

PREA Facility Audit Report: Final

Name of Facility: Lowell Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/08/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Noelda Martinez	Date of Signature: 07/08/2019

AUDITOR INFORMATION	
Auditor name:	Martinez, Noelda
Address:	
Email:	martinezauditingsservices@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	05/21/19
End Date of On-Site Audit:	5/24/19

FACILITY INFORMATION	
Facility name:	Lowell Correctional Institution
Facility physical address:	11120 NW Gainesville Rd., Ocala, Florida - 34482
Facility Phone	352-690-8900
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Leslee Pippin	Title:	Assistant Warden
Email Address:	leslee.pippin@fdc.myflorida.com	Telephone Number:	352-690-8830

Warden/Superintendent			
Name:	Hope Gartman	Title:	Warden
Email Address:	hope.gartman@fdc.myflorida.com	Telephone Number:	352-690-8669

Facility PREA Compliance Manager			
Name:	Leslee Pippin	Email Address:	Leslee.Pippin@fdc.myflorida.com
Name:	Angela McEntyre	Email Address:	Angela.McEntyre@fdc.myflorida.com

Facility Health Service Administrator			
Name:	Katie Rebele	Title:	Health Services Coordinator
Email Address:	krebele@centurionoffl.com	Telephone Number:	352-690-8858

Facility Characteristics		
Designed facility capacity:	3194	
Current population of facility:	2692	
Age Range	Adults: 18-86	Youthful Residents: 17
Facility security level/inmate custody levels:	Facility Level 7 / Inmate Custody Levels Community, Minimum, Medium, Close and Maximum	
Number of staff currently employed at the facility who may have contact with inmates:	595	

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) re-certification audit for Lowell Correctional Institution, Florida Department of Corrections (FDC) in Ocala, Florida was conducted on May 21-24, 2019, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit, and post-audit. The third-party contract was signed by the auditor on 4/18/19. The third-party contract assigns the auditors after the contract was contractor executed and clearly identifies the lead auditors responsibilities. The first PREA Audit was conducted by PREA auditor Hubert L "Buddy" Kent on April 6-8, 2016.

Online Audit System (OAS):

The Florida Department of Corrections elected to use the Online Audit System. The FDC and the PAOA agreed to conduct this audit using the OAS, the requests for access was conducted by the FDC PREA Coordinator then forwarded the information to the auditor. The auditor received an email invitation to access the system.

The OAS system provides the auditor with the pre-audit questionnaire and supporting documentation. The FDC was prepared prior to receive the audit information by utilizing the Online Audit System. The auditor requested additional information required in the PREA auditor handbook. The auditor received the additional requested information within days of the request. The PAQ and additional audit information were expedited in a timely manner allowing follow-up questions & additional documentation as needed.

Correspondence:

The facility posted the notice of audit with the auditor information six to eight weeks prior to the audit in both English and Spanish for inmates to send confidential information or correspondence to the auditor. The auditor verified that the inmates were allowed to write the auditor in a confidential manner marked as legal mail. The auditor received one inmate correspondence and the auditor interviewed the offender on-site and individually addressed all issues and concerns. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, to include large signs for inmates with disabilities. The auditor verified the audit notice during the site review and through random inmate interviews. The audit notice was posted six weeks prior to the audit and observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, and housing units, education, front office, & maintenance area.

The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical,

electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the site review, the facility administration was transparent with policies, procedures, inmate and staff interviews. The employees displayed professionalism and provided any information requested by the auditor with no hesitation. Good communication was maintained throughout the duration of the audit with the FDC PREA Coordinator, Correctional Services Consultants, Senior Warden, and PREA Compliance Manager. The auditor received correspondence from an inmate assigned the facility prior to the audit. During the random inmate interviews, the auditor asked the inmates if they were aware of the Audit Notice with the auditors' information, and the responses were "yes". During the site review, the auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population.

Audit Methodology (Pre-Onsite Audit Phase): The auditor utilized the Online Audit System (OAS) which included the pre-audit questionnaire, and auditor compliance tool. The audit utilized the instructions for PREA audit tour, interview protocols: agency head or designee, warden or designee, PREA compliance manager/contractor, specialized staff, random staff, and inmates. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The auditor contacted the Senior Warden prior to the audit to offer any assistance needed by the facility. The auditor established a positive working relationship with the Senior Warden and key facility staff engaging in a productive working atmosphere. The Senior Warden was exceptionally receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Warden and her staff about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The warden understood the importance of the audit process and review and with no hesitation and provided all access to the auditor. The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditors' code of conduct to the PREA resource center.

The warden and auditor discussed information regarding the 90-day appeal process. The warden was interviewed and stated that the facility was not under any litigation, and or federal consent decree. The FDC PREA Coordinator provided the auditor with the following information. In April of 2018, the Department of Justice opened a CRIPA investigation at Lowell Correctional Institution related to protections of sexual abuse. The investigation has not been completed. The auditor conducted internet research regarding the Lowell Correctional Institution with the following website links and information.

https://www.alligator.org/news/former-inmates-speak-out-about-sexual-physical-abuse-at-lowell/article_17ff672e-bd56-11e8-b993-d7d73839a24a.html

<https://www.womensmediacenter.com/news-features/doj-looking-into-sexual-abuse-in-a-florida-womens-prison>

<https://www.miamiherald.com/news/corrections/article216371465.html>

<https://www.wptv.com/news/state/2-florida-prison-guards-charged-with-injuring-female-inmate-at-lowell-correctional-institution>

Point of Contact: A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. The auditor and PREA Coordinator discussed the location audit planning and logistics phase, the auditor remained engaged with the PREA Coordinator and Correctional Services

Consultant regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, supporting documentation and conducting outreach to advocacy organizations.

On-site Audit Phase: On the first day of the audit 5/21/19 an introductory meeting was held with the following staff in attendance: Senior Warden, Correctional Services Consultant, PREA Compliance Manager, PREA officer, and additional staff. The auditor conducted a site review on 5/21/19 and observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the site review, the auditor interviewed food service, laundry and random correctional officers regarding the reporting and notification process. The auditor reviewed the following functions to include intake and risk screening, crossgender announcements in housing units, cross-gender viewing in housing areas, grievance boxes are located in the main inmate dining area, zero-tolerance posters, auditor notice of onsite visit, access to reporting entities, housing activity, restroom and shower procedures, staffing ratios, cameras and surveillance deployment, working telephones, and supervision practices.

Site Review/Locations: The following information describes the areas observed by the auditor during the site review which included: Site Review Observations:

During the site review, the auditor observed the following areas with shower curtains, privacy screens, half-doors, half-walls, recreation restrooms providing privacy from cross-gender viewing to include the verbal announcements made by the opposite gender prior to entering a housing unit. Work Camp locations observed: administration, gatehouse, programs, dormitory-B, pavilion, food service, dormitory-D, dormitory-E, D/E basement, medical, visitation, swill room, laundry, and boot camp. Main locations observed: administration, multi-purpose, visitors center, food service, education, chapel, library, dormitory-J, dormitory-K, dormitory-B, dormitory-A, pride building, dormitory-C, warehouse, canteen, dormitory-V, pavilion-V, control room/gatehouse, portable shed #1, garage/tool room, storage/maintenance. Annex locations observed: front sally port, dormitory-M, dormitory-N, dormitory-P, dormitory-R, dormitory-S, dormitory-T, pavilion 10, and visitor restroom. Employee Files: The auditor reviewed a total of 25 employee files out of 595 with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. Inmate Files: The auditor reviewed a total of 35 files out of 2793 which corresponded with the inmate interviewed during the onsite phase of audit meeting all required categories.

Video Monitoring is used in all dormitories, food service, chapel, visiting park, medical, and entrance/exit gates; confinement and entrance/exit gates have audio monitoring in addition to video surveillance. Video retention is 15-30 days. Lowell Correctional Institution has a combined total of 491 surveillance cameras. The surveillance system is serviced by Graybar Electric Supply and record activity on a 24-hour timeframe with 15-30 day retention. Lowell Correctional Institution/Main Unit has a total of 207 surveillance cameras in the following locations: dormitory A (9), dormitory B (9), dormitory C (16), dormitory D (4), dormitory-I (6), dormitory J (16), dormitory K (16), dormitory L (16), dormitory U (14), dormitory V (14), food service (28), chapel (9), VP (9), north gate (7), entrance (8), PRIDE garment factory (8), major's area (4), captains office (1), and education (13). Lowell Correctional Institution/Annex Unit has a total of 228 surveillance cameras in the following locations: dormitory M (10), dormitory N (16), dormitory O (16), dormitory P (16), dormitory Q (16), dormitory R (16), dormitory S (22), dormitory T (24), food service (16), medical (12), infirmary (14), tower (14) entrance (8), VP (6), chapel (12), center gate (3), rear gate (3), & property (old T & R) (4). Lowell Correctional Institution/Work Camp has a total of

56 surveillance cameras in the following locations: dormitory A (16), dormitory B (16), dormitory C (5), dormitory D (5), dormitory E (5), and control room (9). The work camp has one security mirror behind the washers in the laundry department to eliminate potential blind spots.

Investigation Files: The facility had a total of 62 sexual abuse allegations in the past twelve months preceding the audit. The auditor reviewed 15 of 62 investigations. Investigative interviews determined the following: The Investigations are stored electronically, and the evidence is maintained with the Office of Inspector General then forwarded to the centralized evidence storage area, following all chain of evidence procedures. The auditor reviewed 15 of 62 investigations which consisted of substantiated, unsubstantiated and unfounded cases. The following information was reviewed: Photos of inmates, MINS, Incident report, witness statements, grievances, PREA Investigative Report (DC6-2019), Inspector General Inquiry/Report, Notification of other institution (warden to warden email or read receipt), Discipline report, Arrest report, Law enforcement notification, special review screens, Acknowledgement of receipt of grievance orientation (DCI-307), Acknowledgement of Receipt of Training on PREA (DC6-134C), Youthful inmate designation (if needed), iBAS/SRI Results-IM29 screen print, IM70 or IRN 79 printout, iBAS/SRI re-assessment screening (IM29 screen print), Medical/Mental Health forms, housing logs (DC6-208), special housing logs (DC6-233), Holding cell log (DC6-208), Confinement forms, ICT review for 72 hours (30/60 days), completed DC6-2084, monitored phone calls, RMS daily roster, STG inquiry, advocacy documents, translator documents, SART notification, Sexual Abuse Incident Review (DC6-2076), work assignments, notification/reporting to inmate by IG notification, and monitoring for retaliation. The investigations were provided to the auditor which demonstrated compliance. The interview with the investigator determined that Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor reviewed 15 of 62 investigations during the on-site portion of the audit at Lowell Correctional Institution. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

On 5/21/19, the Lowell Correctional Institution population was 2793 with a designed facility capacity of 3194. The auditor contact information was posted throughout the unit dated 4/16/19. The staff interviewed by the auditor during the site review were professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided by the PREA Coordinator consisting of all housing areas and camera locations. The average length of stay or time under supervision: 2.19. Facility Security level/inmate custody levels: Facility level 7/ Inmate custody levels community, minimum, medium, close and maximum. The number of staff hired by the facility who may have contact with inmates: 595. The number of staff hired by the facility during the past 12 months who may have contact with inmates: 149. The number of contracts in the past 12 months for services with contractors who may have contact with inmates: 2. The Lowell Correctional Institution physical plant: number of buildings (74), Number of single-cell housing units (1), Number of multiple occupancy cell housing units (20), Number of segregation cells) administrative and disciplinary (168). The facility has a medical-grade 1-9, a combined 611 Volunteers and Contractors, 94 investigators for the agency.

Staff Interviews The auditor conducted inmate and staff interviews on May 21-24, 2019 as part of standard 115.401 (k)(m) with privacy in an office setting. A list of inmates, staff, volunteers, and contractors to include their shift and job assignments was provided to the auditor for selection & review of interviews and documentation review. Staff interviews were conducted in a private setting in the administration building in a separate office on an individual basis with no distractions or delays (Previous Interviews conducted: Agency Head and Agency Contract Administrator). The auditor conducted the following interviews with facility staff during the onsite phase of the audit: Random Staff 57 and

Specialized Staff 35 with a total of 92.

Specialized Staff (Total) 35

Random Staff (Total) 57

Total Inmates Interviewed: 92

Breakdown of Specialized Staff Interviews: 35

(7) Intermediate or higher-level facility staff

(1) Line staff who supervise youthful inmates

(1) Education and Program staff who work with youthful inmates

(4) Medical and mental health staff

(0) Non-medical staff involved in cross-gender strip searches

(1) Human resource staff

SANE staff (telephonic interview offsite hospital)

(6) Volunteers who have contact with inmates

(4) Contractors who have contact with inmates

(2) Investigative staff

(2) Staff who perform screening for risk of victimization

(1) Staff who supervise inmates in segregation housing

(1) Incident review team

(1) Designated staff member charged with monitoring retaliation

(3) First responder, security staff-First responder, non-security staff

(1) Intake staff

RANDOM STAFF INTERVIEWS: 57

(1) Mailroom

(1) Law library

(1) Chaplain

(1) Chief of Classification

(1) Grievance

(1) Laundry

(1) Education

(1) Trinidad/Contractor

(1) OIT

(1) Inmate Records

(1) Food Service

(1) Maintenance

(45) Correctional officers (work camp, annex, main including day and night shifts)

Inmate Interviews: The auditor conducted inmate interviews on May 22-24, 2019 with two inmate refusals. The auditor selected a geographically diverse sample of random male inmates for the audit process to include housing units by selecting the first and tenth of every housing unit.

Targeted Inmates (Total) 39

Random Inmates (Total) 27

Total Inmates Interviewed: 66

Breakdown of Targeted Inmate Interviews:

- (2) Youthful inmates
- (2) Inmates with a physical disability
- (2) Inmates who are blind (visually impaired)
- (1) deaf
- (1) hard of hearing
- (9) Inmates who are LEP
- (5) Inmates with a cognitive disability
- (6) Inmates who identify as lesbian, gay, or bisexual
- (2) Inmates who identify as transgender
- (0) Intersex-2(T)/no intersex
- (4) Inmates who reported sexual abuse
- (5) Inmates who reported sexual victimization during risk screening

Random Inmates: 27

Inmates were interviewed in an office, in a separate room on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process. An exit meeting was held on 5/24/19 to discuss the overall audit process with the Senior Warden. The auditor discussed the review of the pre-audit process, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The Post Audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and inmates.

AUDIT FINDINGS

Facility Characteristics:

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

The Lowell Correctional Institution (LCI), Ocala, Florida is located in Marion County from I-75 take Exit 358 (SR-326 East) to the first red light and turn left on C-25A. The institution is approximately 3-4 miles on left. The physical address is 11120 NW Gainesville Rd. Ocala, Florida 34482-1479. The facility capacity was 2793 on 5/21/19. The population gender at the Lowell Correctional Institution is female with adults/youthful in the age range of 18-18 and 19-24. On 5/21/19, the Lowell Correctional Institution population was 2793 with a designed facility capacity of 3194. The auditor contact information was posted throughout the unit dated 4/16/19. The staff interviewed by the auditor during the site review were professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided by the PREA Coordinator consisting of all housing areas and camera locations. The average length of stay or time under supervision: 2.19. Facility Security level/inmate custody levels: Facility level 7/ Inmate custody levels community, minimum, medium, close and maximum. The number of staff hired by the facility who may have contact with inmates: 595. The number of staff hired by the facility during the past 12 months who may have contact with inmates: 149. The number of contracts in the past 12 months for services with contractors who may have contact with inmates: 2. The Lowell Correctional Institution physical plant: number of buildings (74), Number of single-cell housing units (1), Number of multiple occupancy cell housing units (20), Number of segregation cells) administrative and disciplinary (168). The facility has a medical-grade 1-9, a combined 611 Volunteers and Contractors, 94 investigators for the agency. The physical plant consists of 74 buildings of which 27 are inmate housing units. The Lowell Correctional Institution sits on 314.394 acres of land. The LCI Main Unit has 35 acres inside the secured perimeter. The LCI Annex has 23 acres inside the secured perimeter. The LCI Work Camp has fourteen acres inside the secured perimeter. The Lowell Correctional Institution Main Unit has fourteen housing units, twelve are Open Bay Housing Units and there are two Room Housing Units. The Lowell Correctional Institution Annex has eight dorms and five of these are Open Bay Dorms. There are three, two-person cell units and one of which has six Death Row single cells. The Lowell Correctional Institution Work Camp has two Open Bay Dorms and three units utilizing rooms for inmate housing. Some of the older dorms on the LCI Main Unit have been closed. The LCI Annex "S Dorm" Cell House contains four quads two of which houses general population and two quads houses segregation inmates. The Annex "T Dorm" Cell House contains four quads and houses Close Management, Segregation and Death Row inmates.

Extended Day Program

In response to Chapter 958, Florida Statutes, mandating that those inmates who are youthful offenders be provided enhanced program services, the Extended Day Program was developed. This is a 16-hour daytime program provided at all youthful offender institutions that are designed to provide at least 12 hours of activities. The program is structured to include work assignments, education, including vocational and academic programs, counseling, behavior modification, military-style drills, systematic discipline and other programmatic opportunities aimed at reducing inmate idleness and enhancing the young inmate's chance at becoming a law-abiding citizen upon re-entry into the community.

Academic Programs

- Adult Basic Education
- General Educational Development (GED)
- Special Education Services
- Title I Services
- Volunteer Literacy Program

Vocational Programs

- Cosmetology
- Culinary Arts
- PC Support Services
- Equine Care Technology (Main Unit and Work Camp)

Substance Abuse Programs

- Residential Therapeutic Community
- Intensive Outpatient
- Pre-Treatment Motivation Program

Chaplaincy Services

- Chapel Library Program
- Religious Education
- Worship Services

Institutional Betterment Programs

- 100-hour Transition Program (Compass 100)
- Alcoholics Anonymous
- Faith and Character Dorm Program
- Fresh Start Smoking Cessation
- Gavel Club
- HIV/AIDS/STD Awareness
- Inmate Fitness
- Intramural Sports
- Law Library Program
- Library Program
- Mindfulness-Based Stress Reduction
- Parenting
- Thinking for a Change
- Wellness Education
- Women Helping Women
- Women Offering Obedience and Friendship (Dog Training Program)
- Yoga

The Lowell Correctional Institution was opened originally as a reception unit for female inmates. In 1998 it was combined with Marion Correctional Institution and was called the Lowell Correctional Institution/Woman's Unit. The name was again changed in 2000 to the Lowell Correctional Institution. The Lowell Correctional Institution Annex and Lowell Correctional Institution Work Camp are designated as satellite units. Lowell Correctional Institution houses female youthful inmates as well as pregnant female inmates. Lowell Correctional Institution houses all custody levels from community to close

custody. The Florida Department of Corrections female inmates on death row are also housed at this facility. The mission of Lowell Correctional Institution within the Florida Department of Corrections is "to protect the citizens of Florida and Marion County through prudent classification, strong security practices, and supervision of inmates at a level of security commensurate with the danger they represent; to provide a safe and humane environment for all employees, volunteers and inmates through a management philosophy based on fairness and consistency; and to assist inmates in obtaining the skills and abilities necessary for a successful transition back into society."

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	7
Number of standards met:	38
Number of standards not met:	0

Number of Standards Exceeded: 7

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

§115.21 – Evidence Protocol and Forensic Medical Examinations

§115.32 – Volunteer and Contractor Training

§115.41 – Screening for Risk of Victimization and Abusiveness

§115.53 – Inmate Access to Outside Confidential Support Services

§115.54 – Third-Party Reporting

§115.67 – Agency protection against retaliation

Summary of Corrective Action:

115.15 Corrective Action: The auditor recommended the following corrective action. During the site review, the auditor observed a clear grievance box in front of the chow hall that was clear, and the auditor was able to read the information on the grievance. The grievance process should be a confidential process for an inmate to file a formal complaint. There was another grievance box that was not clear and provided sufficient privacy for inmates to place grievances in a confidential manner. The facility immediately removed the box onsite and replaced it with a non-clear box where inmates can place the grievances in a confidential manner. The Lowell CI also has a P.R.I.D.E (Prison Rehabilitative Industries Diversified Enterprises) Garment factory. P.R.I.D.E Enterprises provides on the job training, job placement and support for ex-offenders to help them successfully transition back into society after a period of incarceration. The garment factory has a designated strip search area and pat-search area of female inmates conducted only by the same gender staff. The auditor observed the area to be enclosed with privacy however the window to the door had a piece of paper which could easily be removed for visibility of cross-gender viewing. The auditor recommended that the facility to enhance the practice by utilizing a more permanent privacy screen or another form of privacy to cover the window. The auditor and the warden discussed the importance of privacy and the need to meet the element of the standard. The warden immediately took a proactive approach and placed a thick film creating a frosted look on both windows providing sufficient privacy for the search of female inmates. The auditor verified the modifications to the P.R.I.D.E strip search area with no further action required. The auditor observed U & V dormitories (main unit) from the officer station to assess the view from the center of the housing unit and cross-gender viewing into the shower area. The auditor observed the dayrooms/shower windows in

most housing units with the thick frost like film blocking any view into the shower area from the officer station. The process was not consistent throughout the facility leaving dormitories U & V with some visibility for cross-gender viewing into the shower area from the officer station. The facility administration acted on the issue as we discussed the view into the shower area and immediately had maintenance correct the issue by placing the thick frost like film on the bottom section of the window preventing any view from any staff member into the shower area from any angle. The facility was very proactive as the auditor conducted the site review and noticed the issues along the way. The auditor and warden discussed the issue to ensure the consistency remains a priority for the prevention of cross-gender viewing throughout the facility. The auditor observed a deficiency from the officer station during the site review in the dorm; the inmates in the shower had a shower curtain in place; the shower curtain was hanging low (wear and tear) which created an opportunity for cross-gender viewing. The facility had a female officer assigned to the officer station on that day. The auditor and warden discussed the importance of replacing the shower curtains as a requirement and provision of the standard for the prevention of cross-gender viewing and privacy. The facility immediately replaced the low hanging shower curtain with a new shower curtain providing the required privacy and prevention of cross-gender viewing. No further action was required by the auditor. The auditor remained engaged throughout the corrective action process with the FDC PREA Coordinator and Correctional Services Consultant. No further action is required. Interviews of staff, both male and female, interviews of the female inmates, as well as the auditors' observation of searches and the review of policies and procedures, confirms that Lowell CI is compliant with standard 115.15, as "meets standard".

115.16 Corrective Action: The auditor recommended the following corrective action. PREA Standard 115.16 specifically focuses on incarcerated people with disabilities and requires that correctional agencies take steps to ensure that people 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. Legal compliance: Two federal statutes exist to regulate the treatment of incarcerated people with disabilities: Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA. Auxiliary Aids and Services Section 504 and Title II of the ADA require that facilities provide auxiliary aids and services to incarcerated people with disabilities to ensure access to information and services. Examples of auxiliary aids and services include: • qualified interpreters for incarcerated people who are Deaf or hard of hearing; • brailled materials, large print materials, or other effective methods of making visually delivered materials available to incarcerated people who are blind or low-vision; • acquisition or modification of equipment or devices, such as hearing aids, wheelchairs, magnification devices, and electronic devices to assist with communication; • readers or note-takers for incarcerated people with cognitive or intellectual disabilities; and • quiet, distraction-free learning areas for incarcerated people with psychiatric disabilities. The auditor and warden discussed the importance of affording all inmates with disabilities the same equal opportunity to participate in or benefit from, all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The auditor recommended for the facility to place the opposite-gender announcement in the dorm in both English and Spanish (or primary language) for all inmates with disabilities. The warden immediately printed large signs with the following information, "Male staff may enter the wing at any time. Ensure you are always properly clothed". Two signs were posted in I dorm and two posted in N dorm in a wooden frame bolted to the wall. The facility completed the corrective action on 5/29/19. The facility made access to change with little to no additional financial resources. The facility utilized a simple reading level as a benchmark for information conveyed, a font that was in capital letters and easy to read; the font was not smaller than 14 points, the print was black ink on white paper for easy visibility, and a limited amount of information. • Agencies also need to be prepared to create individualized access solutions for inmates who are Deaf,

blind, or have low vision, inmates with intellectual disabilities, inmates who cannot read, inmates with psychiatric disabilities, and inmates who are limited English proficient. The facility has access to a Sign Language interpreter and (TTY) available for Deaf inmates. No further action is required. Interviews of staff, both male and female, interviews of the female inmates, as well as the auditors' observation of searches and the review of policies and procedures, confirms that Lowell CI is compliant with standard 115.16, as "meets standard".

Number of Standards Met: 38

§115.12 - Contracting with other entities for the confinement of inmates
§115.13 – Supervision and Monitoring
§115.14 – Youthful Inmates
§115.15 – Limits to Cross-Gender Viewing and Searches
§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
§115.17 – Hiring and Promotion Decisions
§115.18 – Upgrades to Facilities and Technology
§115.22 – Policies to Ensure Referrals of Allegations for Investigations
§115.31 – Employee Training
§115.33 – Inmate Education
§115.34 – Specialized Training: Investigations
§115.35 – Specialized training: Medical and mental health care
§115.42 – Use of Screening Information
§115.43 – Protective Custody
§115.51 – Inmate Reporting
§115.52 – Exhaustion of Administrative Remedies
§115.61 – Staff and Agency Reporting Duties
§115.62 – Agency Protection Duties
§115.63 – Reporting to Other Confinement Facilities
§115.64 – Staff First Responder Duties §115.65 – Coordinated Response
§115.66 – Preservation of ability to protect inmates from contact with abusers
§115.68 – Post-Allegation Protective Custody
§115.71 – Criminal and Administrative Agency Investigations
§115.72 – Evidentiary Standard for Administrative Investigations
§115.73 – Reporting to Inmate
§115.76 – Disciplinary sanctions for staff
§115.77 – Corrective action for contractors and volunteers
§115.78 – Disciplinary sanctions for inmates
§115.81 – Medical and mental health screenings; history of sexual abuse
§115.82 – Access to emergency medical and mental health services
§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 – Sexual abuse incident reviews
§115.87 – Data Collection
§115.88 – Data Review for Corrective Action
§115.89 – Data Storage, Publication, and Destruction
§115.401 – Frequency & Scope of Audits
§115.403-Audit contents and findings

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
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. PREA-Statement from Secretary b. FDC Procedure 602.053 c. Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> a. PREA signage throughout the facility. b. PREA signs are posted in both English and Spanish on how to report and victim support services. <p>Auditor Findings:</p> <p>115.11 (a). The auditor reviewed Procedure 602.053, Prison Rape: Prevention, Detection, and Response of the Florida Department of Corrections (FDC) which mandates zero tolerance toward all forms of sexual abuse and sexual harassment and definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p>115.11 (b). The Florida Department of Corrections (FDOC)-Bureau of Security Operations has assigned PREA coordinators to help in developing, implementing and monitoring the Department's compliance of the PREA standards which include a PREA Coordinator and two Correctional Services Consultant. FDC assigns the Assistant Wardens with an auxiliary staff member to provide management and oversight of the program. The FDC PREA Coordinator was interviewed on 5/21/19 and that PREA was her sole function and she had two Correctional Services Consultants to assist in the process. The PREA Coordinator supervises and manages about fifty-seven PREA Compliance Managers throughout the state to include private facilities.</p> <p>115.11 (c). The Assistant Warden is designated as the PREA Compliance Manager with one auxiliary staff assigned to the facility. The PREA Compliance Manager was interviewed and stated she had enough time to manage all her PREA duties and responsibilities. The auditor interviewed the Secretary of the Florida Department of Corrections to include the Organizational chart which reflected that the Secretary was the head of the Department; the Warden was the head of the institution, the Agency PREA Coordinator held a position in upper management, and the Institutional PREA Manager was an Assistant Warden. The PREA zero-tolerance signs in both English and Spanish were posted in the following areas: gatehouse, education, b-dorm, d-dorm, c-dorm, c-dorm basement, e-dorm, medical, laundry department, food service, and swill room.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 602.053</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Agency's Contract Administrator <p>Auditor Findings:</p> <p>115.12 (a). Lowell Correctional Institution does not contract for the confinement of inmates.</p> <p>115.12 (b). The FDC contracts include verbiage related to the vendor's obligation to comply with PREA standards prior to entering into an agreement with the agency. If the entity is not PREA compliant the contract will not be executed. There are currently 74 contracts for the confinement of inmates. DMS Contract facilities submit their completed audit reports to the FDC PREA Coordinator. These reports are then posted on the FDC public page along with FDC facility PREA reports.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. Lowell Staffing Plan. c. Level 1 post vacancy Entry Log. d. Facility CAP. e. Housing logs (unannounced rounds) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Agency's Contract Administrator 3. Intermediate or Higher-Level Staff. <ol style="list-style-type: none"> a. Captain of Correctional Officers. b. Lieutenant of Correctional Officers. c. Staff interviews (supervisor visibility) d. Inmate interviews (supervisor availability) <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Housing Logs (signature/location of unannounced rounds) 2. Video review/visibility of supervisors <p>Auditor Findings:</p> <p>115.13 (a). The auditor reviewed the Lowell Correctional Institution Staffing plan and acknowledges that the facility makes its best efforts to comply on a regular basis with the staffing plan to provide an adequate level of staffing to monitor inmates against abuse. The interview with the Warden determined that the facility did have a staffing plan with full capacity to protect inmates against sexual abuse. The facility had a total of 207 surveillance cameras as part of the plan for the protection of inmates. The Warden explained that when assessing adequate staffing levels and the need for video monitoring, a through k are considered as part of the staffing plan. The Warden stated that the facility utilizes the available database in the DC web which is a roster management system to check the daily rosters for post chart & approved positions.</p> <p>115.13 (b). The Warden stated In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The facility will submit a below protocol incident report and all attempts will be made to fill the position as required.</p> <p>115.13 (c). The PREA Coordinator stated that she is consulted regarding any assessments of or adjustments to the staffing plan every year. The staffing plan is submitted to the Central office at a minimum and is reassessed and reviewed with Security Operations for PREA compliance to include: the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>115.13 (d). The FDC has the Officer in Charge (OIC) designated as the Captains and</p>

Lieutenants responsible for completing the unannounced rounds daily on day and night shift to meet the portion of the standard. The interviews with intermediate staff validated that they were conducting the required unannounced rounds meeting every element of the standard; however, were documenting them as security rounds. The facility documents the unannounced rounds on the Housing Unit log. The auditor suggested for staff conducting the rounds to utilize the correct terminology in order to differentiate the security rounds from the unannounced rounds when documenting this on the housing unit log. The auditor reviewed the housing unit log for 5/24/19 & 5/25/19 to include a-dorm, b-dorm, c-dorm, d-dorm, i-dorm, j-dorm, k-dorm, l-dorm, u-dorm, v-dorm and the infirmary for the documentation of the unannounced rounds verifying the practice and required terminology. Supervisory reviews, security rounds, and unannounced rounds for safety and security are made by higher-level staff. These rounds, including unannounced rounds, are documented weekly for administrators. Daily rounds and unannounced rounds are made by OIC's. Staff are prohibited by policy from alerting other staff that rounds are being made and supervisors make an extra effort to ensure that unannounced rounds are on different shifts and with no set routines.

Corrective Action: The auditor recommends no corrective action.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 601.211 Designation of youthful offenders, young adult offenders, and youthful offender facilities. b. ADP 12 month report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Line Staff who Supervise Youthful Inmates 2. Youthful Inmates 3. Education and Program Staff who Work With Youthful Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> a. Youth dorms (Main C & T dorm) b. Sight and sound separation from adult males. <p>Auditor Findings:</p> <p>115.14 (a). The auditor conducted an interview with the line staff who supervise youthful Inmates-The supervisor in charge of the program stated that youthful offenders under the age 17 are housed in C or T dorm which is a designated housing unit for youthful offenders. There was one incident in the past 12 months where one youthful offender was housed separately for a brief time and was supervised the entire time. There have been no circumstances where sight and sound separation was difficult to achieve. The facility has a supervisor and designated staff who work directly with youthful offenders. Youthful interviews determined that they do not have direct contact with an adult inmate in their housing unit. The interview determined that youthful inmates are housed separately from adult males. The auditor observed youthful dorm during the site review with a female correctional officer assigned to the housing unit and privacy for the showers and toilet areas. The housing unit had doors with no visibility of the shower or toilet area preventing cross-gender viewing and there were no cameras indirect view of the shower/toilet area. The dorm was clean and the offenders displayed respect throughout the site review and random interviews. The auditor reviewed the PREA signs, victims support services, how to report sexual abuse and sexual harassment, and the TIPS line. The auditor interviewed the officer and offender about the grievance process, checked for working telephones and the surveillance cameras in the dorm. One of the phones was not working and the auditor verified with the staff regarding a work order. The work order was provided to the auditor as requested. The surveillance cameras were strategically placed to ensure the privacy and protection of the offenders. The auditor reviewed the daily population report for the day of the audit. The auditor reviewed the facility housing assignments to determine if youthful inmates were separated from sight- and sound.</p> <p>115.14 (b). The auditor observed the youthful offenders during the lunch meal service, with direct supervision and all areas were cleared prior to entering the dining hall. The auditor interviewed a line staff who supervised youthful inmates and determined that in areas outside</p>

housing units, where inmates have sight, sound, or physical contact with adult inmates, there is direct staff supervision. The auditor interviewed a teacher for education and program staff who work with youthful inmates and stated that in the past 12 months, there were no circumstances when sight and sound separation requirements were difficult. The teacher said that she maintained constant communication with the OIC prior to beginning the GED classes Monday-Friday from 8:30 am-3: 30 pm with direct supervision. A youthful inmate interview determined that there is no direct contact with adult males and staff is always present. The auditor reviewed video demonstrating direct staff supervision in C-dorm.

115.14 (c). The facility documented one incident in the past 12 months that adult inmates had to be moved into C-dorm for a few days due to maintenance issues and the youthful offender was temporarily housed in isolation to prevent adult sight and sound separation between youthful inmates and adult inmates.

Interview with line staff who supervise youthful inmates determined that all access was provided during isolation as required. The teacher interviewed for education and program staff who work with youthful inmates stated that the sight and sound requirement does not interfere with youthful inmates regular participation in programs. The interview with the youthful inmate determined that they were placed in a housing area away from adult males, is afforded recreation time, and attends school Monday-Friday. The auditor reviewed the housing assignments of youthful inmates to determine how many are being held in solitary confinement which was 0.

Youthful offender program: Lowell Correctional Institution houses female youthful offenders in both an extended day program and a boot camp program. The extended day program is a 16-hour per day program that is designed to provide at least 12 hours of activities. The program is structured to include work assignments, education programs, counseling, behavior modification military-style drills, systematic discipline, and other programmatic opportunities that will reduce inmates idleness and enhance the young inmate's chance at becoming a law-abiding citizen upon re-entry into the community. The boot camp basic training program is designed to provide an alternative to long periods of incarceration for inmates who have been sentenced under the youthful offender act or designated a youthful offender by the department. The inmates participating in the basic training program follow a regimented schedule involving structured discipline, counseling, general educational development, and adult basic education courses, work assignments, physical training, and other rehabilitation programs. The boot camp program utilizes intense physical training, military drill, and the immediate application of minor discipline. The intent of the boot camp

Corrective Action: The auditor recommends no corrective action.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedures 602.036-Gender-Specific Security positions, shifts, posts, and assignments. b. FDC Procedures 602.018-Contraband and Searches of Inmates. c. FDC Procedures 602.053-Prison Rape Prevention, Detection, and Response. d. PREA Instructor Guide e. Lowell PREA Training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Random Inmates 3. Non-medical staff (involved in a cross-gender strip or visual searches) 4. Transgender/Intersex Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. During the site review, the auditor observed the following areas with shower curtains, privacy screens, half-doors, half-walls, recreation restrooms providing privacy from cross-gender viewing to include the verbal announcements made by the opposite gender prior to entering a housing unit. <ol style="list-style-type: none"> a. Work Camp locations observed: administration, gatehouse, programs, dormitory-B, pavilion, food service, dormitory-D, dormitory-E, D/E basement, medical, visitation, swill room, laundry, and boot camp. b. Main locations observed: administration, multi-purpose, visitors center, food service, education, chapel, library, dormitory-J, dormitory-K, dormitory-B, dormitory-A, pride building, dormitory-C, warehouse, canteen, dormitory-V, pavilion-V, control room/gatehouse, portable shed #1, garage/tool room, storage/maintenance. c. Annex locations observed: front sallyport, dormitory-M, dormitory-N, dormitory-P, dormitory-R, dormitory-S, dormitory-T, pavilion 10, and visitor restroom. <p>The facility did a good job of providing privacy screens and privacy barriers throughout the facility. The Lowell Correctional Institution had all forms of zero-tolerance posters, signs, notices, and information posted throughout the facility include the front gate, visitation, front sallyport entrance, education, food service, laundry, and housing units including dormitories: A, B, C, D, E, J, I U, V, M, N, P, R, S, T, education, front office, maintenance, and dayrooms. The auditor concluded the facility complies with the standard for the relevant recertification period.</p> <p>Auditor Findings:</p> <p>115.15 (a). The auditor did not conduct an interview with non-medical staff (involved in a cross-gender strip or visual searches) because the facility did not have any in the past 12 months. The auditor reviewed documentation however, the facility did not have any cross-</p>

gender strip searches and cross-gender visual body cavity searches in the past 12 months. Logs of the cross-gender strip and/or cross-gender body cavity searches conducted in the past 12 months that were not conducted by medical staff or were not conducted during exigent circumstances, documented in the log: 0. Documentation of instances where medical staff conducted such searches: 0. The Florida Department of Corrections Procedures: 602.053, Prison Rape: Prevention, Detection, and Response; 602.018 Contraband Searches of Inmates; and, 602.036 Gender Specific Posts, all outline and direct limits to cross-gender viewing and searches.

115.15 (b). The auditor interviewed a total of 57 random staff and the interviews determined that female staff are always present to conduct pat-down searches and inmates are not restricted to programs or out-of-cell opportunities. Male staff is prohibited from searching female inmates on the facility. The auditor interviewed a total of 27 random female inmate interviews and determined that they are searched by female staff only. Male staff is prohibited from conducting searches. The agency policy prohibits male staff from searching female inmates and there were no documented incidents in the past 12 months for cross-gender pat-down searches of female inmates of exigent circumstances. The auditor conducted video surveillance review for pat-down searches of female inmates conducted by male staff and the auditor did not observe any. There have been zero (0) number of cross-gender patdown searches of female inmates in non-exigent circumstances at Lowell Correctional Institution.

115.15 (c). There were no cross-gender strip searches and cross-gender visual body cavity searches of inmates in the past 12 months. There were no cross-gender pat-down searches of female inmates for the past 12 months. The auditor reviewed the procedures, post orders, duties and assignments, and observed operations, including pat-down searches which were conducted by female staff. The agency prohibits cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances. There have been no such searches at Lowell CI Main, Annex and work camp. This information was obtained from the pre-audit documentation and interviews with staff and inmates.

115.15 (d). The auditor interviewed a total of 27 random inmates and determined that the majority of male staff announce themselves prior to entering the housing unit. The auditor interviewed one deaf inmate assigned to the facility and learned that she was no aware of male staff in the dorm. The auditor interviewed a total of 66 inmates overall and the general answers were that they had shower curtains, walls, privacy screens during shower use, restroom use and while changing clothes. The auditor interviewed inmates with disabilities as part of the targeted inmate interviews and determined that they had ADA showers and restrooms with privacy from cross-gender viewing. The auditor interviews a total of 57 random staff including both male and female correctional staff and determined that the verbal announcement was made prior to male staff entering a housing unit for female inmates to cover up and for their privacy. The random staff interviewed stated that the facility had many different forms of privacy for the inmates to include, shower curtains, walls, partitions, privacy screens and mobile privacy screens as needed. The auditor observed the opposite gender announcements as the site review took place by female and male staff entering the dorm.

115.15 (e). The auditor interviewed a random sample of staff and determined that staff has been trained and is prohibited from searching or physically examining a transgender or

intersex inmate for the sole purpose of determining the inmates genital status. The facility did not have any intersex inmates during the on-site audit and no interview was conducted for this category. The auditor conducted a few transgender inmate interviews and determined that they were housed in the general population and did not believe to have been searched, for the sole purpose of determining their genital status. The auditor randomly interviewed staff at the facility determined that staff does not examine transgender or intersex inmates for the sole purpose of determining the inmates genital status. This is outlined in administrative direction/policy.

115.15 (f). The auditor conducted a total of 57 random staff interviews and determined that staff has been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The auditor reviewed a large portion of staff training and acknowledgments of PREA material. 100% of the staff have been trained on how to conduct cross-gender pat-down searches in a professional and respectful manner consistent with the provisions of the standard.

Corrective Action: The auditor recommended the following corrective action. During the site review, the auditor observed a clear grievance box in front of the chow hall that was clear and the auditor was able to read the information on the grievance. The grievance process should be a confidential process for an inmate to file a formal complaint. There was another grievance box that was not clear and provided sufficient privacy for inmates to place grievances in a confidential manner. The facility immediately removed the box onsite and replaced it with a non-clear box where inmates can place the grievances in a confidential manner. The Lowell CI also has a P.R.I.D.E (Prison Rehabilitative Industries Diversified Enterprises) Garment factory. P.R.I.D.E Enterprises provides on the job training, job placement and support for ex-offenders to help them successfully transition back into society after a period of incarceration. The garment factory has a designated strip search area and pat-search area of female inmates conducted only by the same gender staff. The auditor observed the area to be enclosed with privacy however the window to the door had a piece of paper which could easily be removed for visibility of cross-gender viewing. The auditor recommended that the facility to enhance the practice by utilizing a more permanent privacy screen or another form of privacy to cover the window. The auditor and the warden discussed the importance of privacy and the need to meet the element of the standard. The warden immediately took a proactive approach and placed a thick film creating a frosted look on both windows providing sufficient privacy for the search of female inmates. The auditor verified the modifications to the P.R.I.D.E strip search area with no further action required. The auditor observed U & V dormitories (main unit) from the officer station to assess the view from the center of the housing unit and cross-gender viewing into the shower area. The auditor observed the dayrooms/shower windows in most housing units with the thick frost like film blocking any view into the shower area from the officer station. The process was not consistent throughout the facility leaving dormitories U & V with some visibility for cross-gender viewing into the shower area from the officer station. The facility administration acted on the issue as we discussed the view into the shower area and immediately had maintenance correct the issue by placing the thick-frost like film on the bottom section of the window preventing any view from any staff member into the shower area from any angle. The facility was very proactive as the auditor conducted the site review and noticed the issues along the way. The auditor and warden discussed the issue to ensure the consistency remains a priority for the prevention of cross-gender viewing throughout the facility. The auditor observed a

deficiency from the officer station during the site review in the dorm; the inmates in the shower had a shower curtain in place; the shower curtain was hanging low (wear and tear) which created an opportunity for cross-gender viewing. The facility had a female officer assigned to the officer station on that day. The auditor and warden discussed the importance of replacing the shower curtains as a requirement and provision of the standard for the prevention of cross-gender viewing and privacy. The facility immediately replaced the low hanging shower curtain with a new shower curtain providing the required privacy and prevention of cross-gender viewing. No further action was required by the auditor. The auditor remained engaged throughout the corrective action process with the FDC PREA Coordinator and Correctional Services Consultant. No further action is required. Interviews of staff, both male and female, interviews of the female inmates, as well as the auditors' observation of searches and the review of policies and procedures, confirms that Lowell CI is compliant with standard 115.15, as "meets standard".

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053-Prison Rape: Prevention, Detection, and Response b. PREA Lesson Plan c. 2018 PREA Spanish Poster Lowell d. Translator List Update 1-2017 e. Language Line PO FY 2018-2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. PREA Manager 3. Random Staff 4. Intake Staff 5. Medical staff <p>Site Review Observations:</p> <p>The facility takes 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. The agency takes 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 Disabled and limited English proficient inmates. The facility had PREA signage displayed in both English and Spanish in the housing units in large print for easy visibility from a wheelchair. The auditor observed the TTY phones available for deaf inmates or with hard of hearing disabilities.</p> <p>Auditor Findings:</p> <p>115.16 (a). The auditor conducted an interview with the Agency Head providing the following response. The Department established a procedure to comply with the “Americans with Disabilities Act” in January 2001. This procedure outlines the opportunity and resources that all disabled inmate is afforded the same opportunity. The Department does not discriminate on the basis of disability in the provision of services, programs and activities (this includes PREA).</p> <p>Inmates may be provided effective communication aides including; qualified sign language interpreters, readers, sound amplifiers, captioned television, telecommunication devices for the deaf, digital texts, Braille materials, and large-print signs. (Note: Inmates cannot and are not utilized as interpreters and readers, except in exigent circumstances). The Department has compiled a list of staff members who can be utilized as translators and has also partnered with Language Line Services to provide translation services when needed. Specifically for PREA education, staff may read the provided brochure (NI1-120) to blind or decreased sight inmates or may read the translated version of the brochure to an LEP inmate (Note: we have Spanish and English brochures/posters/education materials available; we also have the NI1-120 brochure in 6 other languages). Closed captioning may be utilized during the PREA</p>

education video for inmates who are deaf or hard of hearing. The auditor interviewed inmates (with disabilities or who are limited English proficient): The auditor interviewed a total of 18 inmates who met the criteria for disabled and limited English proficiency, (blind, deaf, hard of hearing and cognitive disabilities). The auditor interviewed one deaf female inmate at the Main Unit. The auditor is bilingual and an ASL interpreter, the auditor asked the deaf inmate if the facility provided the information about sexual abuse and sexual harassment that she was able to understand and she said yes. She said she is able to read the handbook and sometimes can read lips if she is looking directly at the person. The deaf inmate said that she did have someone interpret for her in class and was able to function in the environment. She said she received and understood the PREA information given to her and that she had access to the TTY machine in her dorm to call family or make a report if needed. The auditor asked the deaf inmate if the male officers announced themselves prior to entering the dorm (N and I are considered ADA dorms). The deaf inmate stated that she was not aware of when the male officers entered the dorm and couldn't hear if any verbal announcements were made. The auditor asked if there was another method in place that male staff utilized to make these announcements and she said no. Random male/female staff interviews determined that the facility did not have a method in place for the required male announcement prior to entering the dorm for deaf inmates.

115.16 (c). The auditor interviewed a total of 57 random samples of staff and determined that staff did not use inmate interpreters or other types of inmates assistants to assist inmates with disabilities or inmates who were LEP when making an allegation of sexual abuse or sexual harassment. There were no inmate interpreters used in the past 12 months to assist an inmate reporting sexual abuse or sexual harassment. The auditor interviewed a total of 18 inmates (with disabilities or who are limited English proficient) and determined that the facility provides information about sexual abuse and sexual harassment that they were able to understand. The LEP inmates stated that several staff members serve in the role of a translator and are readily available as needed. The auditor reviewed documentation and no inmate interpreters, readers, other inmate assistants were used in the past 12 months.

Corrective Action: The auditor recommended the following corrective action. PREA Standard 115.16 specifically focuses on incarcerated people with disabilities and requires that correctional agencies take steps to ensure that people 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. Legal compliance: Two federal statutes exist to regulate the treatment of incarcerated people with disabilities: Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA. Auxiliary Aids and Services Section 504 and Title II of the ADA require that facilities provide auxiliary aids and services to incarcerated people with disabilities to ensure access to information and services. Examples of auxiliary aids and services include: • qualified interpreters for incarcerated people who are Deaf or hard of hearing; • brailled materials, large print materials, or other effective methods of making visually delivered materials available to incarcerated people who are blind or low-vision; • acquisition or modification of equipment or devices, such as hearing aids, wheelchairs, magnification devices, and electronic devices to assist with communication; • readers or note-takers for incarcerated people with cognitive or intellectual disabilities; and • quiet, distraction-free learning areas for incarcerated people with psychiatric disabilities. The auditor and warden discussed the importance of affording all inmates with disabilities the same equal opportunity to participate in or benefit from, all aspects of the agency's efforts to prevent,

detect and respond to sexual abuse and sexual harassment. The auditor recommended for the facility to place the opposite-gender announcement in the dorm in both English and Spanish (or primary language) for all inmates with disabilities. The warden immediately printed large signs with the following information, "Male staff may enter the wing at any time. Ensure you are always properly clothed". Two signs were posted in I dorm and two posted in N dorm in a wooden frame bolted to the wall. The facility completed the corrective action on 5/29/19. The facility made access to change with little to no additional financial resources. The facility utilized a simple reading level as a benchmark for information conveyed, a font that was in capital letters and easy to read; the font was not smaller than 14 points, the print was black ink on white paper for easy visibility, and a limited amount of information. • Agencies also need to be prepared to create individualized access solutions for inmates who are Deaf, blind, or have low vision, inmates with intellectual disabilities, inmates who cannot read, inmates with psychiatric disabilities, and inmates who are limited English proficient. The facility has access to a Sign Language interpreter and (TTY) available for Deaf inmates. No further action is required. Interviews of staff, both male and female, interviews of the female inmates, as well as the auditors' observation of searches and the review of policies and procedures, confirms that Lowell CI is compliant with standard 115.16, as "meets standard".

115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. FDC Procedure 208.049 b. Background Guidelines c. FDC Rule 33-601.202 d. FDC Procedure 205.002 e. Rule 60L-33.002 f. Background Guidelines <p>Interviews:</p> <ul style="list-style-type: none"> 1. Human Resource Manager <p>Site Review Observations:</p> <p>The auditor reviewed employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. All employees are required by law to be screened (fingerprinting, statewide criminal background checks (through the Federal Bureau of Investigation (FBI), local criminal history checks, and Florida Department of Law Enforcement (FDLE). The FDC uses "live scan" in conjunction with a law enforcement system that alerts the FDC of any employee arrest. The "live scan" is accurate with a quicker notification process than a five-year background check. The FDC utilizes the National Crime Information Center (NCIC) and the Florida Criminal Information Center (FCIC) as a comprehensive updated background check on all employees, contractors, and volunteers.</p> <p>Auditor Findings:</p> <p>115.17 (a) The auditor reviewed files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered; the facility is compliant with the provision of the standard. The FDC has established policies to assist with hiring and promotion of anyone who may have contact with inmates who may have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or who has been convicted of engaging or attempting to engage in sexual activity in a facility by force or sexual battery or sexual activity, for the prevention of sexual abuse or sexual harassment as outlined in the PREA standards. The Florida Statute Chapter 435 Employment Screening; FDC Procedure, 208.049 Background Investigation, and Appointment of Certified Officers, Procedure 602.016 Entering and Exiting Department of Corrections Institutions; and Personnel Rules and Regulations help direct employment of staff, contractors, and interns; contractors/volunteers, and help impose on employees a continuing duty to disclose misconduct, to include hiring and promotion procedures.</p> <p>115.17 (b) An interview was with the FDC Human Resources Manager and the Security Operations Bureau Chief of FDC for the contractor questions on 6/10/19; FDC's supplemental</p>

employment application form DC2-854 asks the following question with a "yes" or "no" response option. Page 3, question 16, "have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment? If yes, explain? The promotion process reviews any charges that would be considered disciplinary in nature.

115.17 (c) The interview with the FDC Administrative (Human Resources) Manager determined; FDC conducts a thorough background investigation that includes a complete National and State Criminal History check utilizing the FCIC and NCIC information centers. For criminal information that is returned on these checks, we complete a Criminal Record Review (CRR), as outlined in FDC Procedures 208.049 that initiates a deeper look into the applicants' criminal charges. A level 2 Background checks are conducted for all contractors entering the facilities. This consist of fingerprints and a background check through the use of a live scan portal. The live scan system is purged as long as the contractor/owner of the OIR# is employed. The auditor reviewed contractor, employees and volunteer files of personnel hired in the past 12 months confirming that the agency has completed checks consistent with 115.17(c)

115.17 (d). A level 2 Background checks are conducted for all contractors entering the facilities. This consist of fingerprints and a background check through the use of a live scan portal. The live scan system is purged as long as the contractor/owner of the OIR# is employed. The auditor reviewed contractor, employees and volunteer files of personnel hired in the past 12 months confirming that the agency has completed checks consistent with 115.17(c)

115.17 (e) The interview with the FDC Administrative (Human Resources) Manager states that criminal record background checks for employees are completed by Central Office recruitment team. As part of the hiring process, employees are fingerprinted and have their biometric information retained. If an employee is arrested, the Human Resources department is notified via FDLE's Falcon Database and proper action is taken through the Employee Relations team. Employee biometric fingerprint information is retained in FDLE's Falcon Database and notified if the employee is arrested.

115.17 (f) The interview with the FDC Administrative (Human Resources) Manager states that FDC's supplemental employment application form DC2-854 asks the following questions with a "yes" or "no" response option. Page 3, question 16, "Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment? If yes explain? The promotions process reviews any charges that would be considered disciplinary in nature.

115.17 (g) Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.17 (h). Interview response with the FDC Administrative (Human Resources) Supervisor: When former employees reapply to work with FDC, a new background investigation is initiated which involves the completion of a "Request for Rehire," form DC2-814. This form probes into the applicants work discipline and investigation history with the department. These checks are completed with the Human Resource Personnel Records Unit, Human Resources Employee

Relations Database and Office of the Inspector General.

Corrective Action: The auditor recommends no corrective action.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. Lowell CI-Video Camera Information Report</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Agency Head <p>Site Review Observations: Lowell Correctional Institution has a combined total of 491 surveillance cameras. The surveillance system is serviced by Graybar Electric Supply and record activity on a 24-hour timeframe with 20-day retention.</p> <p>a. Lowell Correctional Institution/Main Unit has a total of 207 surveillance cameras in the following locations: dormitory A (9), dormitory B (9) , dormitory C (16), dormitory D (4), dormitory-I (6), dormitory J (16), dormitory K (16), dormitory L (16), dormitory U (14), dormitory V (14), food service (28), chapel (9), VP (9), north gate (7), entrance (8), PRIDE garment factory (8), major's area (4), captains office (1), and education (13).</p> <p>b. Lowell Correctional Institution/Annex Unit has a total of 228 surveillance cameras in the following locations: dormitory M (10), dormitory N (16) dormitory O (16), dormitory P (16), dormitory Q (16), dormitory R (16), dormitory S (22), dormitory T (24), food service (16), medical (12), infirmary (14), tower (14) entrance (8), VP (6), chapel (12), center gate (3), rear gate (3), & property (old T & R) (4).</p> <p>c. Lowell Correctional Institution/Work Camp has a total of 56 surveillance cameras in the following locations: dormitory A (16), dormitory B (16), dormitory C (5), dormitory D (5), dormitory E (5), and control room (9). The work camp has one security mirror behind the washers in the laundry department to eliminate potential blind spots.</p> <p>Auditor Findings:</p> <p>115.18 (a) The Agency Head interview response: Facility modification has always been focused on providing safety to both staff and inmates. Facilities must submit a request (via chain of command) to the Regional Director regarding any renovation or new construction. The request must include at a minimum; description of the work, the program area of the facility the work is to be completed, what the project is correcting or improving, if permits will be required, if the work is routine or critical, the FDC building number, the size of the building, the individuals requesting the project, justification for the project, the estimated cost of the project and confirmation that the work has been reviewed to ensure PREA compliance. The review for PREA compliance includes; ensuring proper line of sight, making sure the construction will not create blind spot areas and making certain that the construction will not inhibit an inmate's ability to benefit from all aspects of PREA. The interview with the Warden or Designee determined that the facility did have added cameras in food service (19 surveillance cameras) and (24) in six different dorms in the past 12 months or since the last PREA audit. The site review and surveillance camera report determined that Lowell CI has a total of 491 cameras utilized to enhance inmates protection from sexual abuse. There were no</p>

renovations, modifications, or expansions in the past 12 months. The Sexual Abuse Incident Review team (SAIR) reviews each completed allegation of sexual abuse at the facility excluding only unfounded incidents and takes into consideration whether monitoring technology should be deployed or augmented to supplement supervision by staff. Additionally, the team examines the area where the alleged incidents occurred and whether physical areas may enable abuse. The SAIR, which is headed by the PREA Manager (Assistant Warden) makes recommendations and forwards them to the Warden and reports recommendations for improvements to the PREA Coordinator, outlined in Procedure 602.053, Prison Rape: Prevention, Detection, and Response.

115.18 (b)The Agency Head interview response: In recent years the Department has focused resources in adding and upgrading to the current video monitoring technology. Video cameras have been installed in all housing units across the state. Many facilities have cameras in food service, laundry, and other commons areas. The Department is continually working with the legislature to obtain funding to enhance current video monitoring technology with a goal of having all areas of every facility under surveillance. Video is utilized to monitor inmates between security checks, to allow staff to monitor multiple areas at once and to limit blind spot areas. Monitoring technology may also be utilized in identifying suspicious activity by inmates and/or staff members and may allow staff to more actively monitor inmates who are deemed aggressive or potential perpetrators/abusers. Video technology can also assist the Office of the Inspector General (OIG) with investigations and prosecutions. Another resource that the Department has employed at facilities is audio monitoring devices in the dormitories. Each dorm is equipped with an intercom system that is monitored by the officer in the officer's station. This allows for officers to respond to situations such as assaults or sexual victimization when they hear the inmate call out. This system is completely operational statewide and is especially important in segregated housing dorms with two-man cells. The Warden or Designee interview response: The objective is to eliminate sexual abuse by enhancing inmates protection form sexual abuse. The auditor randomly checked the monitoring system and surveillance cameras during the site review. Privacy screens and barriers have been placed in every, dormitory and shower area to allow inmates privacy from staff of the opposite gender.

Corrective Action: The auditor recommends no corrective action.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="248 168 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1222 365">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="248 416 1198 452">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol data-bbox="248 459 1158 790" style="list-style-type: none"> a. FDC Procedure 108.015 b. Form NI1-120 c. FDC Procedure 602.053 d. Panhandle Forensic Nurse Specialist Scope - Region 3 2017-2018 e. A4414 MOA Creative Services Incorporated (Ocala Sexual Assault) f. Prisk Advocacy Qualification g. Cardinez-Harris Advocacy Qualification h. FDC Procedure 108.015 <p data-bbox="248 842 392 878">Interviews:</p> <ol data-bbox="248 884 1102 1046" style="list-style-type: none"> 1. SANE/SAFE Staff (telephonic interview offsite location/hospital) 2. Random Staff 3. PREA Compliance Manager 4. Medical Staff <p data-bbox="248 1097 595 1133">Site Review Observations:</p> <p data-bbox="248 1140 1469 1561">The auditor observed the zero-tolerance signs posted in both English and Spanish with the following information: The Florida Department of Corrections offers multiple ways to report sexual abuse and sexual harassment. Reports can be made verbally, in writing, anonymously and via third party. Call an outside entity (Gulf Coast Children's Advocacy Center) to report by dialing 8466; Call the TIP Line by dialing *8477; Report to any staff member, volunteer or contractor, including medical and mental health care staff. Victim Support Services: Lowell Correctional Institution has partnered with Domestic Violence/Sexual Assault Center of Ocala/Creative Services, Inc. to provide survivors of sexual abuse with emotional support services. To access these services, contact 8499 or send a letter to P.O. Box 2193, Ocala, FL 34478. The facility has an MOU with the Panhandle Forensic Nurse Specialist.</p> <p data-bbox="248 1612 475 1648">Auditor Findings:</p> <p data-bbox="248 1655 1477 2114">115.21 (a) The auditor interviewed a total of 57 Random Sample of Staff and they were knowledgeable of the agency's protocol for obtaining usable physical evidence and stated that the Office of Inspector General was responsible for conducting all investigations. Investigations for sexual abuse and sexual harassment are performed by the Office of the Inspector General trained investigators who have a chain of command from the agency and a chain of command to the Governor's Inspector General Office. This is a "Sworn Law Enforcement Statewide Authority, investigative Agency". The FDC's Evidence Protocol and Forensic Medical Examinations are comprehensive to help prevent, detect, and respond to sexual abuse in prison. The PREA audit questionnaire (PAQ) reflected a total of 62 investigations in the past 12 months with three allegations resulting in an administrative review.</p>

115.21 (b) FDC Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations. Lowell CI had two forensic medical examinations in the past 12 months. The agency is responsible for conducting administrative and criminal sexual abuse investigations by the Office of Inspector General (OIG), who reports to the Agency Secretary and Inspector General of the Governors Office to include Florida statutory authority and responsibility to conduct criminal investigations at Lowell Correctional institution and the Florida Department of Corrections. The facility had two forensic medical exams conducted during the past 12 months. The two exams were performed by a SANE/SAFE during the past 12 months.

115.21 (c) If forensic examinations are required, the facility has a contract with the Panhandle Forensic Nurse Specialists, Inc., who "shall provide an on-site assessment, documentation, and collection of evidence for sexual assault inmates at Lowell Correctional Institution and all of the Florida Department of Correctional Facilities." The auditor reviewed documentation to verify that the facility offers all inmates who experience sexual abuse, forensic medical examinations on-site and at no cost to the inmate victim. The Panhandle Forensic Nurse Specialists are Forensic Nurse Examiners with the FDLE evidence kits supplied by the FNE's. Two forensic examinations have been performed by SANE/SAFEs during the past 12 months.

115.21 (d). Interview with the PREA Compliance Manager-Victim Support Services (VSS) (based on the contract with Gulf Coast Children's Advocacy Ctr., Incorporated) & the Florida Department of Corrections Victims Services Section has a Victims' Rights Brochure (pamphlet/form NI1-120), which further accentuates the FDC's commitment to PREA and its' commitment to victim assistance. Inmates who reported a sexual abuse interview response: staff provided the FDC Sexual Awareness pamphlet for inmates and the Florida Department of Corrections Victims Services Section has a Victims' Rights Brochure (pamphlet/form NI1-120). The auditor reviewed a total of 15 investigations and verified that the victim's advocate was made available to the inmate through the Gulf Coast Children's Advocacy Center. The auditor had an inmate onsite test the phone lines to the Gulf Coast Children's Advocacy Center with no issues. The contractor provides a 24/7 toll-free rape crisis hotline, staffed by certified Victim Advocates; provides a mailing address for correspondence; provides a certified Victim Advocate for forensic exams and investigatory interviews; provides follow-up services and crisis intervention to victims of sexual assault; maintains privileged communication and provides other services consistent with the PREA standards.

115.21 (e) The FDC has staff Victim Advocates who are certified by the Florida Attorney General's Office.

115.21(f) A review of documentation of the request regarding the requirements of §115.21(a) through (e) with outside investigating agency; Investigations for sexual abuse and sexual harassment are performed by the Office of the Inspector General trained investigators who have a chain of command from the agency and a chain of command to the Governor's Inspector General Office. This is a "Sworn Law Enforcement Statewide Authority, investigative Agency".

The FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, requires investigations of all allegations of sexual abuse and sexual harassment (and by Florida Statute); forensic examinations (based on the contract with SAFE/SANE practitioners and on Investigative Procedures of the Office of the Inspector General [OIG]); and Victim Support Services (VSS) (based on the contract with Gulf Coast Children's Advocacy Ctr., Incorporated).

	Corrective Action: The auditor recommends no corrective action.
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115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="252 461 603 495">a. FDC Procedure 108.003 <li data-bbox="252 506 603 539">b. FDC Procedure 108.015 <li data-bbox="252 551 603 584">c. FDC Procedure 602.053 <p data-bbox="252 629 392 663">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 674 384 707">1. Warden <p data-bbox="252 752 472 786">Auditor Findings:</p> <p data-bbox="252 797 1477 954">115.22 a. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 62. In the past 12 months, the number of allegations resulting in an administrative investigation: 3. The number of forensic medical exams conducted in the past 12 months by SANE/SAFE: 2.</p> <p data-bbox="252 965 1477 2029">Interview with Agency Head: Allegations of sexual harassment committed by staff are addressed in an administrative investigation and completed within a designated time period. A case summary report documenting the finding of the investigation is completed and reviewed by OIG management. Additionally, any sustained finding is reviewed by the appropriate disciplinary authority to impose appropriate disciplinary action in consultation with the Legal Department. Allegations of sexual harassment committed by inmates are addressed as a disciplinary investigation under the rules of prohibited inmate conduct by the Office of Institutions. Allegations of sexual abuse are addressed in a criminal investigation and completed within designated time periods. A case summary report documenting the finding of the investigation is completed and presented to the local State Attorney's Office for prosecution if warranted. If the State Attorney's Office declines prosecution, a case summary report is completed which documents the declination of prosecution. All case summary reports are reviewed by OIG management. Allegations of repeated sexual harassment by staff members on inmates are handled with an administrative investigation. The complainant/victim inmate is interviewed to ascertain any names of witnesses or evidence to corroborate the allegation. Any identified evidence is evaluated and the subject staff member is interviewed. A summary report is completed and submitted to management for the review of findings. Additionally, any sustained finding is reviewed by the appropriate disciplinary authority to impose appropriate disciplinary action in consultation with the Legal Department. Allegations of inmate-on-inmate sexual harassment are addressed as a disciplinary investigation governed under the rules of prohibited inmate conduct by the Office of Institutions. It is important to note that when inmates are issued a disciplinary report related to sexual victimization, this information is incorporated and utilized in their iBAS/SRI screening designation. Disciplinary reports are just one of the many criteria utilized to determine whether an inmate is or has the potential to be a predator or prey. The auditor reviewed</p> <p data-bbox="252 2085 1437 2152">115.22 b. The interview with investigative staff: The FDC has Procedures in place 602.053, Prison Rape: Prevention, Detection, and Response; and 108.015 Office of the Inspector</p>

General Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations; which direct, outline, and ensure the referral of allegations of sexual abuse for investigation. These procedures specifically address instances of sexual abuse and sexual harassment and the Inspector Responsibilities and Reporting. FDC Procedure 108.003 Investigative Process OIG is responsible for the investigation of civil, criminal, and administrative matters relating to the Department. It is posted on the website: <http://www.dc.state.fl.us/ig/index.html>. The Office of the Inspector General (OIG) is a statutorily created independent entity whose mission is to detect and deter waste, fraud, abuse, and misconduct in Departmental programs and personnel, and to promote economy and efficiency in those programs. The OIG investigates both alleged violations of criminal laws and major departmental policy violations/F.A.C. violations committed by Departmental employees and also audits and inspects Departmental programs.

115.22 c. The agency website is <http://www.dc.state.fl.us/PREA/index.html> with the publication (website or paper) that describes the investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. Resources: Instructions for Filing a Third Party, Grievance, Third-Party Grievance Form, Florida Statute 944.31, FDC Policy 108.015, PREA Final Standards, PREA Resource Center and PREA Survivor Stories.

115.22 d/e. N/A

Corrective Action: The auditor recommends no corrective action.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> 1. PREA Lesson Plan <ol style="list-style-type: none"> a. Zero-Tolerance b. Responsibilities c. Free from Abuse d. Free from Retaliation e. Confinement f. Reactions g. Threats of Abuse h. Inappropriate Relationships i. Communication j. Reporting 2. FDC Lesson Plan-Female Offender Training Curriculum <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff <p>Site Review Observations:</p> <p>The Lowell Correctional Institution and the FDC train all employees who have contact with inmates regarding the Prison Rape Elimination Act. FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response require all staff be trained on these topics every two years.</p> <p>Auditor Findings:</p> <p>115.31 (a). The auditor reviewed fifteen employee training records for the required PREA training and refresher course meeting compliance. A review of the PREA training curriculum supports that it addresses all aspects required by the standard. The auditor interviewed a total of 57 random staff interviews from the Main Unit, Annex and Work camp. The random staff stated that they received annual training which includes PREA each year. The auditor verified the required training in the training curriculum provided to FDC staff: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p>

115.31 (b). Review: Sample of training records. The facility utilizes the FDC Lesson Plan-Female Offender Training Curriculum tailored to the gender of the inmates at the facility. The auditor reviewed fifteen samples of training records verifying the training had been conducted and completed.

115.31 (c). The auditor reviewed fifteen samples of training records verifying the training had been conducted and completed. All current employees receive training annually.

115.31 (d). The auditor reviewed fifteen samples of training records verifying the training had been conducted and completed verified through electronic records.

Corrective Action: The auditor recommends no corrective action.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. PREA Training for Interns, Volunteers, and Contractors. b. Brochure for Interns, Volunteers, and Contractors c. FDC Procedure 602.053 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteer(s) and Contractor(s) who have contact with inmates <p>Site Review:</p> <p>FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response ensure all contractors and volunteers who have contact with inmates are trained on their responsibilities regarding the PREA standards.</p> <p>Auditor Findings:</p> <p>115.32 (a). Lowell Correctional Institution trains all the contractors and volunteers who have contact with inmates on FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response. This procedure directs that the "institution shall ensure that all contractors and volunteers who have contact with inmates are trained in their responsibilities under this and related policies via the Staff Development and Training lesson plan, titled Prison Rape Elimination Act Training for Interns, Volunteers and Contractors "Read and Sign". The Florida Department of Corrections requires all interns, volunteers, and contractors to receive training on the Prison Rape Elimination Act, also known as PREA. This requirement can be fulfilled by reading the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors and signing the Training Affidavit (form NI 1-127). A review of training records for volunteer and contractors who have contact with inmates confirmed compliance. The auditor conducted interviews with six volunteers and three contractors who have contact with inmates and acknowledged that they had received the training.</p> <p>115.32 (b). The auditor reviewed a Sample of training records of volunteers and contractors validating compliance. Interns, Volunteers, and Contractors are required to sign the Training Affidavit (form NI 1-127). The Lowell C.I. has a total of 205 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.</p> <p>115.32 (c). The Pre-Audit Questionnaire documents that 205 volunteers and contractors who may have contact with inmates have been trained in the Agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Three contractors and six volunteers were interviewed and asked about the zero-tolerance policy regarding sexual abuse and sexual harassment and were also asked about how to report incidences of sexual abuse and sexual harassment and they were able to clearly articulate the reporting process for sexual abuse and sexual harassment. The auditor verified the volunteer</p>

and contractor PREA training during the on-site portion of the audit.

Corrective Action: The auditor recommends no corrective action.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. FDC Procedure 601.210 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Inmates 2. Intake Staff <p>Site Review Observations:</p> <p>The auditor conducted inmate interviews on June 26-27, 2019 with no inmate refusals. The auditor selected a geographically diverse sample of random male inmates for the audit process to include housing units by selecting the first and tenth of every housing unit. There was a total of 44 inmates who were interviewed in the education building, in a room on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process</p> <p>Auditor Findings:</p> <p>115.33 (a). The number of inmates admitted during the past 12 months who were given this information at intake: 1886. The FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, indicates inmates will receive information concerning sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment and be oriented/educated in accordance with the FDC Inmate Orientation Procedure 601.201. FDC Procedure 602.053, directs that each institution "will ensure that the inmate orientation process will encourage inmates to immediately report any concern or fear of possible sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to the correctional staff." The procedure further indicates that inmates with limited English proficiency, and/or who have a disability will be educated referenced their right to be free from sexual abuse and sexual harassment, zero tolerance, and how to report. The interview with staff conducting the orientation process determined that inmates receive their rights to be free from sexual abuse and sexual harassment and PREA information within 72 hours. The auditor interviewed a total of 27 random samples of inmates and determined that all the inmates interviewed received the PREA information. LEP and inmates with disabilities were interviewed the auditor verified that they received PREA training upon arrival to include orientation, PREA video, and PREA information. It was determined that during the intake process, inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p>	

115.33 (b). The number of inmates admitted during the past 12 months (stay was 30 days or more): 3318. LEP and inmates with disabilities were interviewed the auditor verified that they received PREA training upon arrival to include orientation, PREA video, and PREA information. Staff interviews, Inmate interviews and a review of documentation determined the facility provides comprehensive education within 30 days of intake, to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

115.33 (c). An interview with the Intake Staff determined that all inmate received the training required at this time. A review of information determined that inmates were current with the comprehensive PREA education within the required timeframe. The auditor interviewed a total of 27 random samples of inmates and determined that all the inmates interviewed received the PREA information.

115.33 (d). The auditor randomly reviewed 16 DC6-134C-Acknowledgement of Receipt of Orientation on the Prison Rape Elimination Act (PREA) of 2003. The signature certifies that the inmate received: an explanation of PREA, DOC's zero-tolerance policy on sexual abuse/assault, avoiding/preventing sexual abuse/assault, an explanation of appropriate methods of intervention, an explanation of appropriate methods of self-protection, information on reporting sexual abuse/assault, and instructions on the process to request treatment and counseling. One deaf inmate was interviewed and stated that she received the information she was able to understand and described how to report sexual abuse.

115.33 (e). The auditor interviewed a total of 27 random samples of inmates and determined that all the inmates interviewed received the PREA information. The auditor randomly reviewed 16 DC6-134C-Acknowledgement of Receipt of Orientation on the Prison Rape Elimination Act (PREA) of 2003. The signature certifies that the inmate received: an explanation of PREA, DOC's zero-tolerance policy on sexual abuse/assault, avoiding/preventing sexual abuse/assault, an explanation of appropriate methods of intervention, an explanation of appropriate methods of self-protection, information on reporting sexual abuse/assault, and instructions on the process to request treatment and counseling.

115.33 (f). The auditor observed large PREA signs displayed in both English and Spanish in all housing units, large enough for a handicap inmate to view from a chair. Informal interviews during the site review determined that inmates received education material, handbooks, and PREA information.

Corrective Action: The auditor recommends no corrective action.

115.34	Specialized training: Investigations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="252 461 887 663" style="list-style-type: none"> a. Investigator Training Curriculum Part 1 (2).pdf b. Investigator Training Curriculum Part 2 (2).pdf c. Investigator Training Curriculum Part 3 (2).pdf d. FDC Procedure 108.015 e. Langston- Training <p data-bbox="252 712 392 745">Interviews:</p> <ul data-bbox="252 757 517 790" style="list-style-type: none"> 1. Investigative Staff <p data-bbox="252 842 595 875">Site Review Observations:</p> <p data-bbox="252 887 1453 965">Investigation Files: The facility PREA audit questionnaire reflected a total of 62 sexual abuse allegations in the past twelve months preceding the audit.</p> <p data-bbox="252 976 1461 1055">The PREA officer provided the investigations to the auditor on the second day of the audit for review. The auditor reviewed 15 of 62 investigations.</p> <p data-bbox="252 1104 472 1137">Auditor Findings:</p> <p data-bbox="252 1149 1477 1473">115.34 (a). The auditor interviewed two specialized investigators with the Office of Inspector General. The agency is responsible for conducting administrative sexual abuse investigations and the Office of the Inspector General (OIG), who reports to the Agency Secretary, and the Inspector General of the Governor's office; has Florida statutory authority and responsibility to conduct criminal investigations at Lowell Correctional Institution and for the entire FDC. This protocol meets the Department of Justice requirements. The auditor reviewed the training records for the two Specialized Investigators with the Office of Inspector verifying compliance with the required training.</p> <p data-bbox="252 1529 1445 1731">115.34 (b) A review of the two Specialized Investigators/Office of Inspector General training records and interviews confirmed that their training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="252 1787 1477 1944">115.34 (c) A review of the two investigators training records verifying compliance with this provision of the standard; the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The number of investigators currently employed who have completed the required training: 94.</p> <p data-bbox="252 2000 1090 2033">Corrective Action: The auditor recommends no corrective action.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC HSB 15.03.36 b. Contractor PREA Training 2018/2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health <p>Site Review Observations:</p> <p>The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff, and interviewed inmates and staff during an on-site visit and site review of the facility. The facility provided the auditor with medical/mental health training confirming compliance with the standard for this recertification review period.</p> <p>Auditor Findings:</p> <p>115.35 (a). The auditor interviewed the medical and mental health staff and determined that staff received the employee training in addition to the training required by the PREA standard. The auditor reviewed the training curriculum provided by Centurion (the contractor who provides medical and mental health services) confirming all requirements have been met. The medical and mental health were trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>115.35 (b) Medical and Mental Health staff interviews along with the review of the documentation determined that Forensic Examinations are not conducted by facility medical staff.</p> <p>115.35 (c) Training certificates were requested and received verifying that all staff has received the training in 2018.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="252 461 603 495">a. FDC Procedure 602.053 <li data-bbox="252 506 603 539">b. FDC Procedure 601.209 <li data-bbox="252 551 778 584">c. SRI Questions for PREA assessments <p data-bbox="252 629 392 663">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 674 751 707">1. Staff responsible for Risk Screening <li data-bbox="252 719 507 752">2. Random inmates <li data-bbox="252 763 651 797">3. PREA Compliance Manager <p data-bbox="252 842 592 875">Site Review Observations:</p> <p data-bbox="252 887 1481 1469">On 5/24/19, the auditor conducted an interview with the classification officer who is responsible for conducting screening for risk of victimization and abusiveness. The auditor observed a PREA appointment of the classification officer for an SRI/PREA assessment with an inmate. The classification officer set up an appointment for the inmate to have the SRI/PREA assessment conducted in an office setting for privacy. The classification officer conducted the PREA assessment on the computer asking every question required and providing PREA education and explanation during the interview for the inmate. The classification officer was professional and continuously allowed the inmate to freely make a report if required providing guidance and confidentiality. The classification officer provided the inmate with a PREA brochure. The classification officer used the Classification Management System for the SRI. The facility has a system in place that automatically generates an appointment for the 30-day SRI/PREA reassessment to include immediate referrals to medical/mental health. The SRI/PREA assessments are appointment driven to ensure tracking and accountability of the required standard.</p> <p data-bbox="252 1525 472 1559">Auditor Findings:</p> <p data-bbox="252 1570 1481 2152">115.41 a. The auditor reviewed the intake and screening processes at the Lowell Correctional Institution. The process at Lowell Correctional Institution is effective and consistent with PREA standards. The Procedure 602.053 Prison Rape: Prevention, Detection, and Response direct the identification, safety, and security during inmate orientation on all newly received inmates. Procedure 601.210 Inmate Orientation details the processes "to clearly articulate PREA orientation requirements." This Procedure 601.210, outlines the required documentation and information to not only meet PREA but to assist classification, medical, and security with the screening. On 5/24/19, the auditor conducted an interview with the classification officer who is responsible for conducting screening for risk of victimization and abusiveness. The auditor observed a PREA appointment of the classification officer for an SRI/PREA assessment with an inmate. The classification officer set up an appointment for the inmate to have the SRI/PREA assessment conducted in an office setting for privacy. The classification officer conducted the PREA assessment on the computer asking every question required and providing PREA education and explanation during the interview for the inmate. The</p>

classification officer was professional and continuously allowed the inmate to freely make a report if required providing guidance and confidentiality. The classification officer provided the inmate with a PREA brochure. The classification officer used the Classification Management System for the SRI. The facility has a system in place that automatically generates an appointment for the 30-day SRI/PREA reassessment to include immediate referrals to medical/mental health. The SRI/PREA assessments are appointment driven to ensure tracking and accountability of the required standard. A total of 57 random staff member were interviewed and stated that inmates could report numerous ways to include: TIPS, Victim Support Services, OIG, staff, volunteers, contractors, third-party, family or PREA hotline. The following is utilized in the screening process: The Offender Based Information System (OBIS), electronic records database, Inmate Behavior Assessment Scale (IBAS), and Inmate Risk Management System (IRMS).

115.41 b. The interview with the Staff Responsible for Risk Screening provided the auditor with a database which maintains all the SRI/PREA assessments and 30-day reassessments verifying compliance with the standard of 72 hours of arrival to the facility. The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 4763.

115.41 c. Lowell Correctional Institution utilizes the SRI Questionnaire/Inmate Risk Management System on a database to include a classification appoint log and case management log entry. The interview with the Staff Responsible for Risk Screening provided the auditor with a database which maintains all the SRI/PREA assessments and 30-day reassessments verifying compliance with the standard of 72 hours of arrival to the facility. The auditor observed the SRI screening process and documentation provided on-site validating compliance with the 72-hour timeframe upon arrival.

115.41 d. Interview with Staff Responsible for Risk Screening-the intake screening consist at a minimum the following: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

115.41 e. Interview with Staff Responsible for Risk Screening determined that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

115.41 f. Interview with Staff Responsible for Risk Screening determined that the 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor reviewed the 30-day reassessments for compliance with the standard. The SRI questionnaire is set up by an appointment in the Classification appointment

log. A random sample of inmate interviews determined that inmates are set up by appointment and interviewed in an office setting for a one-on-one interview with staff.

115.41 g. The Interview with Staff Responsible for Risk Screening determined that An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

115.41 h. The interview with Staff Responsible for Risk Screening determined that inmates are not 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. A total of 27 random inmate interviews were conducted and none of the inmates claimed to have received a disciplinary for refusing to answer any of the SRI screening questions.

115.41 (i). Interviews with the PREA Coordinator, PREA Compliance Manager, and Staff Responsible for Risk Screening confirmed that the facility authorized staff who can are required to be notified based on the response to the assessment in a confidential manner.

Corrective Action: The auditor recommends no corrective action.

115.42	Use of screening information
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol data-bbox="252 461 1023 618" style="list-style-type: none"> a. Housing Integregrated Assessment & Placement System b. FDC Procedure 601.209 c. FDC Procedure 602.053 d. FDC Procedure 403.012 <p data-bbox="252 674 392 707">Interviews:</p> <ol data-bbox="252 719 1430 831" style="list-style-type: none"> 1. PREA Compliance Manager 2. Staff responsible for Risk Screening 3. Transgender/Intersex inmate Interviews (the facility did not have an intersex population) <p data-bbox="252 887 472 920">Auditor Findings:</p> <p data-bbox="252 931 1437 1391">115.42 (a). Interviews with the PREA Compliance Manager and staff responsible for risk screening to include a review of transgender records confirmed the facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Inmate Risk Management System will initiate a code for an identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, and moderate victimization risk, etc. The facility uses the Sexual Risk Indicator (SRI) Questionnaire/ Inmate Risk Management System and Inmate behavioral assessment scale (IBAS) which alerts classification staff of inmates who are identified as potential victims or predators for the assistance of appropriate housing.</p> <p data-bbox="252 1447 1422 1648">115.42 (b). The facility has many different systems in place to make sure individualized determinations about how to ensure the safety of each inmate to include the Sexual Risk Indicator (SRI) Questionnaire/ Inmate Risk Management System and Inmate behavioral assessment scale (IBAS). Observation of the SRI/classification staff supports the auditors' overall assessment of the process meeting compliance with the provision of the standard.</p> <p data-bbox="252 1704 1485 2074">115.42 (c). The auditor also reviewed the FDC Procedures 602.053, Prison Rape and 403.012 Identification and Management of Transgender Inmates and Inmates Diagnosed with Gender Dysphoria; the Florida Department of Corrections IBAS Factors and Scores/Profile Comparison Summary Sheet that includes the inmates name, number, bed, location, IBAS, SRI, age, race, custody, height, weight, release date, medical, mental health, work, status, and other identifying information/data. Interviews with the PREA compliance manager and transgender inmate determined that housing assignments are made on a case by case basis, considering the inmate's health and safety as well as potential programming, management, and security concerns.</p> <p data-bbox="252 2130 1422 2163">115.42 (d). A review of transgender records determined that Placement and programming</p>

assignments for each transgender or intersex inmates are reassessed at least twice each year to review any threats to safety experienced by the inmate. The auditor interviewed a transgender inmate on the facility to include a review of their records for the reassessments, the reassessments are set by appointment and reviewed on the classification appointment log.

115.42 (e). Interview with the PREA Compliance Manager determined that all transgender and Intersex inmates are given respect to his or her own view. The auditor interviewed transgender inmates and stated that they were given the opportunity to provide information about his or her safety. The auditor observed the SRI process on 5/24/19.

115.42 (f). The interview with the PREA Compliance Manager and Staff Responsible for Risk Screening confirmed that inmates are given the opportunity to shower separately from other inmates. The interview with the transgender inmate verified that the opportunity was given to shower separately from other inmates.

115.42 (g). Interview with the PREA coordinator and PREA compliance manager determined that the facility did not have a title, status, and findings of any consent decree, legal settlement, or legal judgment requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates at Lowell Correctional Institution. Ten (LGBTI) inmates were interviewed and they were all placed in general population to include a review of their housing assignments by the auditor verifying compliance.

Corrective Action: The auditor recommends no corrective action.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. FDC Rule 33-0602.220 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Staff who supervise inmates in segregation <p>Auditor Findings:</p> <p>115.43 (a). FDC Procedure 602.053, prohibits inmates at high risk for sexual victimization to be placed in involuntary segregated housing unless an assessment of all other available alternatives has been made. The Pre-Audit Questionnaire reflected there has been zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months at Lowell Correctional Institution. Interview with the warden determined that an assessment of all other housing areas will be assessed unless there are no alternative means of separation from potential abusers to include inmates status and what's in the best interest of the inmate.</p> <p>115.43 (b) A review of the PREA audit questionnaire and interviews determined that there were no inmates at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of the assessment. In the past 12 months, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative housing. There were no inmates from a review of case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. Staff interviewed were very knowledgeable of the procedures of the inmates' access to programs, privileges, education, and work opportunities to the extent possible.</p> <p>115.43 (c) A review of the PREA audit questionnaire and interviews determined that there were no inmates at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of the assessment. In the past 12 months, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative housing. There were no inmates from a review of case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months.</p> <p>115.43 (d) The PREA audit questionnaire reflected (0) for the following questions: From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: a statement of the basis for facility's concern for the inmate's safety; and the reason or reasons why alternative means of separation could not be arranged.</p>	

115.43 (e) The FDC Procedure 602.053 indicates that inmates who are vulnerable or predatory "will be given work/program assignments, consistent with custody level, and medical status.". FDC procedure (Florida Administrative Code 33-602.220) indicates that an inmate who is assigned to involuntary segregated housing will receive a review every 30 days to determine whether there is a continuing need for separation from the general population.

Corrective Action: The auditor recommends no corrective action.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053.docx b. Inmate Orientation Handbook.docx c. 115.51(a)-1 Sexual Abuse Awareness NI1-120.pdf d. 115.51(a)-1 PREA Poster Lowell.pdf e. FDC Procedure 602.053.docx f. Gulf Coast Children Advocacy.pdf g. FDC Procedure 602.008.pdf.do h. Verbal Reports i. Employee Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random sample of staff 2. Random sample of inmates <p>Site Review Observations:</p> <p>The auditor selection was made from a geographically diverse sample of random female inmates for the audit process to include housing units by selecting the first and tenth of every housing unit. A few modifications were made to the list to due inmate transfers on the day of the audit and selections were made to best fit the category.</p> <p>Auditor Findings:</p> <p>115.51 (a) The Florida Department of Corrections offers multiple internal ways for inmates to report privately about sexual abuse or sexual harassment, retaliation by other inmates or staff. The ways to report are documented on posters in English and Spanish throughout the facility, in the Inmate Manual, in the handout Sexual Awareness, through FDC Procedures, including Procedure 602.053, at the library/law library, and on the Agency website. The most obvious ways to report are as follows: Call an outside entity (Gulf Coast Children's Advocacy Center) to report by dialing 8466 Call the TIPS line by dialing *8477 Report to any staff member, volunteer or contractor, including medical and mental health care staff Submit a grievance or an inmate request Report to the facility's PREA Compliance Manager (the Assistant Warden of Programs) Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on the inmates' behalf through a third-party grievance, through the online citizens' complaint form, or by contacting the PREA office at PREA@fdc.myflorida.com Submit a report on someone's behalf, or someone at the facility can report for the inmate using the methods listed above. This information is taken from a Lowell poster (this information is displayed in large print on signs throughout the facility). The auditor interviewed a total of 57 random samples of staff and 27 random samples of inmates making the determination that the inmates clearly understand how to privately report sexual abuse or sexual harassment.</p> <p>115.51 (b) The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency that is able to receive and</p>

immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The auditor had an inmate test the TIPS line by dialing *8477 and the call went through and the information of the report was immediately provided to the auditor for verification. The auditor had the inmate test the anonymous phone line by calling Gulf Coast Children's Advocacy Center by dialing 8466, the auditor spoke to the Victim Advocate representative validating the process is in place.

115.51 (c) The auditor interviewed 57 samples of random staff interviewing determining that staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. A total of 27 samples of random inmates determined that the process was in place and they could report to any staff member if needed. Inmate interviews support that they are aware they have many options for reporting sexual abuse or sexual harassment. Twenty-seven inmates interviewed indicated they have observed the posters in the unit over the phones and displayed in different areas which provide this information.

115.51 (d) FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response specify that a TIPS line is available for inmates and staff that would connect them to the Office of Inspector General. Fifty-seven staff interviews determined that staff is aware of the TIPS line if required.

Corrective Action: The auditor recommends no corrective action.

115.52	Exhaustion of administrative remedies
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1222 365">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="248 416 1198 452">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="248 459 571 495">a. FDC Rule 33-105.005 <li data-bbox="248 501 571 537">b. FDC Rule 33-103.006 <li data-bbox="248 544 571 580">c. FDC Rule 33-103.011 <li data-bbox="248 586 603 622">d. FDC Procedure 602.053 <p data-bbox="248 674 392 710">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="248 716 738 752">1. Inmate who reported sexual abuse <li data-bbox="248 759 580 795">2. Grievance Coordinator <p data-bbox="248 846 472 882">Auditor Findings:</p> <p data-bbox="248 889 1461 1090">115.52 (a) The Lowell Correctional Institution allows inmates to submit a grievance regarding sexual abuse and allows inmates to submit an emergency grievance alleging substantial risk of imminent sexual abuse. As indicated in Standard 115.51, Reporting, FDC Rules and their procedures allow inmates to submit a grievance or an inmate request as an administrative remedy as needed.</p> <p data-bbox="248 1142 1469 1344">115.52 (b) The Lowell Correctional Institution allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. There are no time limits for an inmate to submit a grievance regarding an allegation of sexual abuse. The inmate handbook was reviewed and describes there are no time limits for an inmate to submit a grievance regarding sexual abuse.</p> <p data-bbox="248 1395 1477 1561">115.52 (c) The auditor reviewed a sample of grievances and determined that the following did not occur: (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="248 1612 1445 1814">115.52 (d) In the past 12 months, the number of grievances filed that alleged sexual abuse: 17. In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed: 17. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because a final decision was not reached within 90 days: 0.</p> <p data-bbox="248 1865 1485 2067">115.52 (e) FDC Procedure 602.053 permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Additional documentation and sexual abuse investigations were reviewed by the auditor for determination of compliance.</p> <p data-bbox="248 2119 1382 2154">115.52 (f) FDC Procedure 602.053 has established procedures for filing an emergency</p>

grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The number of emergency grievances alleging a substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. The number of those grievances in 115.52 that had an initial response within 48 hours: 0.

115.52 (g) FDC Procedure 602.053 limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

Corrective Action: The auditor recommends no corrective action.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. Inmate Orientation Handbook c. 2018 PREA Poster Lowell d. 2018 PREA Spanish Poster Lowell e. NI1-120 Sexual Abuse Awareness f. NI1-120 Sexual Abuse Awareness (Spanish) g. 2018 PREA Poster Lowell h. Inmate Orientation Handbook i. FDC Procedure 602.053 j. A4414 MOA Creative Services Incorporated (Ocala Sexual Assault).pdf <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random sample of inmates 2. Inmates who reported sexual abuse <p>Site Review Observations:</p> <p>The auditor observed the large Zero-Tolerance signs displayed in all housing units and throughout the facility: Zero-Tolerance for Sexual Abuse and Sexual Harassment. The sign provided the Victim Support Services: Lowell Correctional Institution has partnered with Domestic Violence/Sexual Assault Center of Ocala/Creative Services, Inc. to provide survivors of sexual abuse with emotional support services. To access these services, contact 8499 or sent a letter to P.O. Box 2193, Ocala, FL 34478. The auditor requested for an inmate to test the line during the on-site portion of the audit and the auditor spoke to a representative on-site determining that these services are provided in a confidential manner.</p> <p>Auditor Findings:</p> <p>115.53 (a) The Victim Support Services: Lowell Correctional Institution has partnered with Domestic Violence/Sexual Assault Center of Ocala/Creative Services, Inc. to provide survivors of sexual abuse with emotional support services. To access these services, contact 8499 or sent a letter to P.O. Box 2193, Ocala, FL 34478. The auditor requested for an inmate to test the line during the on-site portion of the audit and the auditor spoke to a representative on-site determining that these services are provided in a confidential manner. The auditor interviewed inmates who reported sexual abuse and stated that they were provided with the Sexual Abuse Awareness pamphlet and the information was provided to them. The auditor interviewed 27 random samples of inmates and they stated that the information was available to them if needed.</p> <p>115.53 (b) The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The line was tested by the auditor during the site review.</p>

115.53 (c) The facility has a Memorandum of Agreement (AGREEMENT #A4414) for Advocacy Services for Incarcerated Victims of Sexual Assault 09-08-15
MEMORANDUM OF AGREEMENT BETWEEN THE FLORIDA DEPARTMENT OF CORRECTIONS AND CREATIVE SERVICES INCORPORATED.

Corrective Action: The auditor recommends no corrective action.

115.54	Third-party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Online Complaint Form b. Facility Posting in Visitation/family accessible areas <p>Auditor Findings:</p> <p>115.54 (a) The Prison Rape Elimination Act (PREA) of 2003 (28 CFR Part 115) allows you to file an inmate grievance as a third party if you believe that an inmate is the victim of sexual abuse. The following link will direct you to instructions for filing the grievance and access to the proper form. The Office of the Inspector General's mission is to protect and promote public integrity and accountability within the Department through investigations of criminal and administrative violations, and audits that detect fraud, waste and abuse. To report a fraud, waste and misuse complaint, please utilize the Fraud, Waste, and Misuse of Public Funds Hotline (866) 246-4412, or send an email to FraudWasteMisUse@mail.dc.state.fl.us. The Office of the Inspector General (OIG) additionally investigates complaints against employees of the Florida Department of Corrections, such as institutional and community corrections staff, private facility employees, vendors, inmates, and probationers. The following are the types of complaints the OIG investigates physical abuse, excessive force, whistle-blower's complaints criminal activity within the institutions, sexual misconduct, to include unprofessional relationships, staff misconduct, a death which is alleged to be the result of the actions of an employee of the Department or Private Facility. If this is an emergency, please contact our Emergency Action Center (EAC) at (850) 922-6867 or the facility which the inmate or offender is supervised. If the incident is investigated, you may be asked to provide a more complete statement.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. PREA Lesson Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random sample of staff 2. Warden 3. PREA Compliance Manager 4. Medical/Mental Health staff <p>Auditor Findings:</p> <p>115.61 (a) FDC and Lowell Correctional Institution require by Procedure 602.053, Prison Rape: Prevention, Detection, and Response that "All incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported...". Employees, volunteers, and contractors must notify the shift supervisor, the Chief of Security, the Warden, or the Office of the Inspector General, who will then take immediate steps to evaluate the inmates' concern/allegation.</p> <p>115.61 (b) The Emergency Action Center (EAC), Procedure 602.012 and the Management Information Notification System (NIMS) Procedure 108.007 further outline reporting procedures and address, retaliation, staff neglect, and confidentiality of records. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are investigated. Fifty-seven random sample of staff interviews determined compliance with the standard.</p> <p>115.61 (c) Interviews with Medical/Mental Health determined that the contracted agency for healthcare, Centurion, requires its medical and mental health practitioners to report according to FDC policy/procedure and PREA law.</p> <p>115.61 (d) Interview with the warden determined that policy requires that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Florida Statute 415.1034, Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults, requires reports of sexual abuse on vulnerable adults.</p> <p>115.61 (e) The Lowell Correctional institution has a system in place for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. All incidents are entered in the agency data system which ensures that all allegations are reported to the investigator and PREA Manager. This occurs through the use of the Incident Report DC6-210, and MINS Incident Report. FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response require staff to notify Shift Supervisor if the</p>

staff has any reason to believe an inmate is at risk of being sexually victimized.

Corrective Action: The auditor recommends no corrective action.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 602.053</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Agency Head 3. Random Sample of Staff <p>Auditor Findings:</p> <p>115.64 (a) FDC Procedure 602.053, Prison Rape: Prevention, Detection, Response states when a facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0. Interview with the Agency Head: If an inmate is at risk of imminent sexual abuse the first thing staff will be responsible for is separating that inmate from the potential abuser. The potential victim will be given the opportunity to speak to a staff member regarding the situation as well as medical and/or mental health. If necessary, a housing change or facility transfer may be required for that inmate. The inmate may also request to be reviewed for placement in Protective Management (PM), which would require the inmate to be placed in administrative confinement until the PM investigation is complete. Fifty-seven random staff interviews were conducted and staff clearly articulated their duties and responsibilities for reports of sexual abuse and taking immediate action to protect the inmate.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p data-bbox="252 461 603 495">a. FDC Procedure 602.053</p> <p data-bbox="252 551 392 584">Interviews:</p> <ol data-bbox="252 595 552 663" style="list-style-type: none"> <li data-bbox="252 595 456 629">1. Agency head <li data-bbox="252 640 552 674">2. Warden or designee <p data-bbox="252 719 472 752">Auditor Findings:</p> <p data-bbox="252 763 1485 1603">115.63 (a-d) Lowell Correctional Institution has not received any allegations in the past 12 months that an inmate was abused while confined at another facility. The FDC Procedure 602.053, Prison Rape: Prevention, Detection and Response directs and outlines that "If staff at a receiving institution receives information that sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment occurred at another institution, the receiving institution's Warden shall notify the sending institution's Warden within 72 hours of receiving the allegation. The interview with the warden determined the notification shall be documented on DC 6-210. The receiving institution, where the allegation is reported, will be responsible for contacting EAC, completing a DC 6-210, and entering the appropriate information into the MINS for appropriate handling. Agency Head interview: The point of contact for all Department related incidents is either the facility where the incident occurred or the Office of the Inspector General. The staff members receiving the allegations will, in turn, contact the Department's Emergency Action Center (EAC). If an outside agency advises that an inmate was sexually victimized at a prior Departmental facility, it is the receiving staff member's responsibility to notify the EAC of the incident. The EAC will provide that staff member with an incident number and a PREA number, which in turn will be utilized by that staff member to create a record of the incident in the Management Information Notes System (MINS). Once a record is created in MINS the information is automatically routed to the OIG where it will be reviewed. The Warden at the facility where the inmate reported will also be responsible for notifying the Warden at the facility the incident occurred within 72 hours of receiving the allegation.</p> <p data-bbox="252 1659 1094 1693">Corrective Action: The auditor recommends no corrective action.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 602.053</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Inmates who Reported a Sexual Abuse 3. Random Sample of Staff <p>Auditor Findings:</p> <p>115.64 (a) The FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the inmates are separated, any evidence is preserved and protected until appropriate steps can be taken to collect it, the potential victim is requested to not destroy physical evidence by washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The potential abuser is not allowed to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The auditor reviewed employee training validating compliance with the standard. The auditor interviewed Security Staff and Non-Security Staff First Responders and Random Sample of Staff determining that they understood their duties and responsibilities for reporting and the protection of inmates. In the past 12 months, the number of allegations that an inmate was sexually abused: 62. Of these allegations, where the staff was notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: 22. In the other 40 cases, the inmate was already in segregated housing, at another facility, or deemed not to be in danger of further alleged abuse.</p> <p>115.64 (b) Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 8. Of those allegations responded to first by a non-security staff member, the number of times that the staff member: • Requested that the alleged victim not take any actions that could destroy physical evidence: 8. Notified security staff: 8.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. Coordinated Response</p> <p>Interviews:</p> <p>1. Warden</p> <p>Auditor Findings:</p> <p>115.65 (a) The Lowell Correctional Institution has developed a written institutional plan titled "Lowell Correctional Institution PREA Coordinated Response; to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interview with the Warden determined that the facility did have a coordinated response plan in place.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. PBA SSU Agreement 12/12/17 through 6/30/20.</p> <p>Interviews:</p> <p>1. Agency Head</p> <p>Auditor Findings:</p> <p>115.66 (a) Interview with Agency Head: Yes, the Department currently has a collective bargaining agreement with the Police Benevolence Association (PBA) since December 2016 which represents our Correctional Officer and Probation Officer staff. Prior to the PBA, the Department has an agreement with the Teamsters Local 2011. The Department is authorized to dismiss or suspend a permanent status career service employee for any cause noted in Chapter 110.227 of the Florida Statutes and Rule 60L-26.005 (2) of the Florida Administrative Code. Such cause includes poor performance, negligence, insubordination, inefficiency or inability to perform assigned duties, violation of law or agency rules, conduct unbecoming a public employee, misconduct, habitual drug use and any conviction of any crime. The Department does not have permanent post assignments nor does it allow for posts to be "bid" out. Staff members are assigned to posts prior to the commencement of the shift by their shift supervisor. Staff members can be relocated to numerous posts, including posts that do not allow for contact with inmates. Because the Department is so large, staff and inmates may be relocated to alleviate any problems. The Florida Department of Corrections has the ability to protect inmates from contact with abusers reference collective bargaining agreements. Specifically, the Agency has an agreement with the Teamsters Local Union 2011 Security Services Bargaining Unit, but this agreement does not interfere with the ability of the FDC to remove the alleged staff abusers from contact with inmates.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.67	Agency protection against retaliation
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p data-bbox="252 461 603 495">a. FDC Procedure 602.053</p> <p data-bbox="252 551 392 584">Interviews:</p> <ol data-bbox="252 595 1477 831" style="list-style-type: none"> 1. Agency Head 2. Warden or Designee 3. Designated Staff Member Charged with Monitoring Retaliation (or Warden if none available) 4. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) 5. Inmates who Reported Sexual Abuse <p data-bbox="252 887 472 920">Auditor Findings:</p> <p data-bbox="252 931 1477 1648">115.67 (a) The FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response, specifies, "inmates and/or staff who report sexual abuse will be monitored for retaliation for at least ninety (90) days, with at least three (3) contact status checks to occur within the (90) day monitoring at the thirty (30), sixty (60), and ninety (90) day marks from the date of the allegation." The PREA officer was interviewed and stated that the monitor will continue on to the next facility if the inmate is transferred. Staff who monitor for retaliation include the PREA Compliance Manager and PREA officer. The procedure describes the conduct and treatment, and changes in demeanor of the staff and more inmates that will be observed and monitored during the review period. Monitoring continues beyond the minimum of at least 90 days unless the allegation of retaliation is determined to be unfounded. The Lowell Correctional Institution designated the PREA compliance manager and PREA officer as staff member(s) or charges department(s) with monitoring for possible retaliation. The auditor reviewed 15 of 62 sexual abuse allegations and the auditor was impressed with the level of detail and ongoing monitoring for retaliation from the PREA officer. She goes above and beyond to ensure confidentiality, monitoring for retaliation and different confidential ways that inmates could get a hold of her as needed. The PREA officer remains vigilant and inmates claimed to have access to her if needed.</p> <p data-bbox="252 1659 1477 2152">115.67 (b) Lowell Correctional Institution does 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. Agency Head Interview: Facilities deploy numerous measures including housing changes, program changes and changes in work assignments. If warranted, an inmate may be transferred to another Department facility in order to protect him/her from retaliation. All inmates who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the inmate with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Inmates are also provided information for the local rape crisis center for emotional support services. Staff members may be afforded the ability to change posts or facilities to protect them from retaliation. They are</p>

also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment. The warden's interview determined that immediate action would be taken to protect all the inmates at all measures. The auditor interviewed inmates who reported a sexual abuse on the facility and stated that they were provided with PREA information brochure and that the PREA officer conducted her rounds upon their request and on a random basis to check for retaliation and their well-being.

115.67 (c) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states that a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments are reviewed. The PREA officer was interviewed to include a review of policy and it was determined that the facility monitors the inmate for at least 90 days or as needed. There is no time frame for retaliation and if required, a new investigation will be initiated and conducted. The PREA officer monitors monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The warden's interview described the different levels and measures he would take if retaliation was suspected following all required protocols.

115.67 (d) The interview with the Designated Staff Member Charged with Monitoring Retaliation determined the following. FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 indicates that periodic checks will occur 30 days after the incident, 60 days and then 90 days. These appointments are automatically generated in the Inmate Management system. The documentation is entered noting what was communicated during the interview process which is conducted in a private setting away from other inmates and staff. The PREA officer is very detailed with her responses and data entry to include readily available to inmates are monitored as victims of retaliation. The auditor reviewed 15 investigations with excellent documentation from the PREA officer.

115.67 (e) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days unless the incident is deemed unfounded.

115.67 (f) Agency Head Interview: If an individual who cooperates with an investigation expresses fear of retaliation the same process is utilized as previously described. If the individual is an inmate he/she may be afforded a housing change or a transfer to another Department facility. That inmate will also be subject to the 90 day monitoring. If that individual is a staff member they may be provided the opportunity to change posts or institutions and will also be subject to the 90-day monitoring.

Corrective Action: The auditor recommends no corrective action.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. AC Placements c. AC 30 day <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. Staff who Supervise Inmates in Segregated Housing 3. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) <p>Auditor Findings:</p> <p>115.68 (a) FDC Procedure 602.053 prohibits the placement of inmates who allege to have suffered sexual abuse 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. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 22. In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 4 (information obtained from the PAQ). The reviews are on a case-to-case basis and the inmate may be placed in temporary confinement until the situation can be reviewed. The ICT meets with the inmate within 72 hours; appropriate housing is determined.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. FDC Procedure 108.015 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff 2. Warden or Designee 3. PREA Coordinator 4. PREA Compliance Manager <p>Auditor Findings:</p> <p>115.71 (a) Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure 108.015. the Office of Inspector General is the primary investigative unit of all sexual battery allegations occurring on any FDC facility and all sexual misconduct allegations occurring at Lowell Correctional Institution. Office of Inspector General are the initial investigators. All allegations of sexual abuse and sexual harassment will be reported to the Office of the Inspector General and the Management Information Notification System (MINS). This is detailed in the FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response. The Emergency Action Center (EAC) shall be notified immediately whenever a sexual battery or sexual misconduct occurs. The OIC shall be notified and respond to the scene of the crime without delay. Incident Reports (DC6-210) shall be completed without delay. The auditor reviewed 15 of 62 investigative records/reports for allegations of sexual abuse or sexual harassment. The auditor interviewed the OIG and they are responsible individuals for the administrative and criminal investigations.</p> <p>115.71 (b) Investigations for sexual abuse and sexual harassment are performed by the Office of the Inspector General trained investigators who have a chain of command from the agency and a chain of command to the Governor's Inspector General Office. This is a "Sworn Law Enforcement Statewide Authority, investigative Agency". The FDC's Evidence Protocol and Forensic Medical Examinations are comprehensive to help prevent, detect, and respond to sexual abuse in prison. The PREA audit questionnaire (PAQ) reflected a total of 62 investigations in the past 12 months with three allegations resulting in an administrative review. The interview with the Office of Inspector General investigations and record of training review determined compliance with this provision of the standard.</p> <p>115.71 (c) Interviews with the investigators and a review of 15 investigations determined that Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>FDC has zero tolerance for sexual abuse and sexual harassment. All allegations of sexual</p>

abuse and sexual harassment will be reported to the Office of the Inspector General and the Management Information Notification System (MINS). This is detailed in the FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse.

115.71 (d) The interview with the investigator determined the following: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Office of Inspector General explained the different investigative methods to include if the case appears to be criminal Miranda warnings are given to the person(s) interviewed. The auditor reviewed 15 of 62 investigations validating the review process.

115.71 (e) The investigator and inmates who reported sexual abuse interviews to include a review of the policy and samples of investigations determined that credibility of a victim is based on the collection of the evidence gathered, therefore individualized and not based on their status as an inmate or staff.

115.71 (f) The FDC Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that investigations 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. The auditor reviewed a sample of administrative investigation reports and cases involving substantiated allegations to ensure that they were referred for prosecution.

115.71 (g)) Investigative interview determined the following: The Investigations are stored electronically and the evidence is maintained with the Office of Inspector General then forwarded to the centralized evidence storage area, following all chain of evidence procedures. The auditor reviewed 15 of 62 investigations which consisted of substantiated, unsubstantiated and unfounded cases. The following information was reviewed: Photos of inmates, MINS, Incident report, witness statements, grievances, PREA Investigative Report (DC6-2019), Inspector General Inquiry/Report, Notification of other institution (warden to warden email or read receipt), Discipline report, Arrest report, Law enforcement notification, special review screens, Acknowledgement of receipt of grievance orientation (DCI-307), Acknowledgement of Receipt of Training on PREA (DC6-134C), Youthful inmate designation (if needed), iBAS/SRI Results-IM29 screen print, IM70 or IRN 79 printout, iBAS/SRI re-assessment screening (IM29 screen print), Medical/Mental Health forms, housing logs (DC6-208), special housing logs (DC6-233), Holding cell log (DC6-208), Confinement forms, ICT review for 72 hours (30/60 days), completed DC6-2084, monitored phone calls, RMS daily roster, STG inquiry, advocacy documents, translator documents, SART notification, Sexual Abuse Incident Review (DC6-2076), work assignments, notification/reporting to inmate by IG notification, and monitoring for retaliation. The investigations were provided to the auditor which demonstrated compliance.

115.71 (h) The interview with the investigator determined that Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor reviewed 15 of 62 investigations during the on-site portion of the audit at Lowell

Correctional Institution.

115.71 (i) The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j) Interviews with the Warden and Investigative staff to include a review of the investigations determined that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

115.71 The auditor interviews the following: Warden or Designee, PREA Coordinator, PREA Compliance Manager and Investigative Staff and determined When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

Corrective Action: The auditor recommends no corrective action.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 108.003</p> <p>Interviews:</p> <p>1. Investigative Staff</p> <p>Auditor Findings:</p> <p>115.72 (a) F.D.C. Procedure 108.003 Investigative Process defines and supports that a preponderance of evidence is used to support a finding of substantiated.</p> <p>The agency does not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 108.015 b. FDC Procedure 602.053 c. 115.73(a)-1 PR-X314-18-005 d. 115.73(a)-1 PR-X367-18-0012 e. PREA Investigations f. Notifications <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden or Designee 2. Investigative Staff 3. Inmates who Reported a Sexual Abuse <p>Auditor Findings:</p> <p>115.73 (a) The Office of the Inspector General, through trained investigative staff, is responsible for the investigation of PREA incidents. The auditor noted that the two OIG investigators at Lowell Correctional Institution were very knowledgeable and professional regarding the investigations in confinement facilities.</p> <p>The FDC Procedure 108.015, and Procedure 602.053 include reporting to the inmates. Every allegation is investigated and every investigated allegation is reported to the inmate with a finding of the completed investigation based on the outcome of substantiated, unsubstantiated, or unfounded.</p> <p>In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 17. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 10. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor interviewed inmates who reported sexual abuse and stated that they received the notification of the outcome.</p> <p>115.73 (b) In the past 12 months: The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 0. The number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.</p> <p>115.73 (c) There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 month: 3.</p>

115.73 (d) The Lowell Correctional Institution procedures confirms that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (e) In the past 12 months: The number of notifications to inmates that were provided pursuant to this standard: 10. The number of those notifications that were documented: 10.

Corrective Action: The auditor recommends no corrective action.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Rule 60L-36.005 b. FDC Rule 33-208.003 c. FDC Procedure 208.039 d. Termination <p>Interviews:</p> <ol style="list-style-type: none"> 1. Warden 2. Human Resources <p>115.76 (a) FDC Procedure 208.039 specifically lists the following:</p> <ol style="list-style-type: none"> 1. Employee discipline standards. 2. Roles and responsibilities. 3. Employee counseling. 4. Types of disciplinary action. 5. Procedures for issuing discipline to permanent status career service employees. 6. Procedures for issuing disciplinary action to SES or promotion probationary status. 7. Procedures for suspension or dismissal of an OPS, or probationary status employee. <p>This Procedure supplements the above Florida Statutes, Florida Administrative Code, and the State Personnel Rules.</p> <p>115.76 (b) In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 1 termination.</p> <p>115.76 (c) In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0. Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months: 0 (the individual was not a certified correctional officer).</p> <p>Auditor Findings:</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. FDC Procedures 205.002 b. FDC Procedures 602.053 <p>Interviews:</p> <ul style="list-style-type: none"> 1. Warden <p>Auditor Findings:</p> <p>115.77 (a) The FDC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing boards. Specifically FDC Procedure, 205.002, Contract Management, not only requires that contractors will be identified as "PREA covered contracts" but that contract staff will conduct themselves in accordance with Ethics Procedure 102.004 and moreover termination for cause will apply should "the contractor fail to comply with the Department's PREA policies and procedures. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0.</p> <p>115.77 (b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> 1. FDC Procedure 602.053 2. FDC Rule 33-601.314 3. FDC Rule 33-601.800 <p>Auditor Findings:</p> <p>115.78 (a) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment. In the past 12 months: The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility:0. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.</p> <p>115.78 (b) Sanctions shall be 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</p> <p>115.78 (c) The Warden discussed the different levels of disciplinary sanctions inmates are subject to following administrative or criminal findings that engaged in inmate on inmate sexual abuse.</p> <p>115.78 (d) The Lowell Correctional Institution offers therapy, counseling, or other interventions to address all issues of sexual abuse.</p> <p>115.78 (e) The auditor did not verify any disciplinary sanctions for an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.78 (f) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.17 (g) FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions prohibits sex acts or unauthorized physical contact involving inmates</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. Form DC4-642B Mental Health Screening b. Form DC4-683M Alleged Sexual Battery Protocol c. Form DC4-708 Diagram of Injury d. Form DC44-529 staff Request-Referral e. Form DC4-701 Chronological Record of Health Care f. FDC Procedure 602.053 g. Form DC4-642B Mental Health Screening h. FDC Procedure 602.053 i. Form DC4-711B Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information <p>Interviews:</p> <ol style="list-style-type: none"> 1. Inmates who Disclose Sexual Victimization at Risk Screening 2. Staff Responsible for Risk Screening 3. Medical and Mental Health Staff <p>Auditor Findings:</p> <p>115.81 (a-b) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response requires if the SRI (intake risk screen) assessment or medical assessment indicate that an 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. The auditor reviewed a sample of 15 records verifying compliance. The auditor interviewed inmate who disclosed sexual victimization at risk screening and determined that they were immediately referred to medical on the same day.</p> <p>115.81 (d) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners. Medical interviews determined that all information is highly confidential and is strictly limited.</p> <p>115.81 (e) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response requires that any information relating to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>115.81 (e) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated requires that if medical and mental health practitioners gain knowledge of sexual abuse, sexual batters, 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 inmate is under the age</p>

of 18.

This informed consent shall be documented on DC4-711B Consent and Authorization for Use of and Disclosure Inspection and Release of Confidential Information.

Corrective Action: The auditor recommends no corrective action.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. Form DC4-683M Alleged Sexual Battery Protocol b. Form DC4-708 Diagram of Injury c. Form DC4-701 Chronological Record of Health Care d. Form DC44-529 staff Request-Referral e. Form DC4-642B Mental Health Screening f. FDC Procedure 602.053.docx <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Inmates who Reported a Sexual Abuse <p>Auditor Findings:</p> <p>115.82 (a) FDC Procedure) 602.053 Prison Rape: Prevention, Detection and Response reflects Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical interviews determined that staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>115.82 (b) Staff have been trained as staff first res-ponders If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first res-ponders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.82 (c) The auditor reviewed 15 of 62 sexual abuse investigations on site. The auditor verified that Inmate victims of sexual abuse while incarcerated are 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.</p> <p>115.82 (d) The Medical/Mental Health to include victims of sexual abuse determined that victims are provided with treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

Corrective Action: The auditor recommends no corrective action.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. FDC Procedure 602.053 b. FDC HSB 15.03.36 c. FDC Procedure 401.010 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Inmates who Reported a Sexual Abuse <p>Auditor Findings:</p> <p>115.83 (a) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states as appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any facility.</p> <p>115.83 (b) Interviews with medical staff/ inmate victim interviews and a review sexual abuse allegations determined the following: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>115.83 (c) Interviews with medical and mental health, a review of sexual abuse investigations determined the facility provides such victims with medical and mental health services consistent with the community level of care. FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.83 (d) FDC Procedure 602.053 and FDC HSB 15-03-36 provide Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The auditor reviewed sexual abuse allegations confirming that inmates are offered pregnancy test.</p> <p>115.83 (e) FDC Procedure 602.053 and FDC HSB 15-03-36; If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.</p> <p>115.83 (f) FDC Procedure 602.053 and FDC HSB 15.03.36: Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.83 (g) Interviews with inmates who reported sexual abuse confirmed that treatment of services was provided without cost to the inmate.</p> <p>115.83 (h) FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response 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; appropriate treatment will be offered. H.S.B (health Services Bulletin) 15.03.36 Post Sexual Battery Medical Action supports that this</p>

action will occur. The auditor reviewed documentation was provided that demonstrated that a referral was made to mental health regarding the alleged perpetrator for a mental health follow up.

Corrective Action: The auditor recommends no corrective action.

115.86	Sexual abuse incident reviews
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1222 360">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="252 416 1198 450">Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="252 461 603 495">a. FDC Procedure 602.053 <li data-bbox="252 506 373 539">b. SAIRC <p data-bbox="252 584 392 618">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 629 389 663">1. Warden <p data-bbox="252 707 472 741">Auditor Findings:</p> <p data-bbox="252 752 1453 999">115.86 (a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incident: 4 (non-sustained). The auditor reviewed the documentation for compliance.</p> <p data-bbox="252 1010 1469 1043">The warden confirmed the SAIR process and the 30-day time frame required by the standard.</p> <p data-bbox="252 1055 1398 1133">115.86 (b) The auditor reviewed the sexual abuse incidents and the review process was conducted within the 30-days of the conclusion of the investigation.</p> <p data-bbox="252 1144 1430 1256">115.86 (c) The interview with the warden determined that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="252 1312 1477 1939">115.86 (d) Interviews with the Warden, PREA compliance manager and the Incident review team to include a review of the form and SAIR determined the following: the review team considers (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p data-bbox="252 1951 1445 2029">115.86 (e) A review of the SAIR confirmed that the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p data-bbox="252 2085 1086 2119">Corrective Action: The auditor recommends no corrective action.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 602.053</p> <p>Auditor Findings:</p> <p>115.87 (a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions per FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.87 (b) The agency aggregates the incident-based sexual abuse data at least annually per FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.87 (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews per FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>115.87 (e) The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates per FDC Procedure 602.053 Prison Rape: Prevention, Detection and Response.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. Facility CAP 2018 b. 2017 Agency CAP c. SSV2 2017 1-2019 submission <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager 4. Warden <p>Auditor Findings:</p> <p>115.88 (a-d) Interview with FDC Secretary (Agency Head): Yes, the Secretary of the Department of Corrections is responsible for reviewing and approving the annual PREA report. Interviews with PREA Coordinator, PREA Compliance Manager, and Warden, confirm that the Agency and Lowell Correctional Institution are continually assessing and collecting PREA data for corrective action, and to "improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying data, problem areas, taking corrective action, and the preparation of an Annual Report that includes a comparison of the current year's data and corrective actions with those from prior years." Per FDC Procedure 602.053, Prison Rape: Prevention, Detection, and Response.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documentation Reviewed: (Policies, directives, forms, files, records, etc.)</p> <p>a. FDC Procedure 602.053</p> <p>Interviews:</p> <p>1. PREA Coordinator</p> <p>Auditor Findings:</p> <p>115.89 (a) Interview with the PREA Coordinator determined that the agency ensures that incident-based and aggregate data are securely retained.</p> <p>115.89 (b) The annual report is on the webpage at http://www.dc.state.fl.us/PREA/index.html.</p> <p>115.89 (c) Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>115.89 (d) The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection unless federal, state, or local law requires otherwise.</p> <p>Corrective Action: The auditor recommends no corrective action.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Florida Department of Corrections and the Lowell Correctional Institution demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor will retain and preserve all documentation (including, e.g., videotapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Florida Department of Corrections publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by the auditor. The agency website is http://www.dc.state.fl.us/PREA/index.html. The facility is compliant with the reporting process and standard for this recertification review period.</p>

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

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

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

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

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

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	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

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

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

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

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

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

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

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

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

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

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

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

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

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

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

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

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

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

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

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

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

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

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

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)	yes

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.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes