). The employment application for staff members and for volunteers and contractors includes a questionnaire that specifically asks applicants if he or she was the subject of a sexual harassment allegation.

During interviews, both the human resources director and administrative assistant confirmed that sexual harassment allegations are taken into consideration during the approval and hiring process for all individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals during the hiring process. GO G-23 requires that the agency also complete an employment history check for all individuals during the hiring process.

During the interview with the human resources director, this requirement was discussed. The agency will not hire an individual who has a negative employment history check. This includes asking prior corrections employers if the individual had a substantiated sexual abuse allegation or resigned during an investigation of sexual abuse. The agency was not able to provide proof of denying employment based on this evaluation because it has not yet happened over the last five years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals seeking to provide volunteer services through the chaplain's office or in the programs department. This is also true for individuals that will work as contractors in the facility that will have inmate access.

During the auditor's interview with the chief's administrative assistant, she confirmed that background checks are completed before any individual is approved for entry into the secure facility. Once the background is completed, the application must be approved by administration before the individual's

name is entered on the approved list. This process is completed for anyone who will volunteer with inmate programs, the chaplain or with the facility's kitchen contractor, Trinity Services Group. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). In the PAQ, the agency provided P&P 13.30 – *Prison Rape Elimination Act*. In the section marked *Staff Hiring, Training, and Promotions*, it states clearly that the facility will perform background checks for all employees and contractors at least once every five years (p. 4).

During the onsite phase of the audit, the auditor interviewed the human resources manager, who confirmed it is part of their normal procedure. The agency is enrolled in the Florida Department of Law Enforcement (FDLE) FALCON system. FALCON is an integrated state-of-the-art system for identifying criminals and reporting data. For law enforcement agencies such as the Seminole County Sheriff's Office, it is utilized through a livescan program, where employee fingerprints are scanned into the FALCON system. Once entered into the enrolled agency file, the FDLE will automatically identify and alert at any time if that individual's fingerprints are received through a new arrest anywhere in the United States. The alert is sent from the FDLE to the agency's contact, thus providing an automatic system to capture employee arrests.

For volunteers and contractors, the agency requires that background checks are performed annually for all volunteers and contractors to remain active on the approved list. This information was provided by the administrative assistant during the interview with the auditor. The facility currently lists 723 approved volunteers and contractors on the approved list. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). In the PAQ, the agency provided P&P 13.30 – *Prison Rape Elimination Act*. In the section marked *Staff Hiring, Training, and Promotions* (p. 4), the policy states, "No employee, including contractors, volunteers, interns, and any other persons, that may have contact with inmates shall be hired or considered for promotion without first being vetted that they have not engaged in any form of sexual abuse/harassment while currently employed, during previous employment, or within the community setting. It is the responsibility of the employee, contractor, volunteer or intern to divulge inappropriate conduct upon hiring, evaluations, or promotion if not already known or detected by the agency."

During the auditor's interview with the human resources director, it was confirmed the agency follows this policy. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process and in the CVSA testing. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The agency's employment application was provided to the auditor in the PAQ. The application clearly provides the applicant with the statement that all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

During the interview with the human resources manager, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). In the PAQ, the agency included a statement from the applicant's application, where they provide to the applicant a statement regarding Florida law and the disclosure of employment information to potential new employers.

During the auditor's interview with the human resources manager, it was confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Florida. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - a. None
2. Interviews:
 - a. Agency head
 - b. PREA coordinator

Findings (by provision):

115.18(a). The facility did not provide any documentation regarding this provision. Based on the auditor's review of the agency website and the facility characteristics provided, it is clear there have been no design changes of the current facility or acquisitions of new facilities by the agency since August 20, 2012.

During interviews with the chief of corrections and the PREA coordinator, the auditor confirmed that there have been no design changes in the facility and no new acquisitions. Both confirmed, however, that the PREA coordinator would be part of any future agency growth to consider how the design, acquisition, expansion, or modification would affect the agency's ability to protect inmates from sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18(b). The facility did not provide any documentation regarding this provision.

During interviews with the chief of corrections and the PREA coordinator, the auditor confirmed that there have been no upgrades to the facility's video monitoring system or other monitoring technologies since August 20, 2012. Both confirmed, however, that the PREA coordinator would be part of any future monitoring technology updates or video monitoring updates, to review how it would affect the agency's ability to protect inmates from sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (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 No NA

- 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 No NA

115.21 (c)

- 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 No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- 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 No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-69 – *Preliminary and Follow-up Investigations*

- c. Crime Scene Standard Operating Procedure (CS-SOP)-4 – *Scene Examination Procedures*
 - d. *Memorandum of Understanding* – Seminole County Sheriff's Office and 18th Judicial Brevard/ Seminole State Attorney's Office
 - e. Investigations files
2. Interviews:
- a. Specialized staff
3. Site Review Observations:
- a. Medical services

Findings (by provision):

115.21(a). The agency provided several documents in the PAQ for review under this standard. The PREA policy, in the *Response to Sexual Assault/Battery Allegations* section, requires the gathering of evidence be in accordance with the *National Protocol for Sexual Exams*. The policy also states that investigations of sexual abuse and sexual harassment allegations are performed by investigators with the agency's major crimes unit or professional standards unit (p. 7).

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. The investigator confirmed that all investigations of sexual abuse are performed in the facility just as they are performed in the community. He stated that investigators would collect and process evidence under the same protocols that are utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the County and are consistent with the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(b). During the onsite phase of the audit, the auditor interviewed a major crimes investigator. The investigator confirmed that all investigations of sexual abuse in the facility are performed just as they are performed in the community. He stated that investigators would collect and process evidence under the same protocols that are utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the County and are consistent with the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. Although the policy does not specifically state that forensic examinations are provided for sexual abuse victims, it is included in *Attachment A*, the *Coordinated Response* plan. The plan states that if the major crimes investigator determines that an examination is required, the inmate victim will be transported to the Seminole County Health Department (SCHD), where the examination will be performed (p.13). It is also noted in this section that the forensic examination be provided at no cost to the inmate victim.

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. The investigator confirmed that all forensic examinations for sexual abuse victims in Seminole County are performed at the SCHD. There is always a SAFE nurse on call and will respond to their facility, if not already on duty. The auditor contacted the SCHD and spoke with a representative who confirmed that forensic examinations for Seminole County sexual assault victims. There have been no examinations performed for inmate victims over the last three years. The PREA coordinator confirmed that forensic examinations would be performed at the SCHD if it were necessary. He also confirmed that there would no cost to the inmate victim if the examination was performed.

The auditor reviewed investigations files and there were no sexual assault allegations that required a forensic examination. Therefore, the auditor could not verify the use of the SCHD for examinations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. Although the policy does not specifically state that victim advocate will be provided for support of the sexual abuse victim, it is included in *Attachment A*, the *Coordinated Response* plan. The plan states that if the major crimes investigator determines that a forensic examination is required, the investigator will contact the Seminole County Sheriff's Office (SCSO) to request a victim advocate to respond (*p. 13*). The auditor was also provided a copy of a *Memorandum of Understanding* – Seminole County Sheriff's Office and 18th Judicial Brevard/ Seminole State Attorney's Office. This agreement states the State Attorney's Office (SAO) will provide a victim advocate for support of the victim through the legal process.

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. The investigator confirmed that a victim advocate would always be contacted to respond to the SCHD if the forensic examination is required. The auditor interviewed the lead victim advocate at the SCSO. She confirmed that there is an automatic call for victim response to all sexual assault investigations. The advocate will respond to the SCHD to support the victim during the forensic examination. The advocate for SCSO will not follow the case from there and the Seminole County State Attorney's Office (SCSAO) provides victim advocates to follow the victim through the rest of the case process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. Although the policy does not specifically state that victim advocate will be provided for support of the sexual abuse victim, it is included in *Attachment A*, the *Coordinated Response* plan. The plan states that if the major crimes investigator determines that a forensic examination is required, the investigator will contact the Seminole County Sheriff's Office (SCSO) to request a victim advocate to respond (*p. 13*).

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. The investigator confirmed that a victim advocate would always be contracted to respond to the SCHD if the forensic examination is required. The auditor interviewed the lead victim advocate at the SCSO. She confirmed that there is an automatic call for victim response to all sexual assault investigations. The advocate will respond to the SCHD to support the victim during the forensic examination. The advocate for SCSO will not follow the case from there and the Seminole County State Attorney's Office (SCSAO) provides victim advocates to follow the victim through the rest of the case process. The auditor then contacted a victim advocate at the SCSAO. The advocate confirmed that an advocate is assigned to support sexual assault victims through the court process until the case is prosecuted in court. When asked, the advocate stated that many of the advocates had received basic jail orientation and would certainly come to the jail to provide additional support for the inmate victim if it was ever needed.

There have been no incidents of sexual assault that would require the use a victim advocate over the last five years. Also, there were no inmates currently in custody who had claimed that they were a victim to sexual abuse while in custody. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since sexual abuse investigations are performed by the agency, this provision does not apply to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(h). The agency does not utilize their own staff members to provide victim advocate services. This is provided through the agreement with the State Attorney's Office. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-69 – *Preliminary and Follow-up Investigations*
2. Interviews:
 - a. Random staff
 - b. Specialized staff

Findings (by provision):

115.22(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy clearly outlines the agency's requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states, "All incidents of sexual assault/harassment will be reported promptly and investigated thoroughly..." (*p. 8*). This policy instructs to staff to notify major crimes or professional standards to handle the investigation.

During the onsite phase of the audit, the auditor reviewed the facility's incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not properly investigated. The auditor reviewed the sexual abuse and sexual harassment allegations at the same time. There were 33 allegations that were properly investigated. The auditor interviewed the major crimes investigator, PREA coordinator and the chief of corrections. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(b). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy clearly outlines the agency's requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states, "All incidents of sexual assault/harassment will be reported promptly and investigated thoroughly..." (*p. 8*). This policy instructs to staff to notify major crimes or professional standards to handle the investigation. The facility's PREA policy is clearly posted on the department's website, located at <https://www.seminolesheriff.org/webbond/page.aspx?id=103>.

During the onsite phase of the audit, the auditor interviewed the major crimes investigator, PREA coordinator and the chief of corrections. They all confirmed that the agency investigates all allegations

of sexual abuse and sexual harassment. The auditor reviewed the facility's incident reports and grievances from the previous 12 months and there were no allegations of sexual abuse or sexual harassment that were not investigated. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(c). All investigations are performed by the agency and not an outside agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-25 – *Employee Harassment Policy*
 - c. P&P 04.01 – *Employee Orientation*
 - d. Training curriculum
 - e. Training logs
2. Interviews:
 - a. PREA coordinator
 - b. Random staff

Findings (by provision):

115.31(a). In the PAQ, the facility provided a copy of their P&P 04.01 – *Employee Orientation*. This policy requires that all staff members receive documented orientation and training prior to assuming duties in the facility (*p. 4*). This training includes information related to sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. The facility’s P&P 13.30 – *Prison Rape Elimination Act* also requires staff training on sexual abuse and sexual harassment and the requirement includes the ten points required under this standard (*p. 3*). The training curriculum provided in the PAQ is produced by Relias Learning and includes each of the required ten points listed in the standard. Training logs provided in the PAQ were from the last three years. They show completion of the annual training related to sexual abuse and sexual harassment and the date it was completed.

During the onsite phase of the audit, the auditor interviewed 20 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it in 2014, prior to the first PREA audit, if they were employed at that time. Each person interviewed confirmed training included the ten points required under this standard. The auditor reviewed training records provided by the PREA coordinator. The auditor selected ten random records and located written verification that employee orientation or annual PREA training had been completed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(b). The JEPCF houses both male and female inmates. Training for staff, therefore, is consistent and there is no need to provide additional training related to a specific gender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(c). The JEPCF had previously been audited by a certified PREA auditor in 2014. All staff that were employed in 2014 would have received the required PREA training and education at that time. P&P 13.30 – *Prison Rape Elimination Act* requires that staff receive annual refresher training based upon the level of contact with inmates, as stipulated by PREA (*p. 4*).

Training logs provided to the auditor confirm that all staff log in to the online training module and complete it once annually. This was confirmed by reviewed ten random training records. The auditor also viewed a complete training log for the year. This log showed a positive indicator for training completion for all 400 full-time staff members. Also, each of the staff members interviewed confirmed that they received annual PREA training online. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(d). P&P 04.01 – *Employee Orientation* requires staff to acknowledge in writing that they will comply with the training on PREA. The facility requires that all staff complete the online training module

annually, and this training includes an online to test to confirm completion of the online class and understanding of the concepts provided in the training.

The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis and scores for the online test. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 04.01 – *Employee Orientation*
 - c. Training curriculum
 - d. Training logs
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.32(a). In the PAQ, the facility provided a copy of their P&P 04.01 – *Employee Orientation*. This policy requires that all volunteers and contractors receive documented orientation and training prior to assuming duties in the facility. This training includes information related to sexual abuse/assault awareness, prevention, response, and reporting procedures under PREA. The facility’s P&P 13.30 – *Prison Rape Elimination Act* also requires volunteers and contractors to receive training on sexual abuse and sexual harassment (*p. 4*). Training logs provided in the PAQ were from the last three years.

During the onsite phase of the audit, the auditor interviewed two volunteers and one contractor. They all confirmed completion of the orientation program prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. The auditor reviewed training records for these individuals and other random records. The facility’s list of approved volunteers and contractors shows a total of 723 (260 volunteers and 463 contractors), and the list shows completion of training by all 723. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(b). The auditor reviewed the training curriculum, which was included in the PAQ. The curriculum includes each of the required points listed in the standard.

During the onsite phase of the audit, the auditor interviewed three volunteers and contractors. They all confirmed completion of the orientation program prior to being granted access to the secure facility. They confirmed the orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. The auditor reviewed training records for these individuals and other random records. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The auditor was provided training logs in the PAQ. The logs were from the last three years. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education.

During the onsite phase of the audit, the auditor interviewed three volunteers and contractors. They all confirmed completion of the orientation program prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with an inmate. The auditor reviewed training records for these individuals and other random records. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. *Inmate Orientation/Handout Sign In-Sheet*, form COR-0084
 - b. *JEPCF Booklet - Inmate Rules and Regulations*
2. Interviews:
 - a. Specialized staff
 - b. Random staff
 - c. Random inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.33(a). The facility provided a statement in the PAQ to confirm that all inmates receive basic PREA information when they arrive to the facility. This happens in the intake area. They provided copies of completed forms, *Inmate Orientation/Handout Sign In-Sheet*, where inmates have signed the form to certify that the inmate had reviewed the orientation video showing in the Intake/Booking area at the facility, the Prison Rape Elimination Act (PREA) video showed at initial appearance and a copy of the Inmate Rules and Regulations handout.

During the onsite phase of the audit, the auditor entered the Intake/Booking area and saw the orientation playing on the television in the open booking area. The video was playing on a loop, in English, with closed captions on the screen. Although the sound was on, it was not easy to hear it over the general noise in the intake area. The video included the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. There were signs hung above the fingerprint station, in English and Spanish, which provide inmates with the basic PREA information. The signs are hung in a place where all inmates can see them during fingerprinting. While speaking with staff members in intake, staff explained that they purposely point out the signs to inmates while they are being processed through the booking process. The auditor interviewed one staff member who works in intake and she confirmed that all inmates are asked to sit in the open intake area and watch the orientation video.

The auditor interviewed 22 random inmates during the onsite phase of the audit. All 22 inmates confirmed that they understood the PREA information and how to ask for help or file a report. 20 of the inmates confirmed receiving the PREA education, but two stated they did not receive the orientation information in intake. Both inmates were in the jail for holding as Federal inmates. All the other inmates stated they did see the orientation video in intake, but several inmates stated that it was very difficult to hear the video. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). In the PAQ, the facility provided documentation to show inmate attendance at the inmate orientation that is provided on their second day in custody. The logs provide written proof that the inmate attended the orientation, with their signature on their form. There were 4,949 inmates admitted to the facility whose length of stay was 30 days or more. The logs show that all 4,949 inmates had received the education.

Through discussions with the PREA coordinator, the auditor learned that orientation is provided to inmates on the second day in custody. When inmates attend the daily initial court appearance in the courtroom at the facility, the facility shows the video, *PREA: What You Need to Know*, which was produced by Just Detention International, in conjunction with the National PREA Resource Center. This video provides the mandated education for inmates. The video is shown either prior to or after the court hearing daily. The auditor was shown logs, *Inmate Orientation/Handout Sign In-Sheet*, as proof that all inmates currently in custody had viewed the video.

The auditor interviewed 22 random inmates during the onsite phase of the audit. All 22 inmates had been housed in the facility for at least 30 days. Each of the inmates confirmed that they had viewed the video and were aware of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The auditor also interviewed staff from intake, who confirmed that the PREA video is shown daily at first appearance court. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The PREA coordinator stated that all inmates receive initial education at intake and then

view the comprehensive PREA video at initial appearance on their second day in custody. There was a concern regarding inmates held at JEPCF for the U. S. Marshals Service. Those inmates do not attend initial appearance, so the facility provides direct comprehensive education for those inmates in the housing unit. The logs and sign-in sheets, *Inmate Orientation/Handout Sign In-Sheet*, reviewed by the auditor showed attendance by all 4,949 inmates housed for 30 days or more over the previous 12 months. The agency does not have any additional facilities, so additional PREA education is not required upon transfer.

The auditor interviewed 22 random inmates, each in the facility for 30 or more days. Each inmate stated they had received the required education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). The facility did not provide any information on this provision in the PAQ, other than to say that they provide inmate education in different formats on a case by case basis.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. Also, the inmates receive the JEPCF Booklet - *Inmate Rules and Regulations*, available in Spanish for those that require it. The PREA coordinator did provide documentation for Standard 115.16 to show that the facility has access to the language line and to American Sign Language interpreters, if needed. When asked, the PREA coordinator stated that he could read a blind inmate the required PREA education if it was necessary. The auditor interviewed one inmate who spoke Spanish and he confirmed that the facility provided the education in Spanish for him to read. The auditor interviewed one inmate with an intellectual disability. This inmate was able to explain basic PREA information to the auditor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided two types of documentation that confirm an inmate's receipt of required PREA education. The first is the *Inmate Orientation/Handout Sign In-Sheet*, which is completed in intake to confirm receipt of the initial education. The second is a signed orientation log. The log indicated that 4,949 inmates had received the inmate education during the previous 12 months prior to the audit. These two forms are sufficient to document that inmates receive the required PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number. They inmates all have access to a portable kiosk, or tablet, where they can read information about PREA, have access to a grievance to complete if needed and read the flyer available from the local rape crisis center. The tablets require inmates to read the PREA information before they can use the tablet for other services. The inmates are provided the *Inmate Rules and Regulations Handout*, which includes information about PREA. Lastly, the PREA coordinator has added additional signage in the form of a table-top decal to tables in the dayroom of many of the housing units. This is a unique and intelligent use of space in the housing unit that the inmates will easily see daily. The decal, written in English and Spanish, includes the multiple ways that an inmate can report an incident of abuse and the zero-tolerance policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

Recommendation:

1. The facility should make changes to the video playing in intake. The auditor found it difficult to hear the sound and some inmates confirmed this. Although the auditor was able to determine that each inmate interviewed understood the PREA information, some stated that didn't see the video in intake or hear the sound. These inmates are receiving the PREA education later during their incarceration, but not at intake through that video.
2. The facility should make changes to ensure that all inmates being held for the U. S. Marshals Service receive the comprehensive PREA education. These inmates do not attend initial appearance and are not provided access to see the PREA video.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (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 No NA
- 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 No NA
- 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 No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – Prison Rape Elimination Act
 - b. Training certificates
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.34(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy includes a provision that requires agency major crimes unit detectives to be trained on the thorough investigation of sexual abuse cases inside the corrections facility. Also included in the PAQ were several copies of certificates received by major crimes detectives and facility supervisors for completion of the National Institute of Corrections (NIC) class entitled *PREA: Investigating Sexual Abuse in a Confinement Setting*. This training curriculum is known to the auditor and includes modules related to the four points required under this provision of the standard.

The auditor interviewed a major crimes detective from the Seminole County Sheriff's Office during the onsite phase of the audit. The investigator confirmed that he had taken the online course provided through the NIC and had successfully received his certificate. The auditor reviewed training records and verified that facility sergeants and lieutenants had taken the online class as well as the major crimes detectives. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(b). The facility provided in the PAQ several copies of certificates received by major crimes detectives and facility supervisors for completion of the National Institute of Corrections (NIC) class entitled *PREA: Investigating Sexual Abuse in a Confinement Setting*. This training curriculum is known to the auditor and includes modules related to the four points required under this provision of the standard.

The auditor confirmed through an interview with a major crimes detective that the online NIC class included information on the four points in this provision of the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(c). The PREA coordinator maintains a file with the written proof that supervisors in the facility and major crimes detectives have completed the online class. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (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.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Training logs
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.35(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy requires that all staff in medical and mental health receive training on PREA that includes the four points noted in this provision of the standard. The facility included information regarding the National Institute of Corrections (NIC) class entitled *Specialized Training: PREA Medical and Mental Care Standards*. This online class is known to the auditor and it does include modules related to each of the four points in this provision.

During the onsite phase of the audit, the auditor spoke with three staff members in the medical unit. Each staff member confirmed that they had taken the online NIC class on specialized medical training. The auditor also interviewed the medical director, who confirmed that the online training is required for all the unit's staff members. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(b). Medical staff at the facility do not perform forensic examinations. Any inmate who would require the forensic examination due to a sexual assault will be taken to the Seminole County Health Department per policy. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(c). The PREA coordinator maintains a file with the written proof that all medical and mental health care staff have completed the online class. The auditor viewed the list and confirmed that all current medical staff members had documented completion of the class. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(d). The medical and mental health care staff are all employed by the agency. Per policy, as stated in standard 115.31, all new staff members are required to complete the employee orientation program, which includes the required basic PREA training.

Through interviews with medical staff members and the medical director, the auditor learned that all staff in the medical unit receive the PREA training during orientation. Based on this analysis, the auditor finds the facility in compliance with this provision.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- 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 No
- 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 No
- 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 No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- 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 No

115.41 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 18.01 – *Inmate Classification Plan*
 - c. *Sexual Violence Screening Tool*
 - d. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
3. Site Review Observations:
 - a. Intake/Booking
 - b. Classification

Findings (by provision):

115.41(a). JEPCF supplied a copy of P&P 18.01 – *Inmate Classification Plan* in the PAQ. This policy states that all inmates will be interviewed as soon as possible following admission to the facility, in the *Assignment Interview* section on page four. This interview is to be documented on the *Sexual Violence Screening Tool*. The classification person is to assess the individual for special problems and initiate appropriate referrals, as necessary. The auditor was provided copies of completed screening forms from random inmates.

During the onsite phase of the audit, the auditor met with staff in intake and observed as staff completed the initial screening of inmates. In intake, the nurse begins the screening process and classification staff complete the remainder of the screening tool. It was confirmed by intake staff and the nurse that this screening is completed for all new inmates when they enter the facility. The auditor interviewed 22 random inmates and each inmate could recall being asked specific questions during the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(b). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. In the *Screening and Classification* section, the policy states, “inmates are screened within 72 hours of arrival at the Facility for potential vulnerabilities to or tendencies of acting out with sexually aggressive behavior” (p. 6). There were 14,221 inmates admitted to the facility with a length of stay of 72 hours or more during the previous 12 months prior to the audit. The classification screening was included for all inmates listed.

The auditor reviewed 28 inmate files which all included the screening form during the onsite phase of the audit. Each of the forms reviewed were completed on the first and second day of the inmate's arrival in the facility. During interviews with classification staff, it was confirmed that the screening of all inmates is done beginning with the inmate's arrival and is completed in the first two days. Also, the auditor interviewed 22 random inmates and each inmate related that they spoke with classification on

the first or second day after arrival in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The facility provided a copy of the screening tool to the auditor in the PAQ. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for each individual screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(d). The facility provided a copy of the screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in standard 115.41(d). Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender or intersex, and if the inmate has a current criminal conviction of sexual violence or rape.

During the onsite phase of the audit, the auditor spoke with staff from classification. They explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated. The tool also asks if the inmate shows unusual interest or focus on another inmate, is openly discriminatory of lesbian, gay, bisexual, transgender or intersex, and if the inmate has a current criminal conviction of sexual violence or rape. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed two classification staff members and the classification manager during the onsite phase of the audit. All three confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. It was explained to the auditor that the screening process begins at intake when the nurse asked inmates an initial set of questions. The classification staff complete the screening in person with each inmate. The auditor was told that this is necessary to verify that inmates with a potential to be a predator will not be housed with inmates with a potential to be a victim. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). In the PAQ, the facility provided P&P 18.01 – *Inmate Classification Plan*. The policy includes a requirement that inmates are reassessed within 30 days from the date of admission to the facility (p. 8). The screening tool provided to the auditor includes a section for staff to complete during that reassessment.

During the onsite phase of the audit, the auditor met with staff from classification who confirmed that inmates are reassessed within the 30-day time period. The auditor was shown 28 completed screening

forms for inmates that were in custody and the auditor was able to confirm completion of the reassessment. Staff confirmed that the reassessment is typically completed in conjunction with the medical staff during the inmate's intake history and physical. Completion of the reassessment during this medical assessment helps to ensure that the reassessment is completed on time for all inmates. There were 4,949 inmates admitted to the facility during the previous 12 months whose length of stay was 30 days or more. Records provided to the auditor showed the reassessment of all 4,949 inmates within the 30-day time period. During interviews with 22 random inmates, the auditor asked if they were asked additional follow-up questions by medical and classification staff and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). In the PAQ, the facility provided P&P 18.01 – *Inmate Classification Plan*. The policy includes a requirement that inmates are reassessed when warranted. The policy states, “if new information is received about the inmate by staff, relatives, third party associates, other inmates, or the inmate themselves, in relation to a concern of potential sexual abuse or sexual harassment as it pertains to the Prison Rape Elimination Act” (p. 8).

During interviews with classification staff, staff stated that they will reassess an inmate at any time based on information that is received from other staff, inmates or through incident reports. During interviews with 22 random inmates, the inmates stated they were not familiar with this process, but they did recall being asked follow-up questions by medical and classification staff. The auditor reviewed 33 investigative files during the onsite phase of the audit. Each file showed an assessment by classification of the inmates involved in the investigation. The auditor was not able to view additional documentation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). In the PAQ, the facility provided P&P 18.01 – *Inmate Classification Plan*. In the *Assignment Interview* section, the policy states clearly that inmates will not be disciplined for refusing to answer or for not disclosing complete information in response to the screening tool questions (p. 4).

During classification staff interviews, the auditor learned that staff cannot recall a case where an inmate has refused to answer questions for the screening tool. They stated, however, that no inmate would be disciplined if they chose not to answer the questions. Although the responses were important for staff to be able to safely house inmates, classification could still safely house an inmate without the responses, but with additional monitoring for inmate safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Screening and Classification* section, the policy includes a provision that confirms information derived from the screening tool must be kept confidential (p. 5). The information is only to be utilized for classification and housing assignments. The policy requires that staff safeguard the information to avoid the use of the information to the detriment of the inmate.

During the onsite phase of the audit, the auditor spoke with the PREA coordinator, PREA compliance manager and classification manager. All confirmed that the information in the screening tool was only available for review by classification staff and the PREA coordinator. The PREA coordinator stated that other staff may see the result of the inmate's vulnerability or predatory status, but they do not have access to the supporting information for the decision. During the site review, the auditor asked several random staff members to provide the auditor with this information and no staff could provide the auditor with the information or access in the computer. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No
- 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 No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 18.01 – *Inmate Classification Plan*
 - c. *Sexual Violence Screening Tool*
 - d. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.42(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy includes language in the *Screening and Classification* section regarding the use of the screening information. The policy states, “Information obtained from the objective screening instrument will be used by classifications to determine proper housing to keep separate an inmate with potential victimization separate from those with potential predation” (*p. 5*). The facility provided several copies of completed inmate screening forms. Each were completed for inmates that had no risk factors and were not identified as potential victims or potential predators. The auditor reviewed these documents, but they have no bearing on this standard. Additional documentation to verify compliance was reviewed during the onsite phase of the audit.

During the onsite phase of the audit, the auditor interviewed staff from classification, and they confirmed that housing assignments, classification and access to programs are all impacted by the information derived from the risk screening. The auditor reviewed 28 completed screening assessments and could see the final determination for housing was obtained through this document. Therefore, the outcome of the inmate screening is utilized to safely house, classify and schedule inmate programs. The PREA coordinator also confirmed that inmate screening is utilized for housing and classification decisions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). The facility provided P&P 18.01 – *Inmate Classification Plan* in the PAQ. This policy makes it clear that all assignments for inmate housing and classification are made on an individual basis and are in the best interests of the safety of each inmate (*p. 4*). This is shown in the *Assignment Interview* section of the policy.

The auditor interviewed staff from classification during the onsite phase of the audit. Classification staff related to the auditor that they review each inmate individually to determine the best housing and classification assignments to provide the safest housing possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). The facility provided P&P 18.01 – *Inmate Classification Plan* in the PAQ. This policy states, “Housing and program assignments shall be on a case by case basis whether the placement would present management or security problems” (*p. 4*). This statement does not allow for the protection of

the inmate's health and safety. Also, this statement is for classification of all inmates and it does not specifically highlight this review for transgender or intersex inmates. In the Cell Assignment section of that policy, the auditor read this statement, "Males and females are kept separated by sight and normal sound and are housed separately" (p. 5).

During the onsite phase of the audit, the auditor interviewed several staff members regarding the housing of transgender and intersex inmates. The PREA coordinator confirmed that inmates are reviewed on a case by case basis, which is consistent with the policy. However, it became clear that the facility would not be open to housing transgender inmates based on their gender identification. This was repeated by staff in classification and administrative staff. The auditor is not confident that a transgender inmate would be provided the opportunity to be housed by gender identity rather than anatomy based on these statements by staff and the policy noted above, although there were no inmates in custody that met the targeted criteria to interview.

During the corrective action period, the facility had three transgender female inmates admitted to the facility. Each of the three inmates were reviewed by the agency's medical and mental health professionals and classification prior to holding a brief meeting to determine best housing for the inmate. The meeting was attended by the PREA coordinator, classification, medical and mental health and security. While none of the inmates was housed in female housing, the opportunity to be housed in a safe place that was best for the dignity of the inmate was considered. None of the three inmates was housed in administrative confinement for safety reasons. The auditor has reviewed enough documentation to consider the facility in compliance with this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). The facility provided P&P 18.01 – *Inmate Classification Plan* in the PAQ. This policy states, "Placement and program assignments shall be reassessed at least twice each year to review any threats to safety experienced by the inmate" (p. 4). This statement is for classification of all inmates and it does not specifically highlight this review for transgender or intersex inmates.

The auditor interviewed classification staff and the PREA coordinator during the onsite phase of the audit. Staff confirmed that this review would be performed at least twice per year for the safety of the inmate, regardless of the inmate's sexual orientation or status as a transgender person or intersex. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). The facility provided P&P 18.01 – *Inmate Classification Plan* in the PAQ. In the *Assignment Interview* section, the policy requires that classification staff interview the inmate to ask their opinion regarding his or her vulnerability in general population and consider this in making housing assignments (p. 4). The policy does not specifically state that this provision applies to transgender or intersex inmates.

During the onsite phase of the audit, the auditor interviewed staff from classification, and they confirmed that this question is asked by classification prior to making a decision on safe housing. The PREA coordinator stated that transgender and intersex inmates are asked their opinion of their safety in population before classification makes a housing assignment. There were no transgender or intersex inmates currently in custody during the audit for the auditor to interview. The auditor reviewed records showing eight transgender female inmates admitted to the facility during the previous 12 months. Each inmate was already released and not available to the auditor to interview. Some of these inmates were housed in general population and some were housed in protective custody. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy includes language in the *Screening and Classification* section regarding showers for transgender and intersex inmates (p. 6). The policy clearly states that these inmates will be given the opportunity to shower separately from other inmates.

There were no transgender or intersex inmates in custody at the time of the onsite audit, so the auditor was unable to interview inmates to confirm that the facility provides them with the opportunity shower separately from other inmates. The PREA coordinator was asked about showers and he confirmed that transgender or intersex inmates would be provided a shower separate from the other inmates in the medical unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). P&P 18.01 – *Inmate Classification Plan* was provided to the auditor in the PAQ. In the *Assignment Interview* section, the policy states that the facility will not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing units solely on the basis of such identification or status (p. 5).

The auditor interviewed one inmate who identified as gay during the onsite phase of the audit. That inmate was housed in general population and stated that he was not housed based on his sexual orientation and not housed in a specific location with other lesbian, gay, bisexual or transgender (LGBT) inmates. The PREA coordinator confirmed that the facility does not house inmates based on their identification as LGBT, and there are no such units in the facility. The auditor reviewed the housing rosters and could not identify housing unit classified as a LGBT unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (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 No
- 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 No

- 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 No
- 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 No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 10.01 – *Inmate Segregation*
 - b. P&P 18.01 – *Inmate Classification Plan*
 - c. Screening records
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
3. Site Review Observations:
 - a. Segregated housing units

Findings (by provision):

115.43(a). In the PAQ, the facility provided P&P 10.01 – *Inmate Segregation*. The policy clearly states that inmates may only be placed in protective custody when there is documentation that segregation is warranted, and no other reasonable alternatives are available (*p. 4*). The auditor was not able to locate any written policy that inmates are held in involuntary segregation less than 24 hours while formal housing assessments are completed.

During the onsite phase of the audit, the auditor reviewed housing logs for the segregation housing units. It did not appear that there were inmates housed in segregation due to their high risk for sexual victimization. The auditor interviewed the chief of corrections and the security captain. Both confirmed that the facility would not place inmates in involuntary segregation in order to keep them safe in custody. The auditor was told that inmates often request protective custody to remain safe, but this housing is in an open housing unit reserved for those that request protective custody. The auditor was told that administrative confinement is used to house inmates that are at risk, but this use of segregation is documented. It was also explained that these housing assignments are routinely completed within the first 24 hours of an inmate's incarceration. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). In the PAQ, the auditor was provided P&P 10.01 – *Inmate Segregation*. This policy provides a clear description of the services, programs, access and rights for all inmates held in segregation at the facility (*p. 5*). The policy states that inmates must be provided the same access to programs, recreation, visitation and commissary.

During the onsite phase of the audit, the auditor interviewed staff members that work in the segregated housing units. It was confirmed that the facility provides segregated inmates full access to programs and services, just as any other inmate. The auditor spoke with inmates that were housed in segregation and learned that inmates can receive mail, have visitation, go to programs and receive commissary. There were no inmates currently in custody who had been placed in involuntary

segregation based on their high risk for sexual victimization. The auditor could not confirm their access to services and programs. During the site review, the auditor walked through segregated housing units and verified inmate access to telephones and mailboxes. The auditor also located grievance forms available at the officer's station. The PREA coordinator confirmed that use of segregation is limited and used as a last resort. He could not, however, provide documentation to show use of segregation or documentation of any limits to their facility access. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). P&P 10.01 – *Inmate Segregation* states that inmates placed in segregation will be housed there for the shortest period of time necessary to accomplish the desired results and that all incidents would be fully documented. P&P 18.01 – *Inmate Classification Plan* was also provided to the auditor. This policy states that inmates placed in protective custody will have their housing assignment reviewed monthly for potential changes (p. 5).

During the onsite phase of the audit, the auditor interview classification staff, the PREA coordinator and the chief of corrections. All confirmed that inmates in segregation were reviewed at least once per month to determine if they would remain in segregated housing or if other alternatives were available. There were no transgender inmates or inmates considered at a high risk for sexual victimization in custody at the time of the audit, so the auditor was unable to interview an inmate to confirm the housing decision process, access to programs and services or length of time in segregation. The auditor was provided with enough information to determine that this process is ongoing and part of the normal facility procedures. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). The requirement to document involuntary segregation is clear in the facility policy. The auditor was not presented documentation to confirm this process. At the time of the audit there were no inmates held in involuntary segregation due to high risk of sexual victimization. Therefore, the auditor was unable to interview inmates to confirm the process. The PREA coordinator could not provide documentation regarding prior inmates. Recommendations for documentation are included in standard 115.42. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the auditor was provided P&P 18.01 – *Inmate Classification Plan* and P&P 10.01 – *Inmate Segregation*. Both policies clearly state that reviews for all inmates held in segregation are to be reviewed at least every 30 days to determine if there is a continuing need for segregation from general population.

At the time of the audit there were no inmates held in involuntary segregation due to high risk of sexual victimization. Therefore, the auditor was unable to interview inmates to confirm the process. This was confirmed by reviewing the list of inmates currently housed in segregation. The auditor was provided copies of weekly meetings that were held to review the status of inmates held in segregation. Based on this analysis, the auditor finds the facility in compliance with this provision.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-25 – *Employee Harassment Policy*
 - c. PREA hotline reports
 - d. *Memorandum of Understanding* – Seminole County Sheriff's Office and 18th Judicial Brevard/ Seminole State Attorney's Office
 - e. *Memorandum of Understanding* – Seminole County Sheriff's Office and Victim Service Center of Central Florida
2. Interviews:
 - a. Random staff
 - b. PREA coordinator
 - c. Random inmates
3. Site Review Observations:
 - a. Housing units

Findings (by provision):

115.51(a). In the PAQ, the auditor was provided P&P 13.30 – *Prison Rape Elimination Act*. This policy clearly defines the multiple ways that inmates can file reports of sexual abuse, sexual harassment, retaliation for making such reports and reports of staff neglect or lack of responsibility. The policy, in the *P.R.E.A Hotline, Rape Crisis Center and External Reporting Methods* section, mentions that inmates can report abuse by leaving a message on the PREA hotline, directly to a staff member, in writing, or through a third party outside the facility.

During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in an easy to read location near the telephones. The auditor interviewed 22 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All but two inmates mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The auditor used the inmate telephone and verified that the phone would connect with the hotline and it did. The auditor asked an inmate to make a test complaint on the hotline. Per policy, staff in the control center were to check the hotline message line at least every three hours and immediately contact either the PREA coordinator or a shift supervisor if a message were received. The PREA coordinator reported to the auditor that the inmate's message was received in approximately one hour and 15 minutes. The auditor interviewed 20 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(b). The facility provided a copy of a memorandum of understanding (MOU) with the Brevard/Seminole County State Attorney's Office (SAO) in the PAQ. This MOU notes the availability of an outside reporting source for inmates to report sexual abuse. The calls are taken through the SAO criminal investigative unit. The auditor was also provided a new MOU between the facility and the Victim Service Center of Central Florida (VSC) for the provision of an outside sexual abuse hotline. This MOU was signed days prior to the auditor's onsite review of the facility. The auditor contacted staff at the VSC to confirm that the agreement is in place and that inmates have been provided a number to call where calls would be routed to the agency's sexual abuse hotline, which is available to the public 24 hours a day. The facility does not house inmates solely for civil immigration, so JEPCF does not have to comply with this part of this provision.

During the onsite phase of the audit, the auditor located signs throughout the facility with the hotline number for the VSC line. The auditor attempted to make a call to the hotline during the site review and the number came back as not in operation. The PREA coordinator worked with County staff throughout the week to correct the phone line issue and by the end of the week the auditor was successful in connecting a call. The call was answered by VSC staff, but the auditor was not certain that staff understood next steps after receiving the call. The PREA coordinator did receive a call back from the VSC several hours later to report the test phone call. Inmates interviewed were aware of the hotline number, but the auditor is not sure that calls will be connected or properly handled by VSC staff.

During the corrective action period, the auditor was provided with documentation that communication with the VSC had taken place and the facility's needs were discussed and addressed. There is now a clear understanding for the VSC on the steps to be taken if they receive a call from an inmate at JEPCF on the hotline. The auditor returned to the facility and checked several telephones in the facility. The hotline number connected with no problems. The facility had added new signs, by the telephones, so inmates could more clearly understand how to dial the hotline number if there was a need to do so. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(c). P&P 13.30 – *Prison Rape Elimination Act* was provided to the auditor in the PAQ. This policy states that staff must accept verbal reports of sexual abuse and sexual harassment from inmates and third parties and promptly report those reports to facility supervisors (p. 5).

During the onsite phase of the audit, the auditor interviewed 20 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There were no staff members that reported having received a verbal allegation from an inmate. Each of the 22 random inmates interviewed were aware that they could report sexual abuse directly to any staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(d). In the PAQ, the auditor was provided with GO G-25 – *Employee Harassment Policy*. This policy provides staff with an avenue to privately report incidents of sexual harassment as an employee. The policy allows for reporting to facility supervisors, Department of Administrative Services and to human resources (p. 3). Although this policy does not specifically state that staff can report sexual abuse of inmates through these sources, it does provide direction.

The auditor interviewed 20 random staff members. None of the staff described the specifics in the policy above, but they all knew that they could privately make reports to their supervisors. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 No NA

115.52 (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 No NA
- 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 No NA

115.52 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- 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 No NA
- 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 No NA

- 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 No NA

115.52 (e)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (f)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

- 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 No NA

115.52 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 14.03 – *Inmate Grievances*
 - c. Screening records
 - d. *Inmate Rules and Regulations Handout*
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates

Findings (by provision):

115.52(a). The agency is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(b). In the PAQ, the auditor was provided with P&P 14.03 – *Inmate Grievances*. This policy outlines the points in this provision (*p. 3*). The policy does not impose a time limit for filing a grievance related to sexual abuse but does apply a time limit for other grievances and there is no requirement for inmates to use other informal grievance processes before filing the grievance regarding sexual abuse. The facility provides inmates with the policy regarding grievances in the *Inmate Rules and Regulations*

Handout. The information provided in the inmate rules does not conflict with the information in the facility policy.

During the onsite phase of the audit, the auditor spoke with several staff members during the site review. Staff were aware that inmates could file a grievance in order to make an allegation of sexual abuse. The grievances were available throughout the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The grievance policy allows for inmates to submit grievances in a sealed envelope, addressed directly to the Support Services Supervisor (*p. 3*). This allows an inmate to submit the grievance without having to give it to the staff member who is the subject of the complaint. The policy does not address the requirement that the grievance will not be referred to the staff member who is the subject of the complaint. The auditor confirmed, however, through interviews with administrative staff and the PREA coordinator that this would not happen. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). In P&P 13.30 – *Prison Rape Elimination Act* and P&P 14.03 – *Inmate Grievances*, the policy clearly identifies the required time limits for completion of the grievance response and notifications to the inmate if an extension of time is necessary.

The auditor reviewed 33 completed sexual abuse investigations during the onsite phase of the audit. The auditor did not identify any allegation submitted through the inmate grievance during the previous 12 months. Therefore, the auditor was not able to confirm this process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). In P&P 13.30 – *Prison Rape Elimination Act* and P&P 14.03 – *Inmate Grievances*, the auditor verified that the facility will accept grievances and allegations of sexual abuse from third parties, including inmates, family, advocates and attorneys. The policy allows for the inmate that is the alleged victim to declines the filing of the report.

The auditor reviewed 33 completed sexual abuse investigations during the onsite phase of the audit. The auditor did not identify any allegation submitted through the inmate grievance during the previous 12 months. Therefore, the auditor was not able to confirm this process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). P&P 14.03 – *Inmate Grievances* includes a provision for an inmate who feels that he or she is subject to imminent substantial risk of sexual abuse to submit an emergency grievance. The provision includes the required time limitations for the facility to review the grievance and provide a written response.

The auditor reviewed 33 completed sexual abuse investigations during the onsite phase of the audit. The auditor did not identify any allegation submitted through the inmate grievance during the previous 12 months. Therefore, the auditor was not able to confirm this process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Inmate Sanctions* section, the facility addresses limitations on discipline for inmates (*p. 10*). The policy states that inmates will not be disciplined for filing an allegation that was filed in good faith that there this a reasonable belief that the alleged conduct could have occurred.

Based on the auditor's review of the 33 sexual abuse allegations from the previous 12 months, the auditor confirmed that inmates are not disciplined for filing allegations that are found to be unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. *Memorandum of Understanding* – Seminole County Sheriff's Office and 18th Judicial Brevard/ Seminole State Attorney's Office
 - c. *Memorandum of Understanding* – Seminole County Sheriff's Office and Victim Service Center of Central Florida
 - d. Sexual Assault Victim Services pamphlet
 - e. *Inmate Rules and Regulations Handout*
2. Interviews:
 - a. Specialized staff
 - b. Random inmates
 - c. Targeted inmates
3. Site Review Observations:
 - a. Housing units
 - b. Portable kiosks

Findings (by provision):

115.53(a). The facility provided information from P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. The section marked for review highlights the ways an inmate can report sexual abuse, but it does not provide information related to outside victim advocates for emotional support services. They also provided a copy of a memorandum of understanding (MOU) between the Seminole County Sheriff's Office and the Brevard/Seminole County State Attorney's Office (SAO). This MOU does state the SAO will provide victim advocacy services and victim services for the inmates. Just prior to the onsite phase of the audit, the auditor was provided a new MOU between the Seminole County Sheriff's Office and the Victim Service Center of Central Florida (VSC). This agreement was just signed and effective 13 days before the auditor was onsite. The MOU states that VSC will provide victim advocates and counselors for the provision of emotional support services. The handout for inmates with their rules and regulations was reviewed and it also provides information for inmates regarding reporting sexual abuse, but it does not address outside emotional support services.

During the onsite phase of the audit, the auditor interviewed 22 random inmates. None of the inmates interviewed were aware that outside emotional support services were available. The auditor also interviewed three inmates who had reported prior sexual abuse and none of the three inmates were provided access to emotional support services and were not aware that it was available. During the site review, the auditor talked with several inmates. They showed the auditor a flyer that is on the portable kiosk (tablet) available for inmate use. The flyer was accessible for inmates to read, but the auditor was unable to see proof that inmates were required to access the flyer. If an inmate did access the flyer, they could see language that refers to the support services at the very bottom of the flyer, in

small writing. It provided a separate phone number to call, that required the inmate to call after entering their individual phone pin number. The facility could not provide proof that inmates could confidentially talk with victim services over the phone. The flyer did not provide an address for inmates to send communication to victim services. The auditor spoke with the program director at the VSC regarding inmate access to emotional support services. She related that the MOU has just been signed but VSC staff and facility staff have not had the opportunity to communicate to coordinate services.

Although the facility does have an MOU with an agency to provide the outside emotional support services, the information is not known to inmates that the services are available. The auditor also determined that inmates are unable to access these services confidentially, as they must enter their telephone pin number in order to make the phone call.

During the corrective action period, the facility took several steps to meet compliance with this standard. First, new signs were installed in each housing unit. The sign clearly defined for inmates what the outside emotional support services were, how to reach them by telephone and mail, the limitations to privacy and the requirements for the VSC to report back to the facility as required by law. Second, a meeting with the VSC was held, where the PREA coordinator outlined specifics under the standard for the VSC program director. This allowed both parties to clearly identify needs and requirements under their MOU. Lastly, the PREA coordinator installed signage in the housing units that outlined how inmates could easily contact the VSC through the hotline and support line. The auditor visited the facility and confirmed that the signage was in place. The auditor talked with several inmates, who clearly identified the emotional support services, what services were available and that both a phone line and address were available. The auditor then made two test calls to the support service line with positive results. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The facility has not supplied the auditor with any documentation to identify the extent to which inmate communication with outside emotional support services will be monitored. The auditor also did not receive information about reporting to authorities, when necessary, based on Florida's mandatory reporting laws.

Through interviews with 22 random inmates, the auditor learned that inmates are not aware of the available access to outside emotional support services. Also, the auditor interviewed two inmates who had reported sexual abuse. Neither of these inmates were aware these services were available to them. Without knowing that these services exist, the inmates are clearly not aware of the monitoring and mandatory reporting.

As part of the facility's corrective action, the PREA coordinator worked with the facility's telephone vendor to mark calls to the emotional support line as private and not recorded. The auditor was provided a log from their system that showed the number as an unrecorded line. The signage available for inmates also clearly outlined the circumstances when information received from an inmate would have to be reported back to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). In the PAQ, the facility provided a copy of a memorandum of understanding (MOU) between the Seminole County Sheriff's Office and the Brevard/Seminole County State Attorney's Office (SAO). They also provided a new MOU between the Seminole County Sheriff's Office and the Victim Service Center of Central Florida (VSC). Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Online reporting form

Findings (by provision):

115.54(a). The facility provided P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. This policy states that inmates “have the right to have family members, friends or acquaintances report incidents of sexual assault or harassment to the Seminole County Sheriff’s Office Major Crimes section or the 18th Judicial States Attorney’s Office on their behalf” (p. 5). The facility has signs posted throughout the facility to inform inmates that this can be done and how. On the Sheriff’s Office website, there is available an online reporting form, which can be found at <https://www.seminolesheriff.org/webbond/page.aspx?id=103>. Based on this analysis, the auditor finds the facility in compliance with this provision.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- 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 No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.61(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy requires that all staff members promptly report any knowledge or suspicion of sexual assault or sexual harassment of an inmate (*p. 5*). This is true whether or not the abuse occurred in their facility. Staff are also to report any information regarding retaliation against inmates or staff due to their reporting allegations of sexual abuse and knowledge of staff neglect or lack of responsibility.

During the onsite phase of the audit, the auditor interviewed 20 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). P&P 13.30 – *Prison Rape Elimination Act* also includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions (*p. 9*).

Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the 20 random staff members interviewed reported that they were only allowed to discuss these cases with persons who needed to know the information for official business. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(c). The State of Florida requires mandatory reporting of incidents of sexual abuse of an inmate under Florida State Statute 944.35(3)(d). This law does not provide an exception for medical and mental health practitioners and all staff members of JEPCF are required to immediately report all incidents.

During the onsite phase of the audit, the auditor interviewed three staff members from the medical department informally and interviewed the medical director. Everyone interviewed confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). In the State of Florida, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Florida Department of Children and Families (DCF). The auditor interviewed the chief of corrections and the PREA coordinator. They both confirmed that DCF would immediately be notified of any allegation of sexual abuse of a youthful offender housed in the facility. The auditor was told the major crimes detective investigating the allegation would make the notification, as he would for any person under the age of 18 in the community. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). In the PAQ, P&P 13.30 – *Prison Rape Elimination Act* states that all allegations of sexual abuse and sexual harassment are immediately reported to a major crimes investigator and/or a professional standards investigator (p. 7).

The auditor interviewed the chief of corrections who confirmed that the facility investigations all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the investigators at the major crimes division or will be assigned to professional standards if the alleged abuser is a staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
2. Interviews:
 - a. Specialized staff
 - b. Random staff

Findings (by provision):

115.62(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy outlines prevention efforts employed to further the agency's zero tolerance policy. One item listed in the policy is a requirement to respond immediately to all concerns of imminent danger (p. 5).

The auditor interviewed the PREA coordinator and the chief of corrections during the onsite phase of the audit. They made it clear that all staff members are directed to immediately take action to protect any inmate if they become aware that he or she is in imminent danger of being abused. The auditor interviewed 20 random staff members. All stated that they always react immediately if they see someone in imminent danger. The auditor reviewed 33 sexual abuse investigations from the previous 12 months and each of the investigations were handled immediately upon learning of the allegation. The auditor also noted in the investigations files that all inmates involved were immediately separated and, in most cases, keep separate notations were entered into the inmate management system. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Investigations files
2. Interviews:
 - a. Agency head
 - b. Specialized staff

Findings (by provision):

115.63(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy addresses investigations of allegations. If an inmate reports sexual abuse in another facility the policy requires the facility to immediately notify the administrator of the other facility about the alleged violation (p. 8). This notification is to be done within 72 hours after the inmate discloses the allegation.

During the onsite phase of the audit, the auditor spoke with the PREA coordinator and he reported that the facility does make these notifications. The auditor reviewed the facility's PREA investigations files during the onsite phase of the audit. There were two files included, one from 2018 and one from 2019, where the inmate housed at JEPCF notified staff that he had been sexually assaulted in another facility. Documentation in the record shows the written notification to the other facility and a confirmation that an investigation was begun. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(b). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. The policy addresses investigations of allegations. If an inmate reports sexual abuse in another facility the policy requires the facility to immediately notify the administrator of the other facility about the alleged violation (p. 8). This notification is to be done within 72 hours after the inmate discloses the allegation.

During the onsite phase of the audit, the auditor spoke with the PREA coordinator. He confirmed that the facility would make these notifications immediately and always within 72 hours of learning of the allegation. There were two files included, one from 2018 and one from 2019, where the inmate housed at JEPCF notified staff that he had been sexually assaulted in another facility. Documentation in the record shows the written notification to the other facility and a confirmation that an investigation was begun. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(c). All notifications to other facilities and agencies are documented by the facility and maintained by the PREA coordinator. P&P 13.30 – *Prison Rape Elimination Act* requires documentation of all notifications.

115.63(d). If the facility is contacted by another agency or corrections facility, the facility will immediately begin an investigation based on the inmate’s allegation of abuse. This was confirmed through interviews with the chief of corrections and the PREA coordinator.

In the previous 12 months there was one such notification that came from a neighboring county jail facility. JEPCF staff immediately began their investigation upon receipt of the notification. The file was provided to the auditor for review. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
2. Interviews:
 - a. Targeted inmates
 - b. Specialized staff
 - c. Random staff

Findings (by provision):

115.64(a). The facility provided P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. In the section entitled *Response to Sexual Assault/Battery Allegations*, the facility outlines the responsibilities for staff members to provide safety for inmate victims and immediate response to ensure a proper investigation is performed (p. 7). The policy includes each of the points in this provision of the standard.

The auditor interviewed 20 random staff members during the onsite phase of the audit. Each person interviewed easily provided the auditor with these initial first responder steps. The auditor interviewed one staff member who was a first responder to an allegation of abuse. He confirmed that the required steps were taken to protect the crime scene, separate the two inmates and preserve physical evidence. There were no inmates in custody who had filed an allegation of sexual abuse, but the auditor did talk to one inmate who had filed an allegation during a previous incarceration in the facility. He confirmed

that staff took immediate action to separate him from the housing unit where the alleged abuser was housed and asked him to avoid doing things to destroy potential evidence. The auditor then asked the PREA coordinator to provide a copy of that investigation and the auditor was able to confirm documentation of the steps taken following the inmate's allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64(b). In the PAQ, the auditor reviewed P&P 13.30 – *Prison Rape Elimination Act*. In the *Response to Sexual Assault/Battery Allegations* section, the policy includes the requirement that non-security staff first responders immediately inform security staff (p. 7). It also states that non-security staff take steps to avoid the loss of evidence by the alleged victim and the alleged abuser.

During the onsite phase of the audit, the auditor talked with several staff members during the site review. Every individual easily recited these initial steps to take as a first responder, including non-security staff members. The auditor interviewed 20 random staff members and all staff knew the first response steps to ensure safety for inmates and proper investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 13.04 – *Emergency Health and Dental Services*
 - c. P&P 14.01 – *Suspected Crimes and Evidence Preservation*
2. Interviews:
 - a. Agency head

Findings (by provision):

115.65(a). The facility provided P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. The policy contains the coordinated response plan in Appendix A at the end of the PREA policy. The plan is eight pages long and covers duties and responsibilities for first responders, shift supervisors, medical staff, mental health staff, forensic examinations, investigators and the PREA compliance manager. The plan includes a reminder of the definitions for prohibited behaviors. It also includes a checklist for the investigation of sexual harassment allegations and a checklist for the investigation of sexual assault allegations. In addition to the steps for medical and mental health care practitioners in the plan, P&P 13.04 – *Emergency Health and Dental Services*, provides additional response requirements for medical staff. This policy specifically requires medical to respond to the scene when notified by radio. They also provided P&P 14.01 – *Suspected Crimes and Evidence Preservation*, which provides direction for staff to properly secure crime scenes to preserve any available evidence and the proper collection of evidence. The coordinated response plan includes steps to be taken for the investigation and evidence collection. Since these responsibilities are handled by staff members of the same agency, it would be easier for the facility to coordinate the activities, monitor for completion and document in the record.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the chief of corrections. It was confirmed that all areas of the facility work together in response to any incident, including sexual abuse allegations. The PREA coordinator stated that the coordinated response plan is referenced for any response to a sexual abuse allegation. The auditor reviewed 33 sexual abuse investigations during the onsite phase of the audit. Several of the investigative files references the checklist provided in the policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. None
2. Interviews:
 - a. Agency head

Findings (by provision):

115.66(a). The JEPCF does not participate in collecting bargaining with their staff. This was confirmed through an interview with the chief of corrections. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (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 No

115.67 (c)

- 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 No
- 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 No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Sexual abuse investigations files
2. Interviews:
 - a. Targeted inmates
 - b. Agency head
 - c. Specialized staff

Findings (by provision):

115.67(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy includes requirements for staff to monitor for retaliation. In the *Investigations* section, the policy states, “staff is prohibited from retaliating against staff or inmates because of their involvement in the reporting or investigating of sexual assault/battery or sexual misconduct/harassment” (*p. 9*). The policy includes a statement to protect inmates from retaliation as well. The PREA compliance managers and shift supervisors are assigned to perform the retaliation monitoring of staff and inmates. Staff from the

professional standards division are responsible to monitoring of staff members who reported incidents of sexual misconduct or participated in investigations.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager (PCM). He confirmed that one of his assigned duties is to monitor inmates for potential retaliation. He stated he does this by meeting with inmates while he performs his rounds in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(b). P&P 13.30 – *Prison Rape Elimination Act* was provided to the auditor in the PAQ. The policy outlines the protection measures available for the facility to protect inmates or staff from retaliation (p. 9). The policy includes housing changes for inmates, removal of alleged staff or alleged abusers from contact with victims and emotional support services.

Through interviews with the PCM and the security captain, the auditor was able to confirm the use of these measures to protect inmates and staff from retaliation. The auditor interviewed the chief of corrections who stated that they would take advantage of every opportunity to protect reporters of abuse from potential retaliation. The PCM stated that he would ensure that any inmate that expressed a fear of retaliation or reported retaliation was always protected. The PCM could not recall a time when these measures were employed to assist an inmate. There were no inmates in custody that reported sexual abuse or sexual harassment, so the auditor was not able to interview an inmate to confirm the use of protection measures or monitoring. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). P&P 13.30 – *Prison Rape Elimination Act* includes the required time frames for retaliation monitoring (p. 9). During the onsite phase of the audit, the auditor interviewed staff members to confirm the policy was employed properly.

The auditor interviewed the PCM, who stated that he meets with inmates while he performs rounds in the facility. He could not recall a time when an inmate expressed a concern regarding retaliation. There were no written records available for the auditor to review. The PREA coordinator could not recall any incidents of reported retaliation from inmates or staff members. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). The policy requires periodic checks of inmates, review of disciplinary reports, program changes or grievances pertaining to fear or concern of retaliation (p. 9).

Although the policy clearly requires these checks, the auditor was unable to see written proof that these status checks and reviews occurred. The auditor reviewed 33 sexual abuse and sexual harassment investigations from the previous 12 months. There was no documentation included in any file to show that status checks or reviews were performed. The PCM stated that he checks with inmates during his rounds through the facility, but these checks were not documented.

During the corrective action period, the PREA coordinator supplied the auditor with copies of a new retaliation monitoring log. There were three new allegations that were investigated after the auditor's onsite review. The auditor was given copies of the retaliation monitoring log from each file. They were all completed with weekly check-ins for the inmate, up to the release date of the inmate prior to the end of the 90-day monitoring period. The requirement to complete these weekly monitoring of victims is now included in P&P 13.30 – *Prison Rape Elimination Act*. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). P&P 13.30 – *Prison Rape Elimination Act* includes disciplinary sanctions for inmates that are involved with retaliation of another inmate (p. 10). The policy also lists sanctions for staff members that are perpetrators of retaliation against an inmate or another staff member.

During the onsite phase of the audit, the auditor interviewed the chief of corrections and the security captain. It was confirmed that the facility would take action against any inmate or staff member if it was proven they had retaliated against another person due to their participation in sexual abuse investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 18.01 – *Inmate Classification Plan*
2. Interviews:
 - a. Specialized staff
 - b. Random staff
 - c. Targeted inmates
3. Site Review Observations:
 - a. Segregated housing

Findings (by provision):

115.68(a). In the PAQ, the facility provided P&P 18.01 – *Inmate Classification Plan*. The policy regarding classification of inmates includes information on the use of protective custody and involuntary segregated housing (p. 5). The policy states that inmates may be placed in protective custody if they require protection or they feel they would be at risk for sexual abuse.

Use of protective custody in the facility can be done without segregation. The facility utilizes a housing unit specifically classified for protective custody inmates, which is not considered segregation. This allows JEPCF to house inmates requiring protection from general population safely without isolation or limits to their programs and activities. The auditor interviewed classification staff and the PREA coordinator who confirmed use of this protective custody unit and the need to avoid segregation. The chief of corrections agreed that use of the protective custody unit provides a housing alternative to assure the safety of inmates. The auditor spoke with several staff members during the site review. All staff assured the auditor that inmates in protective custody were not in isolation. There were no inmates available that had reported sexual abuse for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Enforcement Policy & Procedure (EPP) E-24 – *Preliminary & Follow-up Investigations*
 - c. EPP E-29 – *Victim and Witness Services*
 - d. CS SOP4 – *Crime Scene Examination Procedures*
 - e. GO G-34 – *Conduct Investigations*
 - f. Investigations files
 - g. Grievance records
2. Investigations:
 - a. Specialized staff

Findings (by provision):

115.71(a). In the PAQ, JEPCF provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Investigations* section, the policy states that all investigations of sexual abuse allegations are to be performed promptly and investigated thoroughly. The policy requires that all allegations are investigated by a major crimes investigator, for cases of inmate-inmate sexual abuse, or a professional standards investigator, for cases of staff-inmate sexual abuse. They also provided a copy of Enforcement Policy and Procedure (EPP) E-24 – *Preliminary & Follow-up Investigations*. This policy directs the efforts for the agency’s criminal investigations. The policy lists offenses which require an automatic transfer of responsibility to the major crimes unit. This section includes “sexual acts involving inmates being held at the John E. Polk Correctional Facility” (p. 7).

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. He stated that the agency takes care to investigate all incidents inside the facility just as they would incidents in the community. An on-call investigator would respond immediately to the facility if it were needed. Their investigations are well documented, objective and timely. The PREA coordinator confirmed that detectives are contacted for all incidents that involve physical contact between inmates. Incidents of sexual abuse between a staff member and an inmate are investigated by the professional standards division. The auditor reviewed the facility’s grievances submitted during the previous 12 months. Also reviewed was the PREA investigative files from the previous 12 months. The auditor confirmed through this review that all allegations were investigated beginning on the day of notification of the allegation of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. In the Staff Hiring, Training, and Promotions section, the policy requires that major crimes investigators be trained on the necessity of thorough investigations of sexual abuse allegations within the confines of a correctional facility (p. 4). The auditor had previously reviewed the written documentation in reference to standard 115.34, which references the requirements for specialized investigation training. The auditor was provided written proof of completed training for all five detectives in the major crimes unit, as well as eight supervisors in the facility.

During the onsite phase of the audit, the auditor met with an investigator from the major crimes unit. He confirmed that he had completed the online training from the National Institute of Corrections. This training focused on the need to understand the difficulties for a victim in a correctional facility and the techniques that can be employed to properly investigate and gather information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). The major crimes directives in EPP E-24 – *Preliminary & Follow-up Investigations*, provides detectives with guidelines for performing their investigations. The guidelines include the initial of steps of securing the crime scene to protect evidence and arranging for the collection of such evidence. The investigator will retain the evidence to preserve the chain of custody until it can be properly logged into the Forensics Evidence Section. The auditor was also provided CS SOP4 – *Crime Scene Examination Procedures*. This policy provides crime scene staff with the proper steps to evaluate crime scenes and correctly collect and package evidence.

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. He explained that every investigation inside the facility is treated like an investigation outside the facility. He explained that he would respond to the facility, receive briefing from facility staff, interview the alleged victim and the alleged abuser, if known, and secure any physical evidence. He stated that he would review video from the facility’s monitoring system, jail housing logs, jail management system, prior investigations, prior grievances and interviews with staff and other inmates in the housing unit. When asked, he stated that he would take DNA samples for comparison, although no current investigations

have risen to that level. He stated that a procedure is in place to transport the inmate victim to the health department for a forensic examination, but again this has not been necessary to date. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). During the auditor's interview with the major crimes detective, the auditor talked with the detective about coordinating investigative efforts with the professional standards unit if an investigation involves a staff member. He confirmed that this is something already done when investigating allegations from the public for road patrol deputies. The agency's standard practice is to suspend administrative investigations while the criminal investigation is completed. If it is needed, professional standards will not conduct compelled interviews from staff until the completion of the criminal investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). The agency provided a copy of EPP E-29 – *Victim & Witness Services* in the PAQ. This policy contains the agency's directives for the rights and services of victims in criminal investigations. In the *Right of Victims* section, the policy states "No Law Enforcement Officer, Prosecuting Attorney, or Government Officer shall ask or require a victim of a sexual offense to submit to a polygraph examination or other truth-telling device as a condition of the investigation" (p. 3).

During the onsite phase of the audit, the auditor interviewed a major crimes investigator. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. That is something that is forbidden and would never be done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own and not allow the inmate victim's status as an inmate to affect the outcome of the investigation. The auditor interviewed two inmates who had reported sexual abuse. Both inmates confirmed that they were not asked or required to submit to a polygraph examination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). In the PAQ, the facility provided GO G-34 – *Conduct Investigations*. This directive provides guidelines for receiving and investigating complaints about Sheriff's Office employees. In the *Reports of Investigations* section, investigations should provide a description of any policy violations or violations of law (p. 4). The directive goes on to state that investigative reports are to include all supporting documentation of the review, evidence reviewed and the findings of the investigation.

The auditor interviewed a major crimes detective during the onsite phase of the audit. The detective discussed investigative reviews of agency staff members. One major part of all such investigations includes a review to determine if there were any violations of policy and violations of law. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred for criminal prosecution.

The auditor reviewed the PREA investigations from the previous 12 months, which included three investigations of staff misconduct. Each investigation involving a staff member included a review of the staff member's actions. Each of the three investigations were unfounded, as the investigation led to the finding the inmate had filed a false allegation. There were 30 other sexual abuse investigations. The auditor reviewed the investigations and noted the review of the staff members actions or inactions in each of the incidents. The investigative reports included a description of the inmate interviews, staff interviews and physical evidence and how the investigator made the decision on his findings. The only substantiated case during this 12-month period was for sexual harassment and was not referred for prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). In EPP E-24 – *Preliminary & Follow-up Investigations*, investigators are required to complete a report of investigation at the completion of all criminal investigations. The report is to contain a description of the allegation, a summary of the information received through interviews with inmates and staff members, a listing of the evidence collected, and a description of the credibility assessment and final determination.

The major crimes investigator that was interviewed by the auditor confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the 33 investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews and final determination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). P&P 13.30 – *Prison Rape Elimination Act* was included in the PAQ. The *Investigations* section includes a provision that all sexual assault and sexual abuse cases that are found to be substantiated are to be referred to the State Attorney's office for prosecution (*p. 8*).

The major crimes investigator also confirmed that all substantiated allegations of sexual abuse would be at least reviewed with the State Attorney's Office to determine if criminal charges could be filed. The detective stated that there were no substantiated cases of sexual abuse and he was not aware of any such cases during the previous three years. There were 33 sexual abuse investigations during the previous 12 months. There was one substantiated case, which was for inmate on inmate sexual harassment. The abuser received internal discipline for that case. The auditor interviewed the PREA coordinator. He agreed that the agency would refer all substantiated cases for prosecution, as the PREA standards required it, as it would also assist the agency in education for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The agency policy requires that all investigations of sexual abuse and sexual harassment allegations are stored and maintained for at least ten years after the date of its initial collection. P&P 13.30 – *Prison Rape Elimination Act*, includes this information in the *Data Collection, Review and Storage* section on page 11.

The PREA coordinator confirmed that the facility maintains investigative files for at least ten years and provided the auditor a review of the investigative files as far back as 2012. The agency was not completing investigations in this manner prior to the passage of the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). Although it is not written in policy, the agency will continue with investigations and pursue criminal charges against the offender. The auditor interviewed the PREA coordinator and the major crimes investigator during the onsite phase of the audit. The detective stated that once an investigation was opened, the agency would continue with that investigation even if the alleged abuser or victim is no longer employed or housed in the facility. The investigator stated clearly that this is their normal procedure for any investigation, regardless of where it occurred. The PREA coordinator stated that the facility would continue with the investigation and prosecute, when possible, even if the individual was not employed or released from the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(l). The agency does not employ outside agencies to perform their criminal or administrative investigations. They are completed internally. The auditor completed several interviews related to this standard. The major crimes investigator stated that if an outside agency were investigating something

related to sexual abuse, or any crime, in the facility, they would cooperate with the investigation. He stated that they would also maintain communication and stay informed. The auditor interviewed the security captain and the PREA coordinator and they both stated that they would communicate with any outside agency investigating sexual abuse complaints in the facility. This would ensure the outside agency receives cooperation to assist in the investigation and will keep open lines of communication regarding the outcome. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. GO G-34 – *Conduct Investigations*
 - b. Investigations files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.72(a). The facility provided GO G-34 - *Conduct Investigations* in the PAQ. The auditor reviewed this policy directive and it does clearly state that the agency will utilize a preponderance of evidence as

the standard for investigations regarding staff misconduct (p. 5). The auditor could not locate any statement regarding the evidence standard for investigations of inmate misconduct in the facility.

The auditor interviewed the PREA coordinator and a major crimes investigator during the onsite phase of the investigation. Both confirmed that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the facility. The auditor reviewed 33 investigations files from the previous 12 months and determined that the facility uses this standard for all investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-34 – *Conduct Investigations*
 - c. Investigations files
2. Interviews:
 - a. Specialized staff

b. Targeted inmates

Findings (by provision):

115.73(a). In the PAQ, the auditor was provided a copy of P&P 13.30 – *Prison Rape Elimination Act*. In the *Inmate Reporting* section, the facility provides for the inmate to be informed on the status of an investigation (p. 10). The policy states that the facility will inform the inmate verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded by the agency responsible for investigation of the complaint. The policy also states that the notification will be documented in the inmate’s file.

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The chief of corrections agreed that this is standard procedure. The major crimes investigator was unaware if the facility would notify the inmate. He was only responsible to perform the investigation and provide the paperwork to the facility. The PREA coordinator stated that they would always notify the inmate as the policy states. The auditor reviewed the facility’s 33 investigation files from the previous 12 months and could find no written record of notifications to inmates. The auditor was able to interview one inmate who had filed an allegation of sexual abuse during a previous incarceration. He stated that he was never advised as to the outcome of the investigation.

During the corrective action period, the PREA coordinator supplied the auditor with a copy of a new form developed to document to the outcome of the investigation and to document the notification to the inmate. There were three investigations that had started after the auditor’s onsite visit to the facility. The auditor was provided a copy of the notification form from each of the three files where the inmate was provided the outcome and signed as acknowledgement of receipt of the information. The form was maintained in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility is in compliance with this provision.

115.73(c). The auditor was provided information from P&P 13.30 – *Prison Rape Elimination Act* in reference to this provision. The auditor was unable to find any reference to the required actions in this provision.

During the onsite phase of the audit, the auditor interviewed one inmate who had filed an allegation of sexual abuse during a previous incarceration. The inmate was clear that he was not informed as to the outcome of the investigation. The allegation was made against another inmate and not a staff member. The auditor was unable to review any additional information regarding this provision through interviews with staff and inmates, as there have been no substantiated allegations against a staff member. There were no notations in any of the investigation files regarding separation of an inmate from an alleged staff member abuser. The auditor reviewed the 33 investigation files from the previous 12 months. There were no documented notifications to inmates in any files.

During the corrective action period, the facility updated P&P 13.30 – *Prison Rape Elimination Act* and included the required language from this standard. The policy was updated with several items to better meet the PREA standards. It was approved and signed off by the chief of corrections on September 2, 2019 and was sent to staff for review and sign-off immediately thereafter. There have been no new

allegations filed against a staff member, so the auditor is not able to verify these steps are in practice. Based on this analysis, the auditor finds the facility is in compliance with this standard.

115.73(d). In the PAQ, the auditor was provided a copy of P&P 13.30 – *Prison Rape Elimination Act*. In the *Inmate Reporting* section, the facility provides for the inmate to be informed on the status of an investigation (*p. 10*). The policy states that the facility will inform the inmate verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded by the agency responsible for investigation of the complaint. The policy also states that the notification will be documented in the inmate’s file.

During the onsite phase of the audit, the auditor interviewed one inmate who had filed an allegation of sexual abuse during a previous incarceration. The inmate was clear that he was not informed as to the outcome of the investigation. The allegation was made against another inmate. The auditor was unable to determine any additional information regarding this provision through interviews with staff and inmates. The auditor reviewed the 33 investigation files from the previous 12 months. There were no documented notifications to inmates in any files.

During the corrective action period, the facility updated P&P 13.30 – *Prison Rape Elimination Act* and included the required language from this standard. The policy was updated with several items to better meet the PREA standards. It was approved and signed off by the chief of corrections on September 2, 2019 and was sent to staff for review and sign-off immediately thereafter. There have been no new substantiated allegations of abuse, so the auditor is not able to verify these steps are in practice. Based on this analysis, the auditor finds the facility is in compliance with this standard.

115.73(e). In the PAQ, the auditor was provided a copy of P&P 13.30 – *Prison Rape Elimination Act*. In the *Inmate Reporting* section, the facility provides for the inmate to be informed on the status of an investigation (*p. 10*). The policy states that the facility will inform the inmate verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded by the agency responsible for investigation of the complaint. The policy also states that the notification will be documented in the inmate’s file.

During the onsite phase of the audit, the auditor reviewed the 33 investigation files from the previous 12 months. There were no documented notifications to inmates in any files.

During the corrective action period, the PREA coordinator supplied the auditor with a copy of a new form developed to document to the outcome of the investigation and to document the notification to the inmate. There were three investigations that had started after the auditor’s onsite visit to the facility. The auditor was provided a copy of the notification form from each of the three files where the inmate was provided the outcome and signed as acknowledgement of receipt of the information. The form was maintained in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

- a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. GO G-35 – *Discipline*
 - c. Investigation files
2. Interviews:
- a. Specialized interviews

Findings (by provision):

115.76(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy includes section *Legal Consequences for Staff Sexual Misconduct*. In this section, the policy clearly identifies actions that prohibited and the sanctions if proven guilty (*p. 10*). The policy states that sexual acts or sexual contact between staff and an inmate, even if the inmate consents, is always prohibited and illegal. Staff sexual misconduct is a felony of the third degree. It also states that if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for immediate dismissal of the violator.

The auditor reviewed the 33 investigations files for the previous 12 months. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last five years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(b). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. The policy prohibits sexual abuse of an inmate. The policy states that if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for immediate dismissal of the violator (*p. 3*).

During the onsite phase of the audit, the auditor reviewed the 33 investigations files for the previous 12 months. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last five years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(c). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. The policy prohibits sexual abuse of an inmate. The policy states that if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for immediate dismissal of the violator (*p. 3*).

During the onsite phase of the audit, the auditor reviewed the 33 investigations files for the previous 12 months. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last five years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(d). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. The policy prohibits sexual abuse of an inmate. The policy states that if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for immediate dismissal of the violator (*p. 3*).

During the onsite phase of the audit, the auditor reviewed the 33 investigations files for the previous 12 months. There were no substantiated allegations against a staff member. The auditor confirmed

through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last five years. The auditor interviewed the human resources manager, who confirmed that there have been no terminations or resignations of staff members related to sexual abuse or sexual harassment allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Investigations files
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.77(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Staff, Hiring, Training, and Promotions* section, the policy states, “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any programs and shall be reported to law enforcement agencies (unless the activity was clearly not criminal), and to relevant licensing bodies” (*p. 4*).

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor reviewed the 33 investigations file for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b). The policy provided in the PAQ states that volunteers and contractors that are found to have engaged in sexual abuse or sexual harassment will be prohibited from programs. The auditor interviewed the PREA coordinator during the onsite phase of the audit and learned that the agency will automatically remove a volunteer or contractor involved in sexual abuse from inmate contact. The auditor also interviewed the chief of corrections. The chief stated that the agency would take swift action to remove any volunteer or contractor from inmate contact and immediately restrict access to the secure facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- 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 No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 15.01 – *Inmate Discipline*
 - c. P&P 13.07 – *Mental Health Services*
 - d. Investigation files
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.78(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment in the *Inmate Sanctions* section (*p. 10*). The policy states that any inmate who commits sexual assault/battery while in custody will be criminally prosecuted. The auditor was also provided P&P 15.01 – *Inmate Discipline*. This policy lists rule violations under the inmate rules and regulations. Inmate rule 1.4 is rape, assault to commit sex acts. Under this policy, violation of this rule subjects the inmate to internal discipline in JEPCF, on top of any criminal charges (*p. 6*).

During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. The auditor identified four of the 33 investigations where the investigation led to administrative disciplinary sanctions for an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(b). In the PAQ, the auditor was provided P&P 15.01 – *Inmate Discipline*. This policy lists rule violations under rules and regulations. The policy outlines rule violations and provides sanctions for each of the rule violations. According to the policy, the disciplinary hearing officer makes determinations of guilt or innocence and, if guilty, imposes a sentence for the inmate. This sentence must conform to the list of sanctions in this policy and takes into account similar offenses and the inmate's history (*p. 4*).

During the onsite phase of the audit, the auditor confirmed through interviews with the PREA coordinator that administrative sentences for inmates are based on the policy, the nature of the incident, inmate history and prior sanctions imposed for similar offenses. The auditor reviewed the inmate discipline assessed on four investigations from the previous 12 months. The discipline issued was in agreement with the rule violation and the sanction listed in the policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). P&P 15.01 – *Inmate Discipline* provides for the disciplinary hearing officer to take into account the mental health status of the inmate prior to issuing discipline (*p. 4*). The facility should always take note and consider this mental illness before imposed a sanction, if any.

The PREA coordinator confirmed that the facility would take into account the inmate's mental illness or mental disabilities before imposing any sanctions for sexual abuse or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the auditor was provided P&P 13.07 – *Mental Health Services*. This policy directs the facility's procedures for the provision of mental health services and referrals for such services. The policy provides for the establishment of treatment plans that may include behavioral contracts with inmates to assist in reinforcing positive behavior.

During the onsite phase of the audit, the auditor met with the medical director, who confirmed that mental health staff work with all inmates with mental health disorders to provide them with therapy, counseling, or other interventions. Any inmate that is found to have committed a sexual abuse offense will be provided such therapy or interventions in order to continue with access to programs in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). P&P 13.30 – *Prison Rape Elimination Act* was provided in the PAQ. This policy includes in the *Inmate Sanctions* section a statement regarding this provision. The policy states, “An inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact” (p. 8).

The PREA coordinator was interviewed and stated that there have been no such incidents of sexual contact between staff and inmates. The auditor reviewed the 33 sexual abuse investigations from the previous 12 months, and there are no cases where the staff member did not consent to physical contact with an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). Language in this provision is contained in the *Inmate Sanctions* section of P&P 13.30 – *Prison Rape Elimination Act*. The policy limits inmate discipline for allegations of sexual abuse that are made in good faith (p. 10).

The auditor reviewed 33 investigative files during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. This policy prohibits inmates from participating in any sexual contact inside the facility. Although consensual sexual contact is not considered to be sexual abuse, the facility has outlined violations of the inmate rules and regulations for consensual sexual contact.

P&P 15.01 – *Inmate Discipline* provides sanctions for inmates who engage in consensual sexual contact inside the JEPCF facility (p. 6). This is not included in the section for rape and sexual assault. Based on this analysis, the auditor finds the facility in compliance with this provision.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff

ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 13.07 – *Mental Health Services*
 - c. P&P 13.02 – *Continuity of Care*
 - d. P&P 13.20 – *Health Records*
 - e. *Sexual Violence Screening Tool*
2. Interviews:
 - a. Specialized staff
 - b. Targeted inmates
3. Site Review Observations:
 - a. Computer systems
 - b. Medical services

Findings (by provision):

115.81(a). JEPCF is a county jail facility and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). JEPCF is a county jail facility and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). In the PAQ, the facility provided several documents that are related to medical and mental health screenings. In P&P 13.30 – *Prison Rape Elimination Act*, this is referenced in the *Screening and Classification* section. The policy states that inmates identified as high risk for sexual victimization or who have disclosed being sexually abused, will be assessed by a medical/mental health or other qualified professional (*p. 6*). In P&P 13.07 – *Mental Health Services*, the facility lists items that require a *Priority Referral* for inmates. This list does not include inmates that disclose prior sexual victimization (*p. 3*). The auditor was provided other documents that show referrals of inmates to mental health, but these documents were outdated and were likely listed from the 2014 audit. They do not provide any valid information related to the current audit. The auditor was not provided proof of any current referral to medical or mental health.

During the onsite phase of the audit, the auditor interviewed the classification manager, who confirmed that inmates were asked questions regarding prior sexual victimization, whether it occurred in another correctional setting or in the community. The auditor was shown copies of the *Sexual Violence Screening Tool*, completed on 28 inmates, where the auditor could see that the question was part of the normal process. Staff were unable to provide proof that the referral to mental health was completed or that the inmate was in fact seen by medical or mental health staff. The auditor asked the PREA coordinator for written proof and it was not available. The PREA coordinator was provided with a list of targeted inmates to interview during the audit, and one such inmate was an inmate that answered yes to prior victimization during this screening. The auditor was told that there were no inmates in custody that met that qualification. During the random inmate interviews, the auditor identified one inmate who stated that she had been abused prior to her incarceration. She was not offered an opportunity to meet with mental health staff.

Following the onsite phase, the PREA coordinator sent the auditor several documents that showed inmates screened who did answer yes to the prior victimization question. The list is extensive and

showed many inmates. Although it provides proof that staff are asking the proper screening question, it does not provide proof that inmates were referred to mental health or were seen by a staff member.

During the corrective action period, the auditor was supplied with documentation to show that all inmates who had reported prior sexual abuse had been seen by medical or mental health. The first document showed all inmates that were currently in custody at the time of the onsite audit. Several of these inmates had reported prior sexual abuse. The medical director provided written proof that each of these inmates had now been seen by a mental health counselor and were provided with any mental health needs necessary. The second document was a list of all inmates admitted to the facility over the last four months, with an indicator if the inmate had reported prior sexual abuse. The medical director provided written proof that each of these inmates had been seen by mental health if they were still in custody after ten days. The auditor was provided with a new workflow in place to ensure that all inmates were provided this referral and seen by medical and mental health staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). In P&P 13.30 – *Prison Rape Elimination Act*, the facility addresses this provision in the *Screening and Classification* section. The policy states, “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 as not to be used to the detriment of the inmate by staff or other inmates” (p. 6). The need to utilize the screening information for housing and programming assignments is also included in P&P 13.02 – *Continuity of Care*.

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates. Detention deputies were aware that inmates were screened for victimization and stated that they were unable to access that information in the computer. The auditor asked three deputies to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the PREA coordinator and the classification manager that access to the screening tool’s data was restricted to staff that required access to the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(e). The facility provided the auditor P&P 13.02 – *Continuity of Care* in the PAQ. This document provides direction for medical and mental health staff for providing adequate care for inmates. It includes a section for inmates with special needs and outlines the need for staff to obtain informed consent from inmates before reporting information about prior sexual victimization (p. 4).

During the onsite phase of the audit, the auditor met with the medical director. He stated that all medical and mental health staff obtain informed consent from inmates. They all understand the requirement to disclose to inmates the needs of the facility and the reasoning behind such disclosures. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. P&P 13.01 – *Delivery of Health Care Services*

- c. P&P 13.02 – *Continuity of Care*
- d. P&P 13.04 – *Emergency Health and Dental Services*
- e. P&P 13.07 – *Mental Health Services*
- f. P&P 13.24 – *Inmate Co-payment for Health Care Services*
- g. P&P 13.37 – *Infirmery Care*
- h. Investigation files

2. Interviews:

- a. Specialized staff
- b. Targeted inmates

Findings (by provision):

115.82(a). In the PAQ, the auditor was provided access to P&P 13.30 – *Prison Rape Elimination Act*. In the *Response to Sexual Assault/Battery Allegations* section, the facility addresses inmate access to medical and mental health services (p. 7). In the case of a sexual assault victim, the policy provides for health services staff to make a determination if the victim must be transported to hospital due to injury and emergent medical needs and will summons emergency medical services, if needed. The policy goes on to provide for an evaluation by mental health staff to assess the need for crisis intervention.

During the onsite phase of the audit, the auditor interviewed the medical services director. He provided information regarding the services available for sexual abuse victims. Because forensic examinations are provided at the health department, the policy for health care providers is to make every effort to avoid the loss of evidence. This includes not removing clothing of the inmate victim or placing their hands on the inmate victim unless there is a need to assess for injury. Each inmate, however, is immediately evaluated for the need to receive emergent medical care. The auditor reviewed 33 PREA investigations from the previous 12 months. Each record included a notation that the inmate victim was seen by medical and cleared for any potential injury. Notes also show a referral to the mental health counselor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). The facility provided P&P 13.04 – *Emergency Health and Dental Services*. This policy provides a clear statement that medical and mental health staff is available 24 hours per day for emergency medical, dental, and mental health services (p. 2). Pursuant to this policy, the facility would have available the required staff to respond immediately to all incidents of sexual abuse and sexual harassment. P&P 13.30 – *Prison Rape Elimination Act* requires the immediate notification of medical staff upon learning of a sexual assault allegation by any party (p. 7). The policy also provides for an evaluation by mental health staff for an assessment.

The auditor interviewed the medical services director during the onsite phase of the audit. He confirmed that there is always a staff of medical professionals in the facility for immediate response to any incident, including sexual assault. The auditor also interviewed staff members who were asked about the steps to take upon discovering or learning of a sexual assault of an inmate. Each staff member confirmed that the inmate would be evaluated by medical as soon as possible. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). P&P 13.30 – *Prison Rape Elimination Act* provides the coordinated response plan for the agency to respond to allegations of sexual abuse and sexual assault. The plan includes a section entitled, *SAFE Examination*. The steps include a requirement that inmate victims are offered timely access to emergency contraception and sexually transmitted infections prophylaxis (p. 13).

The auditor interviewed several staff members that play a role in this coordinated response to allegations. Staff at the health department, where forensic examination are performed for the county, were interviewed by telephone. It was confirmed that any individual, including inmates, would receive the services noted in this provision as part of the forensic examination. The medical services director confirmed that medical would receive a treatment plan from the health department and would follow that plan to ensure the health and safety of the inmate.

The auditor reviewed 33 PREA investigative files from the previous 12 months. There were no investigations that contained an allegation of sexual abuse that led to the need for a forensic examination of any inmate. Also, there were no allegations of physical contact that could have led to sexually transmitted infections or pregnancy. Thus, the auditor was unable to verify in inmate records that the services in this standard have been provided by the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). P&P 13.30 – *Prison Rape Elimination Act* was provided to the auditor. The policy requires that all inmates who are victims of sexual abuse or sexual assault in the facility will be provided medical and mental health services at no cost to the victim (*p. 13*). The policy does not require that the victim participate in the investigation.

Through interviews with the PREA coordinator, the auditor learned that all inmate victims will receive these services at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)

- a. P&P 13.30 – *Prison Rape Elimination Act*
- b. P&P 13.01 – *Delivery of Health Care Services*
- c. P&P 13.09 – *Medical Screening and Health Appraisals*
- d. P&P 13.07 – *Mental Health Services*
- e. P&P 13.02 – *Continuity of Care*
- f. P&P 13.04 – *Emergency and Health and Dental Services*
- g. P&P 13.06 – *Prenatal Care*
- h. P&P 13.24 – *Inmate Co-payment for Health Care Services*
- i. Investigative files

2. Interviews:

- a. Specialized staff
- b. Targeted inmates

Findings (by provision):

115.83(a). The facility provided several documents in the PAQ that supplied information regarding the facility's medical and mental health policies, procedures and available inmate services. Each of the documents relates that all medical and mental health services are available to all inmates. P&P 13.30 – *Prison Rape Elimination Act* states that all inmates are screened for sexual victimization and assessed by medical or mental health staff (p. 6). However, the policy does not state that the facility will provide treatment for those inmates that report prior victimization.

During the onsite phase of the audit, the auditor confirmed through interviews with the medical services director that inmates who report prior victimization are provided services, treatment and counseling by medical and mental health staff.

The auditor reviewed 33 PREA investigative files from the previous 12 months. There were no investigations that contained an allegation of sexual abuse that led to the need for a forensic examination of any inmate. Also, there were no allegations of physical contact that could have led to sexually transmitted infections or pregnancy. Thus, the auditor was unable to verify in inmate records that the services in this standard have been provided by the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). P&P 13.02 – *Continuity of Care* provides facility policy regarding the medical and mental health care for inmates. In the PAQ, the *Inmate Release* section was highlighted for the auditor to review. This section states that inmates, upon release, will be provided referrals and information regarding follow-up with community healthcare providers.

The auditor interviewed the medical services director during the onsite phase of the audit. He confirmed that the facility works with community healthcare providers for follow-up and treatment of inmates upon release. These providers include the Seminole County Health Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). The policies provided in the PAQ do not specifically address the language in this provision. The auditor was told that the facility does provide the community level of care, but it is not supported by the policies provided to the auditor.

During the onsite phase of the audit, the auditor met with the health services director. He made it clear that all inmates do receive care and services that are consistent with what is available outside the facility. He provided the auditor with a copy of P&P 13.01 – *Delivery of Health Care Services*. This

policy states that if a needed health service is beyond the resources of the facility, the inmates will be referred to an outside facility or provider to obtain the required care. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). P&P 13.06 – *Prenatal Care* was provided in the PAQ. This policy references services that are available and provided for any inmate who is pregnant or thinks she is pregnant (p. 2). The policy states that a pregnancy test is provided, at the facility’s expense, upon request from any inmate.

The auditor interviewed the medical services director and confirmed this policy. There were no medical records available for an inmate who was victimized in the facility that could be reviewed by the auditor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). P&P 13.30 – *Prison Rape Elimination Act* was provided for review by the auditor. This policy requires that staff provide these services for an inmate who became pregnant as a result of sexual abuse in the facility (p. 13).

The medical services director confirmed that any female who became pregnant in the facility would be offered these services. He stated that there were no ethical concerns with the facility administration. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). P&P 13.30 – *Prison Rape Elimination Act* was provided for review by the auditor. This policy requires that staff provide these services for an inmate who became pregnant as a result of sexual abuse in the facility (p. 13).

The medical services director confirmed that any inmate victim would be offered tests for sexually transmitted infections. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). In the PAQ, the auditor was provided P&P 13.30 – *Prison Rape Elimination Act*. On page 13, the policy requires that all inmate victims of sexual abuse and sexual assault are provided the medical and mental health care services in this standard at no cost to the victim (p. 13).

The auditor confirmed with the medical services director and the PREA coordinator that no inmate would ever be charged for these services. There were no inmates available in the facility to interview in order to confirm this policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). JEPCF is a county jail facility and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - b. Incident review team

Findings (by provision):

115.86(a). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Investigations* section, the policy provides for an incident review to be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (*p. 8*).

The PREA coordinator provided the auditor with investigation files from the previous 12 months. Each of the 33 files reviewed contained written proof that an incident review took place. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(b). In the PAQ, the facility provided P&P 13.30 – *Prison Rape Elimination Act*. In the *Investigations* section, the policy provides for an incident review to be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (*p. 8*).

The PREA coordinator provided the auditor with investigation files from the previous 12 months. Each of the 33 files reviewed contained written proof that an incident review took place and the date of the review was within 30 days of the conclusion of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). The facility provided several documents from prior incident reviews. The staff members listed included the PREA coordinator, PREA compliance manager, security captain, medical services director, and other shift supervisors.

During the onsite phase of the audit, the auditor interviewed the chief of corrections and the security captain. Both confirmed that the facility takes all incidents of sexual abuse seriously and conducts the

incident review at the conclusion of the investigation. They are often asked to attend the incident review meetings. The auditor reviewed 33 completed sexual abuse investigations from the previous 12 months. Each file showed a completed sexual abuse incident review meeting document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). The facility provided the auditor copies of incident review meeting reports. Each report reviewed indicated that the review team properly questioned the five points noted in this provision.

The auditor reviewed 33 investigation files from the previous 12 months. Each file contained a written report from the incident review, which listed the five points from this provision. The report was complete with the assessment and any recommendations for improvement. The auditor interviewed the PREA compliance manager, who confirmed attendance at incident review meetings and the need to identify any issues behind the allegations. The auditor also interviewed the security captain. She was clear that recommendations from these incident reviews were taken seriously by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). The auditor was not provided written proof of implementation for improvement that was spurred by incident reviews. The PREA coordinator confirmed that the facility was unable to provide such documentation due to having no incidents with recommendations for improvement noted. The auditor reviewed 33 investigation files from the previous 12 months. There were no notations made of recommendations due to findings in the incident review. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Annual Reports (2015 through 2018)

Findings (by provision):

115.87(a). The facility provided the auditor with P&P 13.30 – *Prison Rape Elimination Act*. The policy includes a section entitled *Data Collection, Review and Storage*. This section outlines the agency and facility guidelines for the collection of data from the facility's sexual abuse and sexual harassment allegations (*p. 10*). The data collection is through a standardized instrument and set of definitions.

The auditor was provided copies of the facility's annual reports from 2015, 2016, 2017 and 2018. The set of definitions utilized for the data collection and listed in the report are in line with the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(b). This provision is included in P&P 13.30 – *Prison Rape Elimination Act*. The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual report (p. 10). Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(c). This provision is included in P&P 13.30 – *Prison Rape Elimination Act*. The facility provided the auditor with copies of the facility’s annual reports from 2015, 2016, 2017 and 2018. The reports all contain the data necessary to complete the DOJ Survey of Sexual Violence report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(d). This provision is included in P&P 13.30 – *Prison Rape Elimination Act*. The policy requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews (p. 10). Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(e). The agency does not contract with any outside facilities for the housing of inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(f). The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Annual Reports (2015 through 2018)
2. Interviews:
 - a. Specialized staff

Findings (by provision):

115.88(a). The auditor was provided P&P 13.30 – *Prison Rape Elimination Act* in the PAQ. In the *Data Collection, Review and Storage* section, the policy outlines the agency's annual data collection and review of the data (*p. 10*). The policy states that the agency will review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This is done by identifying problem areas, taking corrective action and preparing an annual report with the findings and corrective action taken.

The auditor reviewed 33 sexual abuse investigations from the previous 12 months. Each file contained the sexual abuse incident review document, which is performed after the completion of the investigation. There were no action items identified from these investigations. The auditor reviewed

copies of the agency's annual reports for 2015, 2016, 2017 and 2018, and confirmed that the reports contain information related to this provision. The auditor interviewed the PREA coordinator during the onsite phase of the audit. He confirmed that the agency reviews annual data to determine if there is a need to take corrective action to prevent additional sexual abuse incidents. The chief of corrections was also interviewed and confirmed that these annual reviews are completed. Information obtained through these reviews is written into the agency's annual report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(b). The auditor reviewed copies of the agency's annual reports for 2015, 2016, 2017 and 2018, and confirmed that the reports contain information related to this provision. Each report included a comparison of the current year's sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(c). The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(d). The auditor reviewed several annual reports and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. P&P 13.30 – *Prison Rape Elimination Act*
 - b. Investigations files
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.89(a). The facility includes language regarding the retention of sexual abuse data in P&P 13.30 – *Prison Rape Elimination Act*. The policy mandates retention of the agency's sexual abuse aggregated data for at least 10 years after the date of its initial collection in a secure location (*p. 11*).

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He provided the auditor access to his office, where the sexual abuse data is secured and maintained for at least 10 years. The auditor located files from as far back as 2012, when the agency began filing investigations based on the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(b). P&P 13.30 – *Prison Rape Elimination Act* requires the agency to make the aggregated sexual abuse data available to the public through its website (*p. 11*).

The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(c). The auditor reviewed several annual reports and did not identify any information that personally identified any inmate. The PREA coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(d). The facility includes language regarding the retention of sexual abuse data in P&P 13.30 – *Prison Rape Elimination Act*. The policy mandates retention of the agency’s sexual abuse aggregated data for at least 10 years after the date of its initial collection in a secure location (p. 11).

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He provided the auditor access to his office, where the sexual abuse data is secured and maintained for at least 10 years. Based on this analysis, the auditor finds the facility in compliance with this provision.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

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

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Agency website
 - b. *PREA Audit: Auditor's Summary Report (08/29/2014)*
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.401(a). The auditor was provided information in the PAQ regarding the facility's first PREA audit. Their first auditor was completed in August 2014. This was in the first year of the first PREA audit cycle. The audit report is posted on the agency's website and available for public review. The JEPCF is the only facility operated by the Seminole County Sheriff's Office.

The auditor confirmed with the PREA coordinator that the 2014 audit is their only completed PREA audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(b). This is the third year of the second PREA audit cycle. The agency has not completed an audit of the JEPCF, their only facility, until now. This audit will be completed prior to the end of the second cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the facility, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested in order to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 32 inmates. The facility provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(n). The facility posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the facility, in the public lobby and in the visitation room. The audit notice included the auditor's contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a. Agency website
 - b. *PREA Audit: Auditor's Summary Report (08/29/2014)*
2. Interviews:
 - a. PREA coordinator

Findings (by provision):

115.403(f). The auditor was provided information in the PAQ regarding the facility's first PREA audit. Their first audit was completed in August 2014. This was in the first year of the first PREA audit cycle. The audit report is posted on the agency's website and available for public review. The JEPCF is the only facility operated by the Seminole County Sheriff's Office.

The auditor confirmed with the PREA coordinator that the 2014 audit is their only completed PREA audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

B. James Kenney

September 20, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.