

PREA Facility Audit Report: Final

Name of Facility: Mayo Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/18/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Valerie Wolfe Mahfood | Date of Signature: 11/18/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|------------------------|
| Auditor name: | Mahfood, Valerie Wolfe |
| Email: | wolfemahfood@aol.com |
| Start Date of On-Site Audit: | 10/03/2022 |
| End Date of On-Site Audit: | 10/05/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|-------------------------------------|
| Facility name: | Mayo Correctional Institution |
| Facility physical address: | 8784 U.S. 27, Mayo, Florida - 32066 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------------|
| Name: | Clayton E. Smith |
| Email Address: | clayton.smith@fdc.myflorida.com |
| Telephone Number: | 386-294-7166 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|------------------------------------|
| Name: | Timmy J. Robinson Sr |
| Email Address: | timmy.robinsonsr@fdc.myflorida.com |
| Telephone Number: | 386-294-7001 |

| Facility PREA Compliance Manager | |
|---|---------------------------------|
| Name: | Clayton Smith |
| Email Address: | Clayton.Smith@fdc.myflorida.com |
| Telephone Number: | O: 386 294-7166 |
| Name: | Nickey Taylor |
| Email Address: | nickey.taylor@fdc.myflorida.com |
| Telephone Number: | O: 386-294-7023 |

| Facility Health Service Administrator On-site | |
|--|---------------------------|
| Name: | Martha Smith |
| Email Address: | mlsmith@TeamCenturion.com |
| Telephone Number: | 386-294-7036 |

| Facility Characteristics | |
|--|-----------------|
| Designed facility capacity: | 1345 |
| Current population of facility: | 780 |
| Average daily population for the past 12 months: | 883 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-85 |
| Facility security levels/inmate custody levels: | community-close |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 175 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 20 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 33 |

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

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

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

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

11

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.14 - Youthful inmates
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.17 - Hiring and promotion decisions
- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.51 - Inmate reporting
- 115.53 - Inmate access to outside confidential support services
- 115.54 - Third-party reporting
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

Number of standards met:

34

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-10-03 |
| 2. End date of the onsite portion of the audit: | 2022-10-05 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Another Way, Inc., Gulf Coast Sexual Assault Program, Just Detention International, Lake City Shelter, TIPS Hotline, Agency Website for lodging PREA complaints |

AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity: | 1345 |
| 15. Average daily population for the past 12 months: | 883 |
| 16. Number of inmate/resident/detainee housing units: | 8 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

| | |
|---|-----|
| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 797 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 37 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 38 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 40 |

| | |
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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 5 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 41 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 26 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 12 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 3 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 2 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | NA |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 178 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 49 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 61 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | NA |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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|---|---|
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 16 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None |
| If "Other," describe: | Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst population. |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Housing rosters |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No barriers to completing interviews were noted. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 15 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |

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|--|---|
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>3</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>5</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>3</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>2</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed facility documentation. Asked Random Staff if any inmates were ever placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse. Asked Random and Targeted residents if inmates were ever placed in segregated housing for the risk of sexual victimization or for having alleged to have been a victim of sexual abuse.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>NA</p> |

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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|---|--|
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Gender, race, ethnicity, languages spoken, or other distinguishing factors amongst staff relative to their employment</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>NA</p> |

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>34</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

| | |
|--|--|
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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|--|---|
| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other |
| <p>If "Other," provide additional specialized staff roles interviewed:</p> | <p>Commissary, Grievance, Mailroom Staff, Training Staff, Chaplain</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of VOLUNTEERS who were interviewed:</p> | <p>3</p> |

| | |
|--|---|
| <p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>4</p> |
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>NA</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

| | |
|---|---|
| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

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

| | |
|--|---|
| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|--|---|

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

Documentation Sampling

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 4 | 4 | 0 | 0 |
| Staff-on-inmate sexual abuse | 11 | 8 | 0 | 3 |
| Total | 15 | 12 | 0 | 3 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 1 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 3 | 0 | 0 | 0 | 0 |
| Total | 4 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 1 | 1 | 2 | 0 |
| Staff-on-inmate sexual abuse | 2 | 4 | 5 | 0 |
| Total | 3 | 5 | 7 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 10 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|---|---|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 4 |
|---|---|

| | |
|--|---|
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| Staff-on-inmate sexual abuse investigation files | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>6</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| Sexual Harassment Investigation Files Selected for Review | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>No sexual harassment allegations filed during the audit time frame.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| Inmate-on-inmate sexual harassment investigation files | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |

| | |
|--|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No sexual harassment allegations filed during the audit time frame.</p> |
| <p>SUPPORT STAFF INFORMATION</p> | |
| <p>DOJ-certified PREA Auditors Support Staff</p> | |
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>Non-certified Support Staff</p> | |
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC PREA Organizational Chart
- Mayo Correctional Institution (MCI) Organizational Chart, 3-16-17
- MCI PREA Auxiliary Staff, 6-22-22
- MCI Organizational Chart, 10-20-17

Interviews:

- Agency Head
- Agency PREA Coordinator
- PREA Correctional Services Consultant
- MCI PREA Compliance Manager
- MCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Agency PREA Coordinator, in conjunction with two PREA Correctional Services Consultants, oversees the Mayo Correctional Institution (MCI) PREA program.
- The MCI PREA Compliance Manager is physically assigned to the MCI and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21), provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. It outlines the agency’s approach to preventing, detecting, and responding to such conduct. It also works to protect “the rights of inmates and offenders, regardless of gender or sexual preference, through accountability of perpetrators and the punishment of those institutional and community correctional officials who fail to prevent, detect, and respond to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated inmates and those offenders under Departmental jurisdiction” (#602.053).

(B) The agency has employed an agency-wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the FDC. The PREA Coordinator’s sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. In doing so, the PREA

Coordinator is charged with the direct supervision of two PREA Correctional Services Consultants. The PREA Coordinator, in coordination with the PREA Correctional Services Consultants and facility wardens, oversee the implementation of PREA standards at the facility level.

(C) The State of Florida operates numerous penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager. The MCI Warden affirms designation of the MCI PREA Compliance Manager to serve in this capacity. The MCI PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated persons. As well, the standard requires that individual facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to the overall agency policy, each facility, to include MCI, has further developed its own coordinated response plan to effectively apply the agency's broad policy to the uniqueness of their individual units. Such forethought ensures that every facet of the agency's policy is included in the standard operating procedures unique to every institution. Additionally, though the standard requires the minimum staffing of one agency-wide PREA Coordinator with individual PREA Compliance Managers assigned to each facility, the State of Florida has exceeded this requirement through the additional employment of two PREA Correctional Services Consultants. The sole function of these assistant positions is to better coordinate and advance the implementation of the PREA standards and policies so as to significantly increase the sexual safety of all incarcerated persons within the FDC. As such, both the agency and the facility have clearly exceeded the basic requirements of this standard.

| | |
|--------|---|
| 115.12 | Contracting with other entities for the confinement of inmates |
| | <p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 363 300">Documents:</p> <ul data-bbox="244 385 1171 528" style="list-style-type: none"> <li data-bbox="244 385 1171 412">· FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21) <li data-bbox="244 443 1018 470">· Gulf Coast Children’s Advocacy Center, Inc., Contract #C2978, 2-18-20 <li data-bbox="244 501 667 528">· FDC Listing of Contracted Agencies <p data-bbox="244 613 352 640">Interviews:</p> <ul data-bbox="244 725 612 869" style="list-style-type: none"> <li data-bbox="244 725 612 752">· Agency Contract Administrator <li data-bbox="244 784 574 810">· Agency PREA Coordinator <li data-bbox="244 842 552 869">· Random Staff Interviews <p data-bbox="244 954 507 981">Site Review Observations:</p> <ul data-bbox="244 1066 1342 1093" style="list-style-type: none"> <li data-bbox="244 1066 1342 1093">· The MCI is a publicly operated correctional facility through the Florida Department of Corrections (FDC). <p data-bbox="244 1178 472 1205">Standard Subsections:</p> <p data-bbox="244 1303 1422 1397">(A) The FDC has 75 current contracts for the confinement of its inmates with other public and private agencies. These agreements all require that the contracted agency adopts and complies with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).</p> <p data-bbox="244 1482 1485 1612">(B) These contracts also contain language requiring that the FDC monitors PREA compliance of all contracted facilities, as well as provide relevant training on their responsibilities under FDC’s policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the FDC PREA auditing schedule, all FDC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.</p> <p data-bbox="244 1697 580 1724">Reasoning & Findings Statement:</p> <p data-bbox="244 1814 1485 2042">This standard ensures that all private entities contractually bound to the parent agency; namely, the Florida Department of Corrections, complies with the PREA standards. In this, prior to engaging any contractual relationship with a public or private agency, the FDC ensures that all agencies understand that it is their absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the FDC, these agencies understand their continuing duty to remain in compliance with PREA standards. To assist in their compliance with FDC regulations, to include PREA policies, these facilities has been assigned an FDC liaison. Lastly, these facilities are routinely audited on a rotating basis to encourage said compliance. Hence, the FDC has met the established requirements under this standard.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Post Order #03, 8-24-22
- FDC General Post Order #01, 7-2-21
- MCI Staffing Plan, 3-8-22
- MCI Incident Report, 3-1-22
- MCI Level I Staffing Report, 3-1-22
- MCI Incident Report, 4-1-22
- MCI Level I Staffing Report, 4-1-22
- MCI Incident Report, 6-8-22
- MCI Level I Staffing Report, 6-8-22
- MCI Housing Unit Log, 4-30-22a
- MCI Housing Unit Log, 4-30-22b
- MCI Housing Unit Log, 7-1-22a
- MCI Housing Unit Log, 7-1-22b
- MCI Housing Unit Log, 7-2-22a
- MCI Housing Unit Log, 7-2-22b
- MCI Housing Unit Log, 7-3-22a
- MCI Housing Unit Log, 7-3-22b
- MCI Housing Unit Log, 7-4-22a
- MCI Housing Unit Log, 7-4-22b
- MCI Housing Unit Log, 7-5-22a
- MCI Housing Unit Log, 7-5-22b

Interviews:

MCI Facility Warden
 Agency PREA Coordinator
 MCI PREA Compliance Manager
 Intermediate or Higher-Level Facility Staff
 Random Staff
 Random Inmates

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high inmate traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them as needed. Supervisory staff were observed conducting unannounced rounds within the facility. As well, inmates interviewed did confirm their access to supervisory staff on a routine and regular basis via their unannounced rounds of inmate housing areas.
- While conducting supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the on-site portion of the audit, area logbooks were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds.
- Area logbooks were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The MCI has developed and documented an annual staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. As explicitly noted within the MCI Staffing Plan (2022), the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. When present, the staffing plan would consider any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The MCI Staffing Plan (2022) requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. As noted by the facility warden, Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. The MCI staffing plan was predicated consistent with average daily number of inmates assigned to the MCI.

(B) FDC policy governs the minimum use of employee staffing (MCI Staffing Plan, 2022). If unit staffing levels fall below these minimum requirements, FDC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of MCI have fallen below the required levels. In these instances, evidence was provided to support the facility's adherence to documentation requirements.

(C) The facility conducts an annual review of its staffing plan, with the last review being finalized on March 8, 2022, which is within the present calendar year. As evidenced via interviews with agency and facility staff, as well as documented as a function of the staffing plan review process, in completing the MCI staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the MCI PREA Compliance Manager, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level

supervisors (Post Order #03). Policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted (General Post Order #01). The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed area logbooks throughout the facility. Said documentation did reflect that supervisory staff were conducting unannounced rounds. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds and were available to line staff if needed. Staff also noted that it was a violation of policy to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, they consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility and were accessible to inmates if needed. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, the MCI has deviated from its staffing plan, with all deviations being noted per policy. To ensure that the sexual safety of inmates assigned to the MCI is given sufficient weight in determining facility staffing needs, the MCI staffing plan is reviewed annually in coordination with all MCI PREA staffing components, to include the average number of inmates assigned to the facility. The last staffing plan review was conducted on March 8, 2022. Lastly, to ensure meaningful and effective correctional supervision, MCI supervisors routinely conduct and document unannounced rounds. As such, the MCI meets the requirements of this provision.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #601.211, Designation of Youthful Offenders, Young Adults Offenders, and Youthful Offender Institutions, 3-22-22
- Florida Statutes, 2022, #944.1905, Initial inmate classification; inmate reclassification

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the MCI who were not at least 18 years of age.

Standard Subsections:

(A) Florida statutes, as well as the FDC policy (Procedure #602.053, Procedure #601.211), prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, adolescent offenders may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate.

(B) As MCI does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As MCI does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent offenders in isolation in order prevent them from living within sight and sound of adult inmates. Hence, the MCI

has not denied any adolescent offender the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between adolescent offenders and adult inmates. Alternatively, the standard requires that there is direct staff supervision when adolescent offenders and adult inmates have the possibility of sight, sound, or physical contact. By way of statutory requirement, the State of Florida mandates that adolescent offenders cannot be housed in a correctional facility where they have sight, sound, or physical contact with any adult inmate. As MCI contains only adult housing units, MCI is prohibited from receiving, and subsequently housing, adolescent offenders. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between adolescent offenders and incarcerated adults.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- Florida Administrative Code, Chapter 33-602.204, Searches of Inmates
- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #602.018, Contraband and Searches of Inmates, 7-21-21
- FDC Procedure #602.036, Gender Specific Security Positions, Shifts, Posts, and Assignments, 2-22-22
- FDC Basic Recruit Training, Frisks and Searches
- FDC Inmate Relations Training, In-Service FY 2021-2022
- FDC PREA Lesson Plan, FY 2021-2022
- MCI PREA Training, 4-21-22, 9-2-21
- MCI Inmate Relations Training, 4-21-22, 9-2-21

Interviews:

MCI PREA Compliance Manager
 MCI Facility Warden
 Intermediate or Higher-Level Facility Staff
 Random Staff
 Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
 Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and scheduled rounds, were subsequently documented on the area logbooks.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.
- Review of MCI PREA Training Matrix 2021-2022 while onsite.

Standard Subsections:

(A) Policy (#602.053, #602.018) prohibits cross-gender unclothed or visual body cavity searches of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 31 inmates interviewed noted that they had not been, nor had they witnessed any other inmate being, stripped or body cavity searched by a security staff member of the opposite gender.

(B) The MCI is a male facility. There are no biological females incarcerated at this facility.

(C) Policy (#602.053, #602.018) requires that all cross-gender unclothed and visual body cavity searches are documented. The facility has not engaged in any cross-gender unclothed searches or cross-gender body cavity searches within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The MCI does have policies (#602.053, #602.036) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender unclothed and visual body cavity searches. Furthermore, agency policy (#602.053) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All female Random Staff interviewed did confirm their adherence to said policy. As well, all other Random Staff and most inmates interviewed confirmed this practice. During the facility site review, modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) FDC policy (#602.053, #602.018) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that MCI security staff have been trained on proper policy specific to conducting cross-gender clothed searches and transgender clothed searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their receipt of said training within the last year, as well as their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. FDC Procedure #602.053 specifies that "staff will not search or physically examine a transgender and/or intersex inmate for the sole purpose of determining the inmate's genital status." The FDC Basic Recruit Training, Frisks and Searches, FY22 PowerPoint Training provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the MCI. As well, review of the facility training matrix onsite reflects that correctional staff assigned to the MCI have been trained on how to conduct searches in a professional and least intrusive manner as possible.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The FDC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender unclothed body or cavity searches, policy subsequently requires this search to be properly justified and documented. Agency security staff are trained on the proper procedures to conduct clothed searches on transgender and intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. As well, policy requires unclothed body searches of transgender and intersex inmates are conducted in an area that is out of view of unnecessary persons. Agency policy also requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. As such, the MCI has satisfied the requirements of this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #604.101, Americans with Disabilities Act Provisions for Inmates, 12-6-21
- FDC NI1-132, Zero-Tolerance Awareness Poster, English
- FDC NI1-132, Zero-Tolerance Awareness Poster, Spanish
- FDC PREA Language Line Service Directions
- FDC PREA Language Translator List
- FDC Sexual Abuse Awareness Training, English, 9-10-21
- FDC Sexual Abuse Awareness Training, Spanish, 9-10-21
- FDC Sexual Abuse Awareness Training, Chinese, 9-10-21
- FDC Sexual Abuse Awareness Training, Russian, 9-10-21
- FDC Sexual Abuse Awareness Training, Portuguese, 9-10-21
- FDC Sexual Abuse Awareness Training, Creole, 9-10-21
- FDC Sexual Abuse Awareness Training, German, 9-10-21
- FDC Sexual Abuse Awareness Training, French, 9-10-21
- MCI Staff Training, ADA, 10-28-21
- MCI Staff Training, ADA, 2-17-22
- MCI Inmate PREA Training with ADA Accommodations, 4-18-22
- MCI Inmate PREA Training with ADA Accommodations, 4-15-22
- MCI Inmate PREA Training with ADA Accommodations, 4-13-22
- MCI Inmate PREA Training with ADA Accommodations, 3-30-22
- MCI Inmate PREA Training with ADA Accommodations, 3-28-22
- MCI Inmate PREA Training with ADA Accommodations, 3-25-22
- MCI Inmate PREA Training with ADA Accommodations, 3-24-22
- MCI Inmate PREA Training with ADA Accommodations, 3-17-22a
- MCI Inmate PREA Training with ADA Accommodations, 3-17-22b
- MCI Inmate PREA Training with ADA Accommodations, 3-17-22c
- MCI Inmate PREA Training with Language Accommodations, 2-15-20
- MCI Inmate PREA Training with Language Accommodations, 7-20-22
- MCI Inmate PREA Training with Language Accommodations, 7-27-22a
- MCI Inmate PREA Training with Language Accommodations, 7-27-22b
- MCI Inmate PREA Training with Language Accommodations, 7-27-22c

- MCI Inmate PREA Training with Language Accommodations, 7-27-22d
- MCI Inmate PREA Training with Language Accommodations, 7-27-22e
- MCI Inmate PREA Training with Language Accommodations, 7-27-22f
- MCI Inmate PREA Training with Language Accommodations, 8-18-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce inmate information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility. Handicap shower areas contained appropriate PREA modesty screens.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the inmate population; namely English and Spanish.
- PREA awareness videos were available in English and Spanish, with said videos containing closed captioning to assist deaf/hard of hearing inmates.
- Printed Sexual Abuse Awareness Training information was available in eight languages: Chinese, Creole, English, French, German, Portuguese, Russian, and Spanish.
- Large print materials were available to assist inmates with impaired vision
- Language line services were available for staff to communicate with inmates who do not speak

English or a language common to facility staff.

- Video technology services were available for American Sign Language assistance.
- Staff translators speaking a variety of languages were available.
- Mental Health/Medical Services were readily available to read PREA material or otherwise assist cognitively or other disabled inmates.

Standard Subsections:

(A) The FDC has developed an agency wide policy (Procedure #602.053) to enhance communication efforts with disabled inmates, such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; to provide said inmates with 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. PREA educational information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). Written versions of the policy are also available in large print for the visually impaired. The video format includes closed caption. The MCI maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to MCI staff. In this, the language line services can be used to translate PREA, as well other confidential information.

When interviewing staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with LEP inmates, these persons stated that their limited English proficiency had not prevented them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates all stated that either FDC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in eight languages: Chinese, Creole, English, French, German, Portuguese, Russian, and Spanish. The PREA Inmate Education Video can be seen by inmates in English and Spanish, along with being illustrated via closed captioning. As needed, per the MCI PREA Compliance Manager, language line services can also be used to translate PREA information into other languages, including American Sign Language.

(C) The FDC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (Procedure #602.053). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (Procedure #602.053); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. MCI staff are aware of these agency policies and as affirmed during random staff interviews, do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The FDC recognizes that need and has gone above and beyond those standards by providing informational brochures in not only the most common spoken inmate languages, but also in lesser common languages. The MCI maintains sufficient stocks of PREA informational brochures in all printed languages to ensure their availability should it be required. Additionally, the MCI routinely stocks PREA informational brochures, as well as broadcasts PREA informational videos, in Spanish, the most commonly spoken language inside of MCI outside of English. The PREA video also contains closed captioning for the deaf/hearing impaired. Staff have been trained, and are provided continuous refresher training, in the management of inmates with sensorial disabilities, as well as in cultural awareness. Lastly, it should be noted that at no time during the audit time frame has MCI used inmate interpreters to help agency staff communicate with another inmate regarding security sensitive information. For these reasons, it is more than evident that the MCI exceeds in providing inmates with disabilities, as well as those with limited English proficiency, equal access to PREA related rights and support services.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #208.049, Background Investigation and Appointment of Certified Officers, 1-25-21
- FDC Procedure #602.016, Entering and Exiting Department of Corrections Institutions, 1-12-22
- FDC Moral Character and Background Guidelines, 10-19-18
- Florida Statutes, Chapter 435.03, Level 1 Screening Standards, 2021
- Florida Statutes, Chapter 435.04, Level 2 Screening Standards, 2021
- Florida Administrative Code, 33-601.202, Use of Inmates in Public Works
- Florida Administrative Code R., Chapter 60L-40.001, Sexual Harassment, 6-21-22

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden

Site Review Observations:

- Observed Live Scan process and criminal background check for contracted person
- Review documentation of recently hired/promoted employee files
- Review of volunteer and contractor PREA Acknowledgement/Training forms
- Review of MCI employee PREA training documents

Standard Subsections:

(A) The FDC has developed agency wide policies (Procedure #602.053, #208.049, #602.016) that prohibit the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies (Chapter 60L-40.001) that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment or moral turpitude will be considered. According to Human Resource staff, prior to hiring any new employee, the FDC Central Office will ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of

employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, unless it is prohibited by law, policy also requires that the MCI cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) FDC policy (Procedure #602.053, Chapter 60L-40.001) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the FDC Human Resource representative, agency policy requires Human Resource staff verify contractor employment history. In this, the agency conducts routine criminal background checks on contractors prior to employment and then continuously monitors staff/contractor contact with law enforcement agencies via its Live Scan process.

(C) Before hiring or promoting employees, policy (Procedure #602.053 and Florida Statutes) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the MCI Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Central Office conducts routine criminal background checks on staff prior to employment then continuously monitors staff/contractor contact with law enforcement agencies via its Live Scan process.

(D) Agency policy requires that prior to enlisting the services of any contractor who may have contact with inmates, the agency performs a criminal background record check on said contractor. In speaking with FDC Human Resource staff, it was noted that facility staff perform a routine scanning of contractor fingerprints into the agency's Live Scan system. This allows the agency to conduct a routine criminal background check on all contractors prior to their being permitted on the facility and then continuously monitors staff/contractor contact with law enforcement agencies via its Live Scan process.

(E) Once employed, agency policy (Procedure #602.053, #208.049) requires that criminal background checks are continuously monitored for staff/contractor contact with law enforcement agencies via its Live Scan process to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (Procedure #602.053). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (Procedure #602.053).

(F) All applicants, employees, and contractors are required to disclose (during the application process) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the FDC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (Procedure #602.053).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Per MCI Human Resource staff, agency policy allows that unless prohibited by law, the FDC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied (Procedure #602.053).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in filling all contracted staff positions, as well as in all hiring and promotion decisions within the agency. The agency has numerous practices in place to ensure that end. While

PREA standards require staff and contractor background checks occur once every five years, FDC policy requires that employee and contractor checks occur prior to employment and then on a continuous basis via its Live Scan system. Review of employee and contractor files reflect that the MCI Human Resource Department is in compliance with agency policy. As such, the MCI clearly exceeds the requirements of this standard.

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| 115.18 | Upgrades to facilities and technologies |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 300">Documents:</p> <ul data-bbox="240 383 1171 412" style="list-style-type: none"> · FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21) <p data-bbox="240 499 352 528">Interviews:</p> <ul data-bbox="240 611 638 813" style="list-style-type: none"> · Agency Head · Agency PREA Coordinator · MCI PREA Compliance Manager · MCI Facility Warden <p data-bbox="240 900 512 929">Site Review Observations:</p> <ul data-bbox="240 1012 967 1041" style="list-style-type: none"> · Observed video monitoring technologies present within the facility. <p data-bbox="240 1128 472 1158">Standard Subsections:</p> <p data-bbox="240 1245 1490 1406">(A) Per the MCI Warden, the MCI has not made a substantial expansion or modification of the existing facility within the previous 12 months. However, in the event that such were to happen, the MCI Warden noted that unit administration would consider the effect that the expansion would have on the facility's ability to protect inmates from sexual abuse. At the time of the expansion, were one to happen, the MCI Warden noted that the design would also be discussed with both the MCI PREA Compliance Manager and the agency's PREA Coordinator.</p> <p data-bbox="240 1494 1461 1554">(B) The MCI has not installed or updated the video monitoring system or other monitoring technology since the last PREA audit.</p> <p data-bbox="240 1641 580 1671">Reasoning & Findings Statement:</p> <p data-bbox="240 1758 1490 1984">Within the audit time frame, MCI has not made any substantial expansion to its existing facilities. However, it was noted that should such occur, unit administration would consider the effect that an expansion would have on the facility's ability to protect inmates from sexual abuse. Also, prior to the expansion, the design would also be discussed with the MCI PREA Compliance Manager and the agency's PREA Coordinator. Additionally, as a function of its annual staffing review, the MCI does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the MCI seeks to maximize the facility's ability to protect inmates from sexual abuse. As such, the MCI has met the provisions of this standard.</p> |

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Adult/Adolescent Forensic Sexual Assault Examination Protocol
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18
- FDC Procedure #401.010, Co-Payment Requirements for Inmate Medical Encounter, 4-21-22
- FDC Contract #C2974, Another Way, Inc., 8-1-20
- Agency Term Contract, ATC-19-024, 4-22-19
- Sexual Assault Nurse Examiner Training, 9-28-18
- Adult/Adolescent Sexual Assault Nurse Examiner Course, 3-24-18
- Sexual Assault Nurse Examiner Training, 11-3-17
- Sexual Assault Nurse Examiners Training, 9-24-10
- Sexual Assault Nurse Examiner Training, 4-3-15
- Sexual Assault Nurse Examiner Training, 1-28-05
- American College of Forensic Examiners Institute, 11/09
- Pediatric Sexual Assault Nurse Examiners Training, 11-5-10
- Adult SAFE Training, 9-16-11
- Injury Identification & Forensic Photography Training, 11-3-12
- Adult/Adolescent Sexual Assault Nurse Program Training
- SAFE-T Certificate of Completion, 3-19-08
- Sex Crimes Investigations Training, 8-10-12
- Sex Crimes Investigations Training, 8-9-13
- Sexual Assault Nurse Examiner Training, 9-24-10
- Sexual Assault Nurse Examiner Training, 3-3-09
- Victim Services Practitioner Designation, January 2018-2021
- Victim Services Practitioner Designation, 7-14-21
- MCI FL Nurse Protocol Visit, 7-1-22
- MCI Inmate Trust Fund Account Statement, 7-1-22
- MCI Approved List of PREA Sexual Assault Nurses, 8-10-21

Interviews:

- Agency PREA Coordinator

- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- SAFE/SANE Panhandle Forensic Nurse Specialist, Inc.
- Inmates Who Reported Sexual Abuse
- Another Way, Inc. Staff
- Sexual Assault Response Center Staff

Site Review Observations:

- Observed posted information regarding victim advocacy services
- Reviewed 10 complete PREA investigation files at MCI

Standard Subsections:

(A) Agency policy mandates that the Office of the Inspector General (OIG) is responsible for investigating criminal allegations of sexual abuse. In this, policy requires that the OIG follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) While the MCI does not house adolescent offenders, it does still utilize a developmentally appropriate youth protocol. Furthermore, agency policy requires the facility to utilize an evidence protocol that was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

(C) In accordance with agency protocol, the MCI does ensure that all inmates are given access to forensic medical examinations without cost (Procedure #602.053, #401.010). These exams are performed by qualified SAFE/SANE nursing personnel who are contracted with the agency specifically for this purpose. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, forensic examinations will always be performed by a qualified medical practitioner. The facility has contracted with Panhandle Forensic Nurse Specialist, Inc. to perform forensic exams at the facility. In the past 12 months, the MCI has facilitated two forensic medical examinations.

(D) The agency does attempt to make a victim's advocate available for inmate support. In this, policy allows for victims to meet with advocates from Another Way, Inc. In the event such advocates are not available, policy also allows for the use of agency staff who have received relevant training through victim advocacy agencies.

(E) In accordance with policy (Procedure #602.053), and as requested by the victim, a rape crisis center advocate may remain with the inmate through the forensic medical examination process and investigatory interviews. Per the agency PREA Coordinator, this person may also provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (Procedure #602.053) mandates that the OIG is responsible for investigating criminal allegations of sexual abuse. To this effect, agency policy does require that the OIG utilize agency protocol that is based on the U.S. Department of

Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol.

(G) The auditor is not required to audit this provision.

(H) Only qualified persons may serve as a victim advocate. The MOU between the FDC and previously noted victim advocate group requires that advocacy staff are appropriately screened and trained for that purpose. Hence, the agency has ensured that all persons who have contact with MCI inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol, forensic medical examinations, and rape crisis advocacy services. Agency policy requires investigative staff to utilize a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions. This protocol was adapted from the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents. The facility has contracted with Another Way Inc., a rape advocacy group, to provide inmates with qualified victim advocates to accompany inmates through the forensic medical examination process and investigatory interviews. Victim advocates may also provide inmates with emotional support, crisis intervention, information, and referrals. During the past 12 months, the MCI has initiated the evidence protocol and forensic medical examination process twice. In both instances, the forensic exams were performed by qualified SAFE/SANE practitioners. As such, the MCI has met the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18
- Florida Statutes, #944.31, Inspector general; inspectors; power and duties, 2021
- FDC Procedure #108.001, Authority of the Inspector General, 10-27-20

Interviews:

- Agency Head
- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Agency Investigative Staff
- Medical Staff
- Mental Health Staff

Site Review Observations:

- Reviewed 10 complete PREA investigation files at MCI

Standard Subsections:

(A) Policy (#602.053) requires that administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the MCI has received a total of 15 sexual abuse/sexual harassment complaints. Ten of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. Of the 15 sexual abuse/sexual harassment allegations received, 12 resulted in criminal and administrative investigations, with three resulting in only administrative investigations. At the time of the audit, twelve of those cases had been closed, with the remaining three pending disposition.

(B) The MCI refers all allegations of sexual abuse to the Office of Inspector General (OIG), a law enforcement agency with legal authority to conduct criminal investigations. All referrals to the OIG are documented by the facility. The FDC has published this policy, as well as all others related to the PREA investigation process, on the agency website.

(C) In accordance with Florida statutes, as well as the FDC Procedure #108.001, the OIG "is authorized by the Inspector General to conduct administrative, criminal, or special investigations within the Department or in a facility or on property

managed by an entity contracting with the state for the housing, treatment, counseling, education, or provision of other services to inmate or offenders" (Procedure #108.001).

(D) The agency is responsible for conducting administrative and criminal investigations of alleged sexual abuse (Procedure #108.001).

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigation to proper law enforcement agencies. The FDC does have appropriate policies in place mandating referrals of sexual abuse allegations. In interviewing MCI staff, it is clear said staff refer all required investigations to the OIG for further processing in accordance with policy. Additionally, MCI provided sufficient documentation to evidence the facility's adherence to agency protocol. As such, the MCI complies in all material ways with this standard for the relevant review period.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC PREA Training, FY 2021-2022
- MCI Training Matrix, 2021-2022
- MCI PREA Training Roster, Medical, 1-20-22
- MCI PREA Staff Training, 10-6-20, 9-2-21
- MCI PREA Staff Training, 7-1-21, 2-17-22
- MCI PREA Staff Training, 7-1-21, 12-9-20
- MCI PREA Staff Training, 7-1-21, 4-6-21
- MCI PREA Staff Training, 1-20-22, 2-9-21
- MCI PREA Staff Training, 10-21-21, 12-15-20
- MCI PREA Staff Training, 7-1-21, 2-17-22
- MCI PREA Staff Training, 10-21-21, 2-9-21
- MCI PREA Staff Training, 7-1-21, 7-1-20
- MCI PREA Staff Training, 7-1-21, 2-27-22

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Administrative (Human Resources Staff)
- Random Staff

Site Review Observations:

- During staff interviews, all persons were asked if, and when, they had received their required PREA training. Three random employee responses were subsequently matched against MCI PREA Training records onsite to ensure the validity of said responses.

Standard Subsections:

(A) Procedure #602.053 requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review

of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, as well as a discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) The training curriculum review demonstrates that the material is appropriate for the gender of inmates at the employees' facility. As well, agency policy (Procedure #602.053) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment.

(C) A review of completed MCI PREA Training records reflect that employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. A review of the MCI PREA Training records reflects continuing training schedules have all been maintained.

(D) All training is electronically verified and documented upon completion of the FDC PREA online training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. MCI maintains compliance with those imperatives. All training is electronically documented upon completion, with MCI maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant amounts of training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the MCI provides this training on an annual basis. As such, MCI has exceeded the requirements of this provision.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC PREA Brochure for Interns, Volunteers, and Contractors, NI1-125, 1-27-16
- FDC PREA Training for Interns, Volunteers, and Contractors, NI1-127, 7-31-18
- MCI PREA Training for Contractors, 6-23-22
- MCI PREA Training for Contractors, 6-28-22
- MCI PREA Training for Contractors, 3-28-22
- MCI PREA Training for Contractors, 4-11-22
- MCI PREA Training for Contractors, 5-12-22
- MCI PREA Training for Contractors, 3-18-22
- MCI PREA Training for Contractors, 3-21-22
- MCI PREA Training for Volunteers, 6-13-22
- MCI PREA Training for Volunteers, 5-18-22
- MCI PREA Training for Volunteers, 9-10-21
- MCI PREA Training for Volunteers, 3-24-22
- MCI PREA Training for Volunteers, 2-25-22

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer/contractor PREA training forms.

Standard Subsections:

(A) Procedure #602.053 requires that “the institution shall ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities...” concerning sexual abuse and sexual harassment in a confinement setting. “This training shall be administered to all contractors and volunteers every three years. In addition, the PREA Brochure of Interns, Volunteers, and Contractors, NI1-125, will be distributed annually to all interns, contractors and volunteers.” At the time of the audit, the MCI had 53 contract workers and volunteers working within the MCI who could have contact with inmates. 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) During the onsite audit, both volunteers and contract workers were interviewed. When interviewed, these persons all stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or a security staff member.

(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. Per agency policy, volunteers and contractors receive refresher training every three years. The MCI then maintains a copy of all training files belonging to both volunteers and contractors. Volunteer/Contractor files were reviewed as part of the auditing process and found to be within compliance.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training regarding sexual abuse and sexual harassment in a confinement setting, to include the agency’s zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency’s zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the MCI has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their initial PREA trainings. In excess of the PREA standards, the FDC also requires that volunteers and contractors receive subsequent PREA training in three-year intervals. In speaking with contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. As such, the MCI has exceeded the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #601.210, Inmate Orientation, 3-22-22
- FDC Inmate PREA Education Facilitators Guide, 3-30-22
- FDC Sexual Abuse Awareness, English, 9-10-21
- FDC Sexual Abuse Awareness, Spanish, 9-10-21
- FDC Sexual Abuse Awareness, Russian, 9-10-21
- FDC Sexual Abuse Awareness, Portuguese, 9-10-21
- FDC Sexual Abuse Awareness, Creole, 9-10-21
- FDC Sexual Abuse Awareness, German, 9-10-21
- FDC Sexual Abuse Awareness, French, 9-10-21
- FDC Sexual Abuse Awareness, Chinese, 9-10-21
- MCI Inmate PREA Training, 4-13-22
- MCI Inmate PREA Training, 4-15-22
- MCI Inmate PREA Training, 7-2-22
- MCI Inmate PREA Training, 7-27-22a
- MCI Inmate PREA Training, 7-27-22b
- MCI Inmate PREA Training, 7-27-22c
- MCI Inmate PREA Training, 7-27-22d
- MCI Inmate PREA Training, 7-27-22e
- MCI Inmate PREA Training, 7-27-22f
- MCI Inmate PREA Training, 8-15-22
- MCI Inmate PREA Training, 8-18-22a
- MCI Inmate PREA Training, 8-18-22b

Interviews:

- MCI PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within the Library and Law Library areas.
- FDC PREA State Rape Crisis Center Hotline Poster, English
- FDC PREA State Rape Crisis Center Hotline Poster, Spanish
- FDC Notice of Cross-Gender Viewing Poster, English
- FDC Notice of Cross-Gender Viewing Poster, Spanish

Standard Subsections:

(A) Procedure #602.053 requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the past 12 months, the MCI has received 1,061 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into MCI, regardless of how long the inmate has been incarcerated within FDC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. Within the last 12 months, MCI has received 857 inmates whose stay at the facility was 30 days or more. Of those, 100% received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incident and on agency policies and procedures for responding to such incidents within 30 days of intake.

(C) Per the MCI PREA Compliance Manager, all inmates who are incarcerated within the MCI are required to watch the Inmate PREA training video, PREA: What You Need to Know, as a component of comprehensive PREA training. Upon any transfer to another facility within the FDC, inmates are again required to watch the PREA orientation video as part of that facility's orientation program. The FDC, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehension PREA education, must be provided following each transfer (Procedure #602.053). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During PREA training, each facility also provides local rape crisis center information, as well as identifying the facility PREA point person.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the FDC, and more specifically, the MCI. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the MCI. The PREA brochure is also available in Chinese, Creole, French, German, Portuguese, and Russian. The PREA video contains closed captioning for the hearing impaired. Staff translators, or translation services, are available for inmates who do not speak English. Lastly, it should be noted that per policy (#602.053), the agency will provide reasonable

accommodations to all inmates in need of ADA accommodations, both physical and cognitive, to ensure said inmates have equal opportunity to benefit from the PREA provisions. Also, in accordance with policy, "inmates with cognitive or learning disabilities and/or inmates who have mental health issues that affect their comprehension of information should be provided the PREA education in the simplest terms possible. Inmates with cognitive or learning disabilities or inmates with mental health issues may require assistance from a special education teacher and/or mental health professional when providing the PREA education" (Inmate PREA Education Facilitators Guide, 3-20-22).

(E) In accordance with policy (#602.053), at Intake, inmates are provided with a PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the MCI Acknowledgement of Receipt of Orientation (DC6-134C) form, which is then acknowledged via signature by the inmate receiving training and by the staff members witnessing the inmate's signature.

(F) Inmates are provided copies of the FDC Sexual Abuse Awareness pamphlet for inmates (available in Chinese, Creole, English, French, German, Portuguese, Russian, and Spanish). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish. There are also posters providing the names and contact information for the Rape Crisis Center that provides recovery support services to incarcerated individuals.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. MCI provides each inmate with initial and subsequent PREA screening for indicators of sexual victimization. As well, MCI provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the MCI, said inmates stated that they were aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the MCI has met the expectations of compliance with the standards related to this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 1, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 2, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 4, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 6, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 7, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 8, December 2013
- PRC Specialized Training: Investigating Sexual Abuse in Correctional Settings, Notification of Curriculum Utilization, Module 9, December 2013
- MCI Inspector PREA Training Course History, 11-5-21a
- MCI Inspector PREA Training Course History, 11-5-21b
- MCI Inspector PREA Training Course History, 5-28-21
- MCI Inspector PREA Training Course History, 3-29-19
- MCI PREA Training, 8-13-13
- MCI PREA Training, 8-14-13
- MCI PREA Training, 8-15-13
- MCI PREA Training, 8-16-13
- MCI PREA Training, 8-20-13
- MCI PREA Training, 8-22-13
- MCI PREA Training, 8-27-13
- MCI PREA Training, 8-28-13
- MCI PREA Training, 9-3-13
- MCI PREA Training, 9-4-13
- MCI PREA Training, 9-10-13
- MCI PREA Training, 9-11-13
- MCI PREA Training, 9-17-13
- MCI PREA Training, 9-18-13

- MCI PREA Training, 10-9-13
- MCI PREA Training, 10-10-13

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Administrative (Human Resources Staff)
- MCI Investigative Staff

Site Review Observations:

- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (#602.053, #108.015), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(B) Per policy (#602.053, #108.015), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training records provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training records confirms that such documentation is maintained within agency files for all investigators currently utilized within the MCI.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The FDC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. MCI

investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that MCI staff have received specialized training in excess of the generalized training provided to all staff. As such, the MCI has met the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Health Services Bulletin No. 15.03.36, Post Sexual Battery Medical Action, 10-2-20
- MCI Florida-Specific: PREA Training, 2-4-21
- MCI Florida-Specific: PREA Training, 2-10-21
- MCI Florida-Specific: PREA Training, 2-11-21a
- MCI Florida-Specific: PREA Training, 2-11-21b
- MCI Florida-Specific: PREA Training, 2-16-21
- MCI Florida-Specific: PREA Training, 2-17-21
- MCI Florida-Specific: PREA Training, 3-7-21
- MCI Florida-Specific: PREA Training, 4-28-21
- MCI Florida-Specific: PREA Training, 5-5-21
- MCI Florida-Specific: PREA Training, 5-6-21
- MCI Florida-Specific: PREA Training, 5-7-21a
- MCI Florida-Specific: PREA Training, 5-7-21b
- MCI Florida-Specific: PREA Training, 5-7-21c
- MCI Florida-Specific: PREA Training, 5-7-21d
- MCI Florida-Specific: PREA Training, 5-12-21
- MCI Florida-Specific: PREA Training, 5-17-21
- MCI Florida-Specific: PREA Training, 6-8-21
- MCI Florida-Specific: PREA Training, 6-19-21
- MCI Florida-Specific: PREA Training, 6-29-21a
- MCI Florida-Specific: PREA Training, 6-29-21b
- MCI Florida-Specific: PREA Training, 6-29-21c
- MCI Florida-Specific: PREA Training, 7-30-21
- MCI Florida-Specific: PREA Training, 9-11-21
- MCI Florida-Specific: PREA Training, 10-5-21
- MCI Florida-Specific: PREA Training, 10-25-21
- MCI Florida-Specific: PREA Training, 11-2-21
- MCI Florida-Specific: PREA Training, 1-31-22
- MCI Florida-Specific: PREA Training, 2-8-22
- MCI Florida-Specific: PREA Training, 3-1-22

- MCI Florida-Specific: PREA Training, 3-8-22
- MCI Florida-Specific: PREA Training, 4-18-22a
- MCI Florida-Specific: PREA Training, 4-18-22b
- MCI Florida-Specific: PREA Training, 4-22-22
- MCI Florida-Specific: PREA Training, 4-25-22
- MCI Florida-Specific: PREA Training, 5-8-22
- MCI Florida-Specific: PREA Training, 5-9-22a
- MCI Florida-Specific: PREA Training, 5-9-22b
- MCI Florida-Specific: PREA Training, 5-12-22a
- MCI Florida-Specific: PREA Training, 5-12-22b
- MCI Florida-Specific: PREA Training, 5-14-22
- MCI Florida-Specific: PREA Training, 5-17-22a
- MCI Florida-Specific: PREA Training, 5-17-22b
- MCI Florida-Specific: PREA Training, 5-27-22
- MCI Florida-Specific: PREA Training, 5-31-22
- MCI Florida-Specific: PREA Training, 7-13-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Administrative (Human Resources Staff)
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The MCI provides medical and mental health services to incarcerated persons assigned to its facility. Policy (#602.053, #15.03.36) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human

Resource staff, MCI medical/mental health staff, as well as with the contracted SAFE/SANE Coordinator assigned to coordinate forensic medical services with the MCI, all confirm that staff have received trainings as required. A review of agency training records documents all 28 medical/mental health staff have participated in initial and/or continuing training requirements.

(B) In accordance agency policy and verified through interviews with MCI medical/mental health staff, medical staff at MCI do not conduct forensic medical examinations. Rather, as confirmed by contracted SAFE/SANE staff, all forensic exams are conducted at the facility by contracted SAFE/SANE staff of the Panhandle Forensic Nurse Specialist, Inc.

(C) A review of training records reflects that 100% of current 28 Medical and Mental Health staff assigned to the MCI have received specialized training appropriate for their professional roles.

(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The FDC has policies in place to ensure all MCI medical and mental health staff are furnished this training. MCI medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, contracted SAFE/SANE staff confirm that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the MCI meets the requirements of this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #601.209, Reception Process – Initial Classification, 4-5-22
- FDC Risk Assessment Screening Questions

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files for risk assessment information

Standard Subsections:

(A) Policy (#602.053, #601.209) requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. MCI Intake and Medical staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the agency, as well as the facility, are screened for sexual victimization and/or sexually abusive risk factors on the same day that inmates are received into the agency or facility. A demonstration of the screening process was observed by the auditor while at the facility. As well, Intake staff explained the facility reception, PREA awareness information, and risk assessment process in great detail.

(B) Policy (#602.053, #601.209) requires that the screenings should occur within 72 hours after arrival. In speaking with MCI Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility.

Per the MCI PREA Compliance Manager, in accordance with agency policy, of the 1,061 inmates entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment is conducted using an objective screening instrument. A review of the 13-question survey provided to inmates does not present itself with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screening demonstration that was observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, as well as an inmate's risk of sexual abusiveness, the inmate is asked a series of questions. At the subsequent assessment, to determine an inmate's risk of sexual victimization, an inmate is asked thirteen questions. To determine an inmate's risk of sexual abusiveness, as well as an inmate's risk of sexual abusiveness, the inmate is again questioned using this objective screening instrument.

(D) The PREA assessment process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. Risk screeners are allowed to enter their subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, the majority of inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the MCI. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms completed within the auditing time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake and Medical staff both confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy (#602.053, #601.209) requires that within 30 days of the inmate's arrival within the FDC, or at a facility, the inmate will be reassessed using the Department's sexual victimization/abusiveness screening tool. Within the audit time frame, 100% of the 857 inmates with a length of stay in the MCI for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the MCI. In speaking with MCI Unit Management staff, their adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.

(G) Policy (#602.053) allows that employees may make a mental health referral based on their observations of the inmate's behavior or at the inmate's request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct. Both the MCI PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required.

(H) Policy (#602.053) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake, Medical, and the PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions. None of the inmates interviewed stated that they had received any disciplinary sanctions for ever having failed or refused to answer intake/screening questions.

(I) Policy (#602.053) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The PREA Compliance Manager, Unit Managers, and other operative staff associated with PREA assessment forms affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials to access said documents within the FDC electronic data base.

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective PREA assessment forms, which are administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by policy, to include if new information is discovered by facility staff that might warrant changes in inmates' risk status. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the MCI. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering PREA assessment forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the MCI has satisfied the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- MCI Transgender/Intersex Shower Determination, 8-4-22a
- MCI Transgender/Intersex Shower Determination, 8-4-22b
- MCI Transgender/Intersex Shower Determination, 8-4-22c
- MCI Transgender/Intersex Shower Determination, 8-4-22d
- MCI Transgender/Intersex Shower Determination, 8-4-22e
- MCI Transgender/Intersex Shower Determination, 10-5-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (#602.053) requires that the agency use information from the PREA assessment form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA assessment form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (#602.053) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the MCI PREA Compliance Manager, and the MCI Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the MCI, most stated that their own opinions regarding their personal safety are considered by MCI staff when providing housing or job assignments. Inmates further stated that if their concerns for their own safety changed, many believed that most MCI staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (#602.053) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (#602.053) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the PREA Coordinator, the MCI PREA Compliance Manager, and the MCI Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (#602.053) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, MCI Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the MCI PREA Compliance Manager and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (#602.053) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, MCI staff and the MCI PREA Compliance Manager affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed MCI staff would consider their own views with respect to their own safety.

(F) Policy (#602.053) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with MCI random staff, the existence of alternative shower times for transgender and intersex inmates was affirmed. Specifically, MCI correctional staff stated that upon notification from a transgender inmate, staff would then allow said inmate access to the shower during Count times, when the showers are otherwise closed to all inmates. This would be done to ensure transgender inmates are provided privacy in showering. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population.

(G) There aren't any correctional facilities within the FDC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (#602.053) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the MCI PREA Compliance Manager, and the MCI Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the MCI, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the MCI does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely

on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The FDC has numerous policies in place to ensure the most effective and secure use of the PREA assessment form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the MCI PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The MCI PREA Compliance Manager, as well as all other MCI staff, affirm their adherence to agency policies and also confirm that the inmate's own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted alternative shower times to the general population. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and MCI adheres to, the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-602.204, Searches of Inmates
- Florida Administrative Code, Chapter 33-602.220, Administrative Confinement
- Florida Administrative Code, Chapter 33-602.221, Protective Management
- MCI Memo, PREA Standard 115.43(e), Protective Custody, 8-29-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Involuntary Segregated Housing Unit

Standard Subsections:

(A) Policy (#602.053) mandates that agency staff shall refrain from placing inmates at high risk for sexual victimization within "involuntary segregation unless an assessment of all available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers." In speaking with the MCI PREA Compliance Manager and the MCI Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that MCI utilizes any form of involuntary segregated housing as a primary means of separation for investigatory purposes. As such, there was not any relevant documentation to review.

(B) In speaking with the MCI PREA Compliance Manager and MCI Warden, it was noted that the MCI has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate's access to programs, privileges, education, and work

opportunities only to the least extent possible. Specifically, efforts would be made to ensure such inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (#602.053) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but will not ordinarily exceed 30 days. In speaking with the MCI PREA Compliance Manager and the MCI Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(D) Policy (#602.053) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the MCI PREA Compliance Manager and the MCI Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

(E) Policy (#602.053) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the MCI PREA Compliance Manager and the MCI Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary segregated housing is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the MCI PREA Compliance Manager and the MCI Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there was not any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to such housing within the audit time frame. As such, the MCI has satisfied all component parts of this standard and found to have met its provisions.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-103.006, Formal Grievance – Institution or Facility Level
- Florida Department of Corrections Sexual Abuse Awareness, N11-120, English, 9-10-21
- Florida Department of Corrections Sexual Abuse Awareness, N11-120, Spanish, 9-10-21
- Florida Department of Corrections Zero Tolerance, N11-132, English, 6-15-21
- Florida Department of Corrections Zero Tolerance, N11-132, Spanish, 6-15-21
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, English, 3-22-22
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, Spanish, 6-8-22
- Florida Department of Corrections PREA Training, FY 2021-2022
- Florida Department of Corrections, Employee Handbook, July 2018
- Gulf Coast Children’s Advocacy Center, Inc., Contract #C2978, 2-18-20
- MCI Incident Report, 7-1-22
- MCI Incident Report, 7-14-22
- MCI Incident Report, 8-12-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed facility-based documentation related to inmate reports of sexual abuse and sexual harassment, to include documented Inmate Grievance Referrals and Office of Inspector General investigations
- Reviewed documentation related to third-party reports of alleged sexual abuse and sexual harassment
- Tested the TIPS Hotline (*8477)

- Tested the Gulf Coast Children's Advocacy Center Hotline (*8466)
- Tested Another Way PREA Hotline (*8499)
- Observed a PREA Risk Screening assessments
- Observed multiple informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed PREA informational video discussing various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed numerous PREA educational and reporting references available for inmate use on inmate tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the FDC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an FDC Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(a) As noted in policy (#602.053), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Coordinator. This contact information is also readily available for the families of inmates during onsite visitation, as well as publicly posted on the agency's website. Inmates are provided phone numbers to the PREA Hotline, which is an outside agency hot line (Gulf Coast Children's Advocacy Center), Internal Affairs, and a victims' advocacy group offering emotional support to survivors of sexual abuse (Another Way, Inc.). These calls are confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. Though the FDC does not detain inmates solely for civil immigration purposes, a list of all diplomatic consulars, as well as their contact information, is still available to all inmates in the facility Law Library. As well, The Rights of Prisoners, 5th Ed., which contains detailed information specific to the PREA Standards, is available for inmate review within MCI, as well as all other Florida DOC facility Law Libraries.

(B) Per policy (#602.053), random staff affirmed that they would accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner that they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. Most inmates interviewed stated that they believed MCI staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(C) Per policy (#602.053), staff have an affirmative duty to report any knowledge, suspicion, or information they may have

regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by speaking with supervisory staff or by completing an Incident Report, marking it as confidential, and submitting it directly to a shift supervisor, unit administration, or Security Operation's PREA Coordinator. When asked, staff were generally aware that they could make anonymous reports of sexual abuse and sexual harassment through either through this method or with alternative methods of reporting.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents can report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. Most inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the MCI has exceeded the requirements of this this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-103.005, Informational Grievance
- Florida Administrative Code, Chapter 33-103.006, Formal Grievance – Institution or Facility Level
- Florida Administrative Code, Chapter 33-103.011, Time Frames for Inmate Grievances
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, English, 3-22-22
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, Spanish, 6-8-22

Interviews:

- MCI Facility Warden
- MCI PREA Compliance Manager
- MCI Grievance Staff
- Investigative Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed two inmate grievances received by Grievance Staff/Institution Investigator

Standard Subsections:

(A) The FDC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (#602.053) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. There is no time limit for inmates to file such grievances. As well, "inmates filing grievances alleging sexual abuse shall not be instructed to file the grievance to the individual(s) who are the subjects(s) of the complaint" (Admin Code, Chapter 33-103.006).

(C) In accordance to agency policy, grievances involving allegations of sexual abuse or sexual harassment "shall not be referred to the subject(s) of the complaint" (Admin Code, Chapter 33-103.006). Inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. As well, any such investigation will not be referred to the staff member who is the subject of the complaint.

(D) Policy (Administrative Code, Chapter 33-103.011) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within twenty (20) calendar days of the initial filing. If twenty (20) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days (Administrative Code, Chapter 33-103.006). The inmate shall be notified in writing of such extension.

(E) Policy (Administrative Code, Chapter 33-103.006) allows a third party to file a complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf. Per the PREA Compliance Manager, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented. During the audit time frame, the MCI did not receive any third-party grievances filed on behalf of inmates.

(F) Policy (Administrative Code, Chapter 33-103.006) allows an inmate to “file an emergency grievance if they believe they are subject to a substantial risk of imminent sexual abuse.” Upon receipt, the “institution must take immediate corrective action...provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from the receipt of the grievance” (Administrative Code, Chapter 33-103.006). During the audit time frame, MCI received two grievances regarding allegations of sexual abuse and sexual harassment. Both grievances were processed, with a final agency decision being issued within 5 days.

(G) Policy (#602.053) does require that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident. As such, MCI may only discipline an inmate if “it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report” (#602.053).

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. Policy permits inmates to submit grievances alleging sexual abuse and sexual harassment. There is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse. As well, inmates are not required to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse. Once received, the Inmate Grievance Coordinator will forward allegations of sexual abuse or sexual harassment to the institutional investigation for coordinated processing. While staff strive to achieve a five-day response to these allegations, policy allows twenty calendar days from the initial filing to provide a disposition. During the audit time frame, MCI received two grievances regarding allegations of sexual abuse and sexual harassment. These grievances were all processed, with a final agency decision being issued within 5 days. As such, the MCI has clearly met all components of this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, English, 3-22-22
- Florida Department of Corrections Inmate Orientation Handbook, N11-091, Spanish, 6-8-22
- Florida Department of Corrections Sexual Abuse Awareness, N11-120, English, 9-10-21
- Florida Department of Corrections Sexual Abuse Awareness, N11-120, Spanish, 9-10-21
- Florida Department of Corrections Zero Tolerance, N11-132, English, 6-15-21
- Florida Department of Corrections Zero Tolerance, N11-132, Spanish, 6-15-21
- FDC Sexual Abuse Awareness Training, English, 9-10-21
- FDC Sexual Abuse Awareness Training, Spanish, 9-10-21
- FDC Sexual Abuse Awareness Training, Chinese, 9-10-21
- FDC Sexual Abuse Awareness Training, Russian, 9-10-21
- FDC Sexual Abuse Awareness Training, Portuguese, 9-10-21
- FDC Sexual Abuse Awareness Training, Creole, 9-10-21
- FDC Sexual Abuse Awareness Training, German, 9-10-21
- FDC Sexual Abuse Awareness Training, French, 9-10-21
- FDC MOU with Another Way, Inc., Contract #C2974, 7-15-20

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Medical and Mental Health Staff
- MCI Mailroom Staff
- Rape Crisis Center Advocacy Staff
- Just Detention International
- SANE/SAFE Contracted Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Tested the Gulf Coast Children's Advocacy Center Hotline (*8466)
- Tested Another Way PREA Hotline (*8499)
- Observed multiple informational posters throughout the facility discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed PREA informational video discussing inmate access to outside confidential support services for victims of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references providing inmate contact access to outside confidential support services for victims of sexual abuse and sexual harassment available for inmate use on inmate tablets and within the facility Law Library.
- Observed visitation area designated for members of an approved victim advocate service
- Reviewed agency website for PREA related information and available services

Standard Subsections:

(A) Policy (#602.053) requires that MCI shall provide inmates with access to a "victim advocate (to be) present during the forensic examination and/or the investigative interview, if s/he chooses." Additionally, inmates are provided contact information 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. Via institutional awareness posters, inmates are provided the physical address to write for confidential emotional support services. As well, the Law Library contains a listing of contact information for Rape Crisis Centers in the local area, as well as national program platforms. Policy (#602.053) also allows that phone communication between inmates and advocates within these rape crisis centers is as confidential as possible. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing legal correspondence. When interviewed, the majority of inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility. The MCI does not house persons detained solely for civil immigration purposes or for immigrant service agencies.

(B) Per policy (#602.053) inmates are notified that "staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions." Furthermore, inmates are informed that not all calls made to rape advocacy centers would be recorded.

(C) The MCI has negotiated a contract between itself and Another Way, Inc., as well as Gulf Coast Children's Advocacy Center, to help provide rape crisis support services as requested by inmates assigned to the MCI. The MCI does maintain, and did supply, facility-based contracts for review. As well, the agency also provides inmates with contact information for Just Detention International, a national database of advocacy resources. During the on-site review, the auditor did test the rape crisis center hotlines to ensure their functionality. The auditor also tested the online reporting option via the FDC agency phone number and through its website. All avenues appropriately responded to the test submissions and proved to be valuable reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the MCI have access to outside confidential rape crisis support services

and that access is provided in the most confidential manner as possible. Inmates assigned to the MCI are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that communications between inmates and advocates within rape crisis centers is as confidential as possible. The MCI has secured a memorandum of understanding with two rape crisis support services; namely Gulf Coast Children Advocacy Center and Another Way, Inc. When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, many inmates knew that they could initiate access to those services by contacting the rape crisis centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the FDC Inmate Handbooks. As well, rape crisis center contact information is readily available within the Law Library and continuously available via inmate tablets. As such, the MCI has exceeded the minimum standards of this provision.

115.54 Third-party reporting

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Website Third-Party Complaint Form
- FDC, DC1-303, Request for Administrative Remedy or Appeal Form, 11/13

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- External Reporting Entities
- Random Inmates

Site Review Observations:

- Reviewed FDC website specific to PREA and third-party reporting methods
- Tested FDC online third-party reporting system
- Tested MCI facility-based PREA Hotline
- Tested MCI facility-based TIPS Hotline
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (#602.053) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. As noted on the website, the agency's Prison Tips Line allows members of the public to place a third-party report by calling a toll-free number. As well, the agency allows the general public to submit a third-party report directly to the Office of Inspector General by completing an online form. To verify the online third-party system was operational, the

auditor submitted a test email to the agency's online reporting address. To verify the facility-based PREA hotline was operational, a test call was submitted using one of the phones available to inmates in their housing areas. Additionally, test calls were submitted to the number provided inmates for an outside statewide reporting entity, as well as the local facility-based rape crisis center advocacy group. All methods of contact were found functional and received an agency-based response within a reasonable time frame. During facility interviews, all staff confirmed that the MCI would accept third-party reports of sexual abuse. As well, most inmates believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. The facility has exceeded this standard by providing multiple avenues for third-party reporting. In accordance to policy (#602.053), the MCI promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the FDC website, all electronic links to PREA information, resources, and support services were tested and found to be operating as required. To ensure the functionality of the FDC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses, and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the MCI provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. As well, the agency provides inmates with a phone number directly to the Office of Inspector General in order to lodge PREA complaints. To ensure the functionality of these systems, test calls were successfully placed. As well, inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. Most inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is institutionalized across staff and inmate cultures, the MCI clearly exceeds the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Statutes, #794.027, Duty to report sexual battery; penalties, 2021
- Florida Statutes, #944.35, Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required; penalties
- FDC Procedure #602.008, Incident Reports – Institutions, 1-12-21
- FDC PREA Training Curriculum, FY 2021-2022
- MCI PREA Training Matrix, FY 2021-2022

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (FDC #602.053) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. In this, staff are required to complete a DC6-210 form “regarding any incident or allegation of an incident involving sexual battery or sexual harassment of an inmate” (FDC #602.008). As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all MCI staff had received PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all random staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) During random staff interviews, staff consistently reported their training included protecting the privacy of sexual abuse and sexual harassment victims. In this, it was noted that staff should not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation and other security and management decision. Hence, during interviews, random staff noted that they would share reported information only with authorized staff. As such, random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the MCI PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was clearly explained.

(C) Policy (#602.053) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. Specifically, policy (#602.053) notes if that medical and mental health staff “gain knowledge of sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment that did not occur in an institutional setting they shall obtain informed consent from the inmate before reporting the information, unless the inmates under the age of eighteen (18).” During medical/mental health services staff interviews, the need for medical staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the MCI are legally classified as adults. However, agency staff do still note that for offenders under the age of 18, who claim to be victims of sexual abuse, the agency would report the allegations to the Florida Department of Children and Families.

(E) Policy (#602.053) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility-based Institutional Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations. Facility-based investigatory staff further confirmed their responsibility in investigating and responding to such allegations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. Both agency and facility policies mandate staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing MCI medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the MCI meets the provisions established within this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Review of inmate protection procedures
- Review of retaliation monitoring procedures

Standard Subsections:

(A) Per policy (#602.053), when the MCI learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. In speaking with the MCI PREA Compliance Manager, MCI Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. As the MCI did not find any evidence within the audit time frame that any inmates assigned to the facility were at a substantial risk of sexual abuse, the facility has no documentation for review. Likewise, no protective actions were required.

Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (#602.053) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the MCI did not receive any reports from inmates who were at a substantial risk of sexual abuse. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff provided a more technical and inclusive response than random staff, they too, were centrally focused on protecting the inmate. Hence, the MCI has clearly realized the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- GCI Notification Email to MCI, 7-17-22

Interviews:

- Agency Head
- FDC PREA Compliance Coordinator
- MCI Facility Warden
- MCI PREA Compliance Manager

Site Review Observations:

- Review of facility-to-facility referral process

Standard Subsections:

(A) FDC policy (#602.053) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of Documents for the past twelve months reflects that there were two such referrals made by the MCI and one such referrals made to the MCI.

(B) Per FDC policy (#602.053), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The MCI Warden confirmed that all notices, if received from inmates, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours.

(C) The MCI documents this notification through the use of an incident investigation report; namely a DC6-210 form, in accordance to policy (#602.053). To expedite communication, the incident investigation report is then transferred between facilities via email.

(D) Upon receipt of said allegations, policy (#602.053) requires that the "receiving institution, where the allegation is reported, will be responsible for contacting EAC, completing a DC6-210, and entering the appropriate information into MINS for appropriate handling." The MCI Warden confirmed that all notices, if received from other institutions, would be subsequently processed in accordance to agency policy.

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the last 12 months, the MCI has received one incoming allegation of sexual abuse and sexual harassment from an inmate who reported such at another FDC location. Within the last 12 months, the MCI has submitted two outgoing allegations of sexual harassment from inmates who reported said allegations once they were reassigned to the MCI. Documentation related to these reports was reviewed to ensure appropriate notification was provided to each respective warden's office. In doing so, it was noted that agency policy, staff comments, and collaborative referral processes all reflect that the MCI has satisfied the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #602.008, Incident Reports – Institutions, 1-12-21
- FDC PREA Training Curriculum, FY 2021-2022
- MCI PREA Training Matrix, FY 2021-2022

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigative case files

Standard Subsections:

(A) FDC policy (#602.053) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing staff who could serve as MCI security first-responders, their actions taken would consistent with policy. Within the past twelve months, MCI has received 15 allegations from inmates who claim to have been victims of sexual abuse. However, none of these allegations were presented within a time frame that would have still allowed for the collection of physical evidence.

(B) FDC Policy (#602.053) requires that non-security first responders are to “request that the alleged victim not take actions that could destroy physical evidence, and then notify security staff.” Of the 15 reported sexual abuse allegations, there were

no instances of non-security staff being the first responder. Nonetheless, all non-security staff interviewed regarding such were still very much aware of their responsibility to immediately notify security staff and to request that the alleged victim not take any actions that might compromise physical evidence.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all random staff interviewed absolutely articulated that point. Most staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of the employee training matrix and class curriculums regarding evidence collection reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- MCI PREA Coordinated Response, 7-25-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical and Mental Health Staff
- SANE/SAFE Contracted Staff
- Random Staff

Site Review Observations:

- Review of agency policies
- Review of departmental level facility processes

Standard Subsections:

- The MCI has developed a written institutional plan; namely, the MCI PREA Coordinated Response, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the MCI implemented a unit-based policy (the MCI PREA Coordinated Response) that details the coordinated response plan to an incident of inmate sexual abuse and sexual harassment. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the way those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As such, the MCI has met the provisions within this standard.

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- The State of Florida and the Florida Police Benevolent Association Law Enforcement Bargaining Unit, 6-30-23

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (#602.053), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the State of Florida and the various associations ensure that the FDC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(B) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (#602.053) allows for employees to be transferred or otherwise removed from specific duties pending the outcome of a sexual abuse or sexual harassment investigations. In speaking with investigative staff and the MCI Warden, the process of suspending or separating employees from their duties as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the FDC; more specifically, the MCI unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the MCI has satisfactorily met all provisions within this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-208.003, Range of Disciplinary Actions
- MCI PREA Retaliation Review, 5-11-22
- MCI PREA Retaliation Review, 5-31-22
- MCI PREA Retaliation Review, 6-10-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed retaliation monitoring logs associated with sexual abuse/sexual harassment case files.

Standard Subsections:

(A) Policy (#602.053) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. During random interviews, it was noted that staff would take immediate action to protect inmates who are in substantial risk of imminent sexual abuse. Staff noted that they also would take any necessary action to protect inmates who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

(B) In speaking with the MCI PREA Compliance Manager, it was noted that the institution would 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 and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. In speaking with the facility's retaliation monitor, it was noted that continual observation, as well as routine conversations with affected inmates, helps to detect if any changes have occurred within an inmate's correctional condition once a report of sexual abuse/sexual harassment has been made. If retaliation is suspected,

it was noted that immediate action would be taken to remedy the perceived injustice.

(C) Per policy (#602.053), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of "inmates and/or staff who report sexual abuse... for retaliation for at least 90 days, with at least three contact status checks to occur with the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation. Conduct, including a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments, and demeanor will be reviewed along with the periodic status checks." It should be noted that during the audit time frame, there were not any instances of retaliation occurring at the facility level.

(D) Per the facility PCM, in the case of inmates, the facility has designated trained staff to monitor alleged victims, and such monitoring does include periodic in-person status checks. A review of case files indicates that periodic in-person status checks are conducted in accordance to agency policy.

(E) Per the facility PCM, if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. FDC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with inmates, none noted that they had ever experienced retaliation for participating in a PREA related facility investigation. Both the MCI PREA Compliance Manager and the MCI retaliation monitor provided detailed explanations of the monitoring process. The auditor also observed the monitoring system currently in place at the MCI. Given the totality of the policies provided, staff knowledge regarding the process, and review of the MCI monitoring process, the MCI has met the basic provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-602.220, Administrative Confinement
- Florida Administrative Code, Chapter 33-602.221, Protective Management

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates

Site Review Observations:

- Observed segregated housing

Standard Subsections:

(A) Policy (#602.053) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. If placed in protective management, "the treatment of inmates in protective management shall be as near that of inmates in general population as the individual inmate's safety and security concerns permit" (Florida Administrative Code, Chapter 33-602.221). Inmates assigned to involuntary segregated housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged. "When the SCO (Senior Classification Officer) determines that protective management is appropriate for an inmate, the inmate shall be reviewed by the housing supervisor to assess the inmate's potential risk to or from other inmates in the unit... The ICT shall review inmates in protective management every week for the first 60 days, with the goal of returning the inmate to general population as soon as the facts of the case indicate that this can be done safely" (Florida Administrative Code, Chapter 33-602.221). Within the past twelve months, the MCI has not placed any inmates who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns.

Rather, as explained by the MCI PREA Compliance Manager, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, MCI administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the MCI Warden and the MCI PREA Compliance Manager did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the MCI has satisfied the requirements of this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Statutes, #944.31, Inspector general; inspectors; power and duties, 2021
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

(A) Policy (#108.015) requires that when the agency conducts criminal or administrative investigations of sexual abuse and/or sexual harassment of an inmate, the investigation should be conducted promptly and thoroughly, and should be continued until a determination of substantiated, unsubstantiated, or unfounded can be made.

(B) Policy (#602.053) requires that all staff responsible for conducting sexual battery investigations received specialized training related to PREA. In speaking with agency investigators, it was noted that all investigators have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the MCI PREA Compliance Manager and the MCI Institutional Investigators, said staff confirmed participation in related courses, to include NIC's Investigating Sexual Abuse in a Confinement Setting. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) As noted by facility investigators, the agency requires staff to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations. It was further noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed. In short, per agency policy, investigators are required to gather and preserve all direct and circumstantial evidence related to the allegations.

(D) Policy (#108.015) requires that “any inspector conducting a criminal investigation and questioning a suspect shall at all times follow the directives of Miranda.” In speaking with the facility investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) In speaking with investigative staff, it was noted that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual’s status as an inmate or staff member. Investigators further noted that the use of a polygraph test or other truth-telling device cannot be used as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person’s status as an inmate, staff member, contractor, volunteer, or other facility connection. Within the audit time frame, there were no instances of MCI investigators employing the use of any polygraph or other truth telling devices as a prerequisite function of PREA investigations.

(F) Policy (#108.015) requires that “during investigation into any PREA allegations, Inspectors shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures.” A review of investigatory files maintained by the MCI PREA Compliance Manager provided detailed written reports of both the allegations and subsequent investigations.

(G) Investigatory staff noted that that all administrative and criminal investigations are documented in written reports. As a function on that documentation, such reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of investigatory files maintained by the PREA Compliance Manager and/or Institutional Investigator did provide detailed written reports of both the allegations and subsequent investigations.

(H) As noted by the Institutional Investigator, and required by policy, substantiated allegations of sexual abuse shall be referred for prosecution. During the audit time frame, the MCI has not substantiated any allegations of sexual abuse that were later accepted by the district attorney for subsequent prosecution.

(I) Policy (#108.015) requires that “the agency shall retain all administrative and criminal investigative reports, pursuant to a sexual battery investigation, as long as the alleged suspect is incarcerated, supervised, or employed by the agency, plus five years.” In speaking with the Institutional Investigator, this retention process was thoroughly detailed. Furthermore, the agency shall retain all written reports “with a stamp or marker that reads: ‘Sex crime: Retain for beyond normal periods in accordance with Prison Rape: Prevention, Detection, and Response, Procedure 602.053.’”

(J) As noted by facility investigators, the departure of the alleged abuser or victim from employment or control of the facility or department does justify terminating an investigation. Rather, all investigations must be completed through their natural termination processes.

(K) The auditor is not required to audit this provision.

(L) As noted by facility investigators, if outside agencies were to conduct investigations into instances of sexual abuse and sexual harassment, facility staff would cooperate with these outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the MCI PREA Compliance Manager and the MCI Institutional Investigator, it was also noted that the facility investigator and any outside agencies would strive to maintain a professional relationship that would allow for the general use of routine communication to remain informed about the progress of any investigation. This would subsequently ensure that MCI staff remained informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

The Office of Inspector General (OIG) operates as the law enforcement branch inside of the FDC. As such, the FDC conducts all administrative investigations for allegations of sexual abuse and sexual harassment while the OIG conducts all criminal investigations for allegations of sexual abuse and sexual harassment. To work as a criminal investigator within the FDC, personnel must have law enforcement credentials. As well, to perform administrative investigations, FDC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. OIG staff do have the authority to investigate criminal cases within the FDC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. OIG officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, OIG officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with FDC administrative investigative staff and OIG staff, MCI staff work collaboratively with OIG in order to facilitate communication between the two components of the agency's investigative branch. Accordingly, the MCI has met the requirements of this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC OIG Directive #2.005, Investigations – Other, 3-11-20

Interviews:

- MCI Facility Warden
- MCI PREA Compliance Manager
- Investigative Staff

Site Review Observations:

- Review of investigatory case files

Standard Subsections:

(A) Policy (#2.005) requires that the evidence needed to determine whether an allegation of sexual abuse and/or sexual harassment is substantiated shall be no higher than a preponderance of the evidence. It is further noted that preponderance of evidence is defined as “the greater weight of evidence, not necessarily established by the greater number of witnesses testifying to a fact, but by evidence that has the most convincing force; superior evidentiary weight that although not sufficient to free the mind wholly from all reasonable doubt, remains sufficient to incline a fair and impartial mind to one side of the issue rather than the other; evidence which indicates the behavior, action, or incident more likely occurred than did not” (#2.005). In speaking with facility investigators, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment investigations within the prison setting. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

Agency policy requires that the FDC establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse and sexual harassment are substantiated. When interviewed, the MCI PREA Compliance Manager and MCI Institutional Investigators confirmed that standard of proof to be slightly more than half. An onsite review of case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. With this, the MCI has satisfied all material provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18
- Florida Statutes, Chapter 944.31, Inspector general; inspectors; power and duties, 2021
- OIG Complaint Review Report, 3-17-21
- OIG Complaint Review Report, 6-29-22
- OIG Complaint Review Report, 1-13-22
- OIG Complaint Review Report, 2-23-22
- OIG Investigative Activity Report, Unsubstantiated, 11-18-21
- OIG Investigative Activity Report, Unsubstantiated, 3-1-22
- Inmate Notification (PREA) Staff Allegation, 9-1-21
- Inmate Notification (PREA) Staff Allegation, 3-4-22
- Inmate Notification (PREA), 12-14-21

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of ten investigative case files

Standard Subsections:

(A) Policy (#108.015) requires that "victims of any sexual battery shall be permitted to review the final report and provide a statement as to the accuracy prior to it being finalized." It is further noted that "upon completion of this investigation (administrative investigation), the institution will also be responsible for notifying the inmate(s) regarding the outcome of the investigation" (#602.053). Within the audit time frame, MCI has conducted 15 criminal and/or administrative investigations of alleged inmate sexual abuse. Of those closed investigations, all inmates have since been notified, in writing, of the investigation results.

(B) Within the audit time frame, there have not been any investigations of alleged sexual abuse occurring at the MCI completed by an outside agency. However, per investigative staff, agency policy does require that where allegations are referred for criminal investigation to an outside agency, facility staff will follow the case until it is determined to be substantiated, unsubstantiated, or unfounded.

(C) Policy (#602.053) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate whenever the staff member is no longer:

- o Assigned to the facility; or
- o Employed with the Department

(D) Policy (#602.053) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- o Indicted on a charge related to sexual abuse or
- o Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse.

(E) Policy (#108.015) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the MCI PREA Compliance Manager and with the MCI Institutional Investigators confirm adherence to said policy. As well, a review of documented notifications support said adherence.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires MCI staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The MCI staff conduct all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by OIG staff, facility staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claims against agency staff, receives notification upon a that employee being assigned to another facility or having discharged from the agency. Lastly, policy requires these notifications to be documented. Within the previous 12 months, MCI staff have provided notifications as required on all such investigations. All notifications to MCI inmates were provided in written format. Documentation reflecting proper notifications was reviewed and found to be within policy. As such, the MCI is operating in accordance with all parts of this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #208.039, Employee Counseling and Discipline, 5-11-22
- FDC Procedure #108.015, Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations, 2-22-18
- Florida Administrative Code, Chapter 33-208.003, Range of Disciplinary Actions
- Florida Statutes, #944.35, Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required; penalties
- Department of Management Services, Chapter 60L-40.001, Sexual Harassment, 4-18-19

Interviews:

- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Random Staff

Site Review Observations:

- Review of ten case files

Standard Subsections:

(A) Florida Statutes and FDC Policy (#208.039) clearly advise staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating FDC sexual misconduct policies. Interviews with the MCI PREA Compliance Manager, MCI Facility Warden, and the MCI Institutional Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) Florida Statutes and FDC Policy (#208.039) continue by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. In the past twelve months, there has not been any MCI staff who have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) Florida Statutes and FDC Policy (#944.35) stipulate disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable

offenses by other staff with similar histories. Again, interviews with the MCI PREA Compliance Manager, MCI Warden, and the MCI Institutional Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(D) Per the MCI PREA Compliance Manager, MCI Facility Warden, and the MCI Institutional Investigator, when the perpetrator is a medical or mental health professional, 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 will be reported to the Office of Inspector General, “unless determined by the OIG investigation not to be criminal, and to any relevant licensing bodies” (Policy #602.053).

Reasoning & Findings Statement:

These standards work to ensure that agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Florida has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that within the past 12 months, there have not been any staff members assigned to the MCI who have violated agency sexual abuse or sexual harassment policies. As such, no staff have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency’s zero tolerance policy. The MCI administration has satisfied the provisions of this standard.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #205.002, Contract Management, 4-5-22
- MCI Memo, Standard 115.77, 7-22-22

Interviews:

- Agency Contract Administrator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Investigative Staff
- Administrative (Human Resources Staff)
- Contractors Who May Have Contact with Inmates
- Volunteers Who May Have Contact with Inmates

Site Review Observations:

- Reviewed contractor/volunteer files

Standard Subsections:

(A) Policy (#602.053) advises “Contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless determined by the OIG investigation not to be criminal, and to any relevant licensing bodies.” During the audit time frame, the MCI has not been required to report any incidents of inappropriate conduct by contractors or volunteers to a relevant licensing board and/or to the OIG. Rather, interviews with volunteers and contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

(B) Policy (#602.053) advises contractors and volunteers that when cases of sexual abuse are substantiated against contractors or volunteers, the Department will prohibit those persons from further contact with inmates, as well as referring all criminal allegations to the OIG for possible prosecution.

Reasoning & Findings Statement:

Policy expressly states that contactors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Over the past twelve months, the MCI has not found any contractors or volunteers to have engaged in inappropriate relations with inmates. Interviews with volunteers and contractors reflect that the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and MCI is in compliance with such.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- Florida Administrative Code, Chapter 33-601.301, Inmate Discipline – General Policy
- Florida Administrative Code, Chapter 33-601.314, Rules of Prohibited Conduct and Penalties for Infractions
- Florida Administrative Code, Chapter 33-601.800, Close Management
- MCI Charging Disciplinary Report, 5-27-22
- MCI Charging Disciplinary Report, 5-8-22

Interviews:

- MCI Facility Warden
- MCI PREA Compliance Manager
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Review of disciplinary processes and sanctions

Standard Subsections:

(A) Policy (#602.053) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the past twelve months, the MCI has not had any administrative or criminal findings of inmate-on-inmate sexual abuse.

(B) Policy (#602.053) ensures that disciplinary sanctions imposed are 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. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (#602.053) does consider how an inmate's mental disabilities or mental illness contributed to his behavior.

(D) Per policy (#602.053), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined necessary by mental health services in consultation with inmate services.

(E) Per the MCI Investigational Investigator, the MCI will discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct.

(F) Per policy (#602.053), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations. Rather, only "when it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline" (#602.053).

(G) Per Florida statutes (Chapter 33-601.314), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as sexual battery or attempted sexual battery.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The MCI uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the last 12 months, the MCI has not processed any criminal or administrative disciplinary findings of inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, MCI is compliant with disciplinary standards as required under this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC DC4-642B, Mental Health Screening Evaluation form, 11-8-17
- MCI Nurse Protocol Visit, 8-15-22

Interviews:

- MCI PREA Compliance Manager
- Intake Staff
- Medical Staff
- Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Intake/Medical Screening Areas
- Review of Medical/Mental Health PREA Screening Forms
- Review of Mental Health/Medical referrals within investigative case files

Standard Subsections:

(A) Policy (#602.053) requires that upon arrival, all MCI inmates will be screened for sexual abuse risk factors. If the assessment indicates that the "inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening." In the past twelve months, 100% of inmates received at the MCI who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. Interviews with inmates who had experienced prior sexual victimization confirm the institutionalization of this practice. As well, a review of mental health referrals supports the institutionalization of this practice.

(B) Per policy (#602.053), persons with a history of being sexually abusive must be referred for mental health services within 14 days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. In the past twelve months, 100% of inmates received at the MCI who had previously perpetrated sexual abuse, as indicated during the screening process, were offered a follow-up meeting with a mental health practitioner. A review of mental health referrals supports the institutionalization of this practice.

(C) The MCI is not a jail.

(D) Per policy (#602.053) practitioners must report any sexual abuse that occurred in a correctional facility. "Any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local laws" (#602.053).

(E) Per policy (#602.053), and as noted by medical and mental health staff during the interview process, medical and mental health practitioners shall 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 years. "The informed consent shall be documented as received on a DC6-210" (#602.053).

Reasoning & Findings Statement:

Within the past 12 months, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a mental health practitioner. Within the past 12 months, the MCI has also referred 100% of inmates who had previously perpetrated sexual abuse, as indicated during risk screening, for a follow-up meeting with a mental health practitioner. As noted by medical and mental health staff, the MCI is providing routine and regular medical screens and health services in accordance to qualified medical and mental health assessments, as well as to policy. As observed during the Intake process, these assessments occur as a required function of facility admittance. Documentation specific to the PREA assessment form for medical and mental health staff reflects the use of the screening tool to determine appropriate housing and medical/mental health needs. As such, the facility is meeting all provisions as established within this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC Procedure #401.010, Co-Payment Requirements for Inmate Medical Encounter, 4-21-22
- MCI Staff Request/Referral, 6-30-22
- MCI Nurse Visit, Alleged Sexual Battery Protocol, 2-10-22
- MCI Nurse Visit, Alleged Sexual Battery Protocol, 3-11-22
- MCI Nurse Visit, Alleged Sexual Battery Protocol, 7-1-22

Interviews:

- MCI PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- SANE/SAFE Contracted Staff
- Security Staff and/or Non-Security Staff Who Have Acted as First Responders
- Random Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Form
- Review 10 investigative case files

Standard Subsections:

(A) Policy (#602.053) requires that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and mental health services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with agency policy. In speaking with medical and mental health staff, adherence to policy was confirmed. Inmates who had previously made allegations of sexual abuse or sexual harassment also confirmed that they had received medical/mental health treatment in a timely manner.

(B) During interviews with first responders, as well as random security staff, all personnel recognized with immediacy the

need to notify medical staff of any sexual abuse allegations. In speaking with medical and mental health staff, 24-hour availability of qualified medical practitioners was affirmed. A review of facility documentation supports that qualified medical staff are available, and do respond, to emergency medical needs 24 hours per day.

(C) Policy (#602.053) requires that victims of recent sexual assault are referred for forensic exams for relevant treatment and the gathering of evidence. As noted during the SAFE/SANE contracted nurse coordinator interview, all persons receiving forensic exams are provided prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases as appropriate. In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical treatment, appropriate for their specific situations, in a timely manner.

(D) FDC policies note that the normal cost of medical services will be waived in relation to “a Prison Rape Elimination Act (PREA) incident involving sexual abuse or sexual battery” (#401.010) “regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident” (#602.053). In speaking with medical staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all of the provisions within this standard. Policy allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate’s course of treatment; specifically, what is medically indicated based on forensic evidence collection needs or physical trauma. Inmate interviews further acknowledge that inmates are provided appropriate medical/mental health treatment specific to individual medical needs. Lastly, documentation reflecting access to medical and mental health care was reviewed. In examining the totality of the information provided, the MCI has met the minimum provisions of this standard via emergency (24-hour) access to qualified medical staff.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- FDC OHS Bulletin #15.03.36, Post Sexual Battery Medical Action, 10-2-20
- FDC Procedure #401.010, Co-Payment Requirements for Inmate Medical Encounter, 4-21-22

Interviews:

- MCI PREA Compliance Manager
- Medical Staff
- Mental Health Staff
- SAFE/SANE Contracted Staff
- Inmates Who Reported Sexual Abuse
- Inmates Who Reported Prior Sexual Victimization

Site Review Observations:

- Observed Medical/Mental Health Departments
- Review of Medical/Mental Health PREA Assessment Forms
- Review of 10 investigative case files

Standard Subsections:

(A) Policy (#602.053) requires that all allegations of sexual victimization must be evaluated by medical and medical health staff. "As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody" (#602.053). In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were previously receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (#602.053), the FDC will provide continuing mental health services to inmates throughout their assignment to the FDC and even upon their release from the agency.

(C) Policy (#602.053) requires that all victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirmed the facility's adherence to said policy.

(D) Policy (#602.053) notes that "inmate victims of vaginal penetration during the inmate's incarceration shall be offered pregnancy tests and, if pregnancy results, such victim will receive timely and comprehensive information about, and timely access to, all pregnancy-related medical services." However, it should be noted that the MCI does not house female inmates or currently house any transgender men. As such, emergency contraception is not a medically necessary at this time.

(E) In speaking with medical staff, it was noted that should pregnancy results from sexual assault, victims would be offered timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. However, it should be noted that the MCI does not house female inmates or currently house any transgender men. As such, information about the timely access to all lawful pregnancy-related medical services is not a medically necessary at this time.

(F) Policy (#15.03.36) requires that when medically appropriate prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims. In speaking with medical staff, contracted SAFE/SANE staff, and inmates who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

(G) Policy (#602.053) notes that treatment services for sexual abuse will be provided "regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident." In speaking with medical and mental health staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical or mental health treatment for allegations of sexual abuse also confirmed that they were not charged a co-payment fee for said services.

(H) Policy (#602.053) requires that "a mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history, and, as appropriate, the abuser will be offered treatment." In speaking with mental health staff, it was noted that while agency policy allows for 60 days to evaluate abusers, to help ensure the safekeeping of all inmates; known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The MCI offers qualified and coordinated medical and mental health care regardless of an inmate's ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the FDC system and can be coordinated with community care upon the inmate being released from the FDC. The medical and mental health services provided are consistent with the community level of care. Additionally, as noted by medical and mental health staff, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the MCI Medical and Mental Health Departments have collectively exceeded the provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- OIG Administrative Investigation, 3-1-22
- OIG Summary of Investigative Activity, 5-12-22
- OIG Summary of Investigative Activity, 12-13-21
- OIG Investigative Activity Report, 1-18-22

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Incident Review Team Member

Site Review Observations:

- Reviewed Sexual Abuse Incident Review documentation

Standard Subsections:

(A) Policy (#602.053) states that the facility “shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation.” This review will be done for both substantiated and unsubstantiated allegations. In the past twelve months, the MCI has concluded seven criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents. In speaking with the MCI Chief of Security and the MCI Warden, each person explained their role within the Sexual Abuse Incident Review (SAIR) process.

(B) Policy (#602.053) mandates the “institution shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation.” In the past twelve months, the MCI has concluded seven sexual abuse investigations that were not deemed unfounded. A review of related documentation affirms that sexual abuse incident reviews are performed within 30 days following the conclusion of these investigations.

(C) Policy (#602.053) requires that the review team will, at a minimum, consist of:

- o Assistant Warden
- o Chief of Security
- o Classification Supervisor

- o The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners.

(D) Policy (#602.053) requires that SAIR considers:

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

In speaking with members of the SAIR Team, adherence to policy was confirmed.

(E) Upon completion of the SAIR, the facility shall implement the recommendations outlined in the SAIR report for improvement or shall document its reasons for not doing so. This information is noted by completing the Sexual Abuse Incident Review/Facility Investigation Summary, DC6-2076 form. In speaking with the MCI Warden, the SAIR process was explained in great detail.

Reasoning & Findings Statement:

Within the past 12 months, MCI has conducted 15 criminal and/or administrative investigations of alleged sexual abuse. Of those, seven sexual abuse investigations resulted in an unsubstantiated or substantiated disposition. Each of those seven investigations resulted in a subsequent SAIR. Documentation relative to SAIRs was examined to ensure that the Sexual Abuse Incident Review teams consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D of this standard, a Sexual Abuse Incident Review report was completed with appropriate subsequent action taken where required, and that these reviews were generally conducted within 30 days of the investigation conclusion. In speaking with facility staff, each person explained their role within the incident review process. Additionally, inmates were interviewed to determine what, if any, changes were needed or subsequently made to institutional policy following their reported incidents. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the MCI has maintained compliance with each of the aforementioned provisions.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- U.S. Department of Justice, FDC Survey of Sexual Victimization, 2020

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (#602.053) provides all staff within the FDC a standardized set of definitions specific to sexual abuse and sexual harassment allegations. Policy (#602.053) further mandates that “the PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a Survey of Sexual Victimization Incident Form, SSV-IA and Survey of Sexual Victimization-State Prison Systems Summary Form, SSV-2.” In speaking with the Agency PREA Coordinator and the MCI PREA Compliance Manager, adherence to this provision was confirmed.

(B) Policy (#602.053) further requires “the preparation of an annual report that includes a comparison of the current year’s data and corrective actions with those from prior years.” In speaking with the Agency PREA Coordinator and the MCI PREA Compliance Manager, adherence to this provision was confirmed.

(C) In reviewing the FDC Survey on Sexual Violence Submission Report (2020), it was noted that the FDC has completed the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the FDC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) In speaking with the MCI PREA Compliance Manager, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the FDC records retention schedule. The FDC PREA Coordinator confirmed the agency’s overall adherence to this policy. As well, the MCI PREA Compliance Manager confirmed that above reference sources were continuously used to inform the agency’s annual statistical reports.

(E) In speaking with the FDC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency's aggregated data set. The FDC PREA Coordinator confirmed the agency's overall adherence with this policy.

(F) Policy (#602.053) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the FDC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for public review. The MCI has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the MCI has met all provisional requirements and is in compliance with this standard.

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| 115.88 | Data review for corrective action |
| | <p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 367 300">Documents:</p> <ul data-bbox="240 383 1171 528" style="list-style-type: none"> <li data-bbox="240 383 1171 412">· FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21) <li data-bbox="240 441 903 470">· FDC 2021 PREA Corrective Action Plan and Annual Report <li data-bbox="240 499 868 528">· MCI 2021 PREA Facility Corrective Action Plan, 3-25-22 <p data-bbox="240 611 354 640">Interviews:</p> <ul data-bbox="240 723 638 931" style="list-style-type: none"> <li data-bbox="240 723 443 752">· Agency Head <li data-bbox="240 781 576 810">· Agency PREA Coordinator <li data-bbox="240 840 638 869">· MCI PREA Compliance Manager <li data-bbox="240 898 512 927">· MCI Facility Warden <p data-bbox="240 1010 510 1039">Site Review Observations:</p> <ul data-bbox="240 1122 809 1151" style="list-style-type: none"> <li data-bbox="240 1122 809 1151">· Extensive review of agency website/PREA section <p data-bbox="240 1234 474 1263">Standard Subsections:</p> <p data-bbox="240 1346 1484 1518">(A) Policy (#602.053) requires the FDC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training policies. Specifically, the FDC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review, as well as any corrective actions for each facility, along with the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, the FDC Annual PREA Report (2021) does reflect the intelligent use of said data.</p> <p data-bbox="240 1601 1484 1733">(B) Policy (#602.053) requires that annual statistical reports include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the FDC’s progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, the FDC Annual PREA Report (2021) does reflect a comparative analysis across years.</p> <p data-bbox="240 1816 1484 1948">(C) Policy (#602.053) requires that upon completion of each year’s Annual PREA Report, the report shall be approved by the Commissioner of Correction and posted on the agency’s web page. A review of the FDC website (http://www.dc.state.fl.us/PREA/index.html) indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy.</p> <p data-bbox="240 2031 1484 2130">(D) Per the PREA Coordinator and the MCI PREA Compliance Manager, personal identifiers are not used in producing either the agency or facility-based annual PREA reports. As such, there isn’t a need to redact any information from said reports before making publicly available.</p> |

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility-based staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency wide PREA Coordinator, MCI PREA Compliance Manager, and the MCI Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the MCI has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Per policy (#602.053), all “incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment,” including case or investigation records associated with related investigations, are securely maintained in “the facility’s electronic retention file once a PREA case is complete.” Per the PREA Coordinator and the MCI PREA Compliance Manager, adherence to this policy is strictly enforced. A review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Per policy (#602.053), aggregated sexual abuse data “will be made available to the federal government as required” and published annually on the agency’s website. Per the PREA Coordinator and the MCI PREA Compliance Manager, adherence to this policy is strictly enforced. Per the PREA Coordinator, all annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the FDC website.

(C) Per the PREA Coordinator and the MCI PREA Compliance Manager, all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency’s website. “The release of any information identifying any PREA or other sexual battery or sexual abuse victims in the custody of the Department shall not be printed, published, or broadcasted unless a court determines that such information is no longer confidential and exempt pursuant to section 92.56, F.S., or other applicable law” (#602.053).

(D) Policy (#602.053) requires that the agency maintain sexual abuse data collected pursuant to §115.87 “for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer.” The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the FDC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is apparent that both the FDC PREA Coordinator, as well as the administration of the MCI, operate with transparency in government in accordance to state statute and federal law. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieved overall compliance.

115.401 Frequency and scope of audits

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents:

- FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21)
- MCI Posted Auditor Notice (English)
- MCI Posted Auditor Notice (Spanish)

Interviews:

- Agency PREA Coordinator
- MCI PREA Compliance Manager
- MCI Facility Warden
- Random/Targeted Staff
- Random/Targeted Inmates

Site Review Observations:

- On-site inspection of the entire MCI
- Review of documentation available via onsite inspection

Standard Subsections:

(A) As evidenced by presence of facility audits on the FDC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all FDC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year Three of Cycle Three.

(H) The auditor had full access to all areas of the facility.

(A) All documents requested by the auditor were received in a timely manner.

(A) The auditor was permitted to conduct private interviews with inmates.

(B) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the FDC PREA Coordinator and the MCI PREA Compliance Manager were fully prepared for this review. The auditor was provided the PAQ in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Facility staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the MCI. Accordingly, MCI has exceeded the provisions of this standard.

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| 115.403 | Audit contents and findings |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 367 300">Documents:</p> <ul data-bbox="242 383 1173 528" style="list-style-type: none"> <li data-bbox="242 383 1173 412">· FDC Procedure #602.053, Prison Rape: Prevention, Detection, and Response (9-7-21) <li data-bbox="242 441 670 470">· MCI Posted Auditor Notice (English) <li data-bbox="242 499 678 528">· MCI Posted Auditor Notice (Spanish) <p data-bbox="242 611 359 640">Interviews:</p> <ul data-bbox="242 723 574 752" style="list-style-type: none"> <li data-bbox="242 723 574 752">· Agency PREA Coordinator <p data-bbox="242 842 510 871">Site Review Observations:</p> <ul data-bbox="242 954 933 1043" style="list-style-type: none"> <li data-bbox="242 954 933 983">· Review of documentation available via the FDC PREA website <li data-bbox="242 1012 558 1043">· On-site inspection of MCI <p data-bbox="242 1126 470 1155">Standard Subsections:</p> <p data-bbox="242 1245 1492 1373">(F) A review of the agency website reflects that the FDC has published all final audit reports for prior audits completed during the last three years preceding this audit as they were made available to the agency. The PREA Coordinator affirms that all facilities within the FDC have been audited in accordance to schedule and their reports subsequently published on the agency's website as they were made available to the agency.</p> <p data-bbox="242 1462 582 1491">Reasoning & Findings Statement:</p> <p data-bbox="242 1574 1452 1671">The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the FDC does have an agency website and has made all facility PREA reports accessible by the public as they were made available to the agency.</p> |

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

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

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| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | 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 if the facility does not have female inmates.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | no |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |

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

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

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

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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

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

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

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

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

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

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