

PREA Facility Audit Report: Final

Name of Facility: South Bay Correctional and Rehabilitation Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/18/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: James Kenney	Date of Signature: 04/18/2025

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	kenney.consult@gmail.com
Start Date of On-Site Audit:	03/25/2025
End Date of On-Site Audit:	03/27/2025

FACILITY INFORMATION	
Facility name:	South Bay Correctional and Rehabilitation Facility
Facility physical address:	600 US Highway 27, South Bay, Florida - 33493
Facility mailing address:	

Primary Contact

Name:	Glenn Morris
Email Address:	glenn.morris@geogroup.com
Telephone Number:	561-829-1907

Warden/Jail Administrator/Sheriff/Director	
Name:	Shay Hatcher
Email Address:	shay.hatcher@geogroup.com
Telephone Number:	561-829-1908

Facility PREA Compliance Manager	
Name:	Glenn Morris
Email Address:	Glenn.morris@geogroup.com
Telephone Number:	561-992-9505
Name:	Vera Mazo
Email Address:	vmazo@geogroup.com
Telephone Number:	561-992-9505
Name:	Veronica Cooksey
Email Address:	veronica.cooksey@fdc.myflorida.com
Telephone Number:	850-597-3540

Facility Health Service Administrator On-site	
Name:	Nancy Finisse
Email Address:	nancy.finisse@geogroup.com
Telephone Number:	561-992-9505 ext 405

Facility Characteristics

Designed facility capacity:	1948
Current population of facility:	1936
Average daily population for the past 12 months:	1934
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-85
Facility security levels/inmate custody levels:	Facility Security Level - 5, Custody Levels - Community, Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	326
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	14
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	86

AGENCY INFORMATION

Name of agency:	The GEO Group, Inc.
Governing authority	

or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	J David Donahue
Email Address:	ddonahue@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.33 - Inmate education • 115.65 - Coordinated response
Number of standards met:	
43	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-25
2. End date of the onsite portion of the audit:	2025-03-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Abuse Counseling & Treatment, Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1948
15. Average daily population for the past 12 months:	1934
16. Number of inmate/resident/detainee housing units:	38
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1925
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	101
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	99
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	180
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	55
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	235
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	53

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>17</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>35</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>32</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>32</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>88</p>

<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>22</p>
<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected at least one individual from each housing unit, ensuring to select individuals from different age groups, races, and different lengths of stay in the institution. This provided a variety of individuals to interview so the auditor received the best information.</p>

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	24
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor verified with the facility staff and reviewed the investigation files to determine there were no individuals housed in segregation due to the high risk of victimization.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>24</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Maintenance, Grievance coordinator, Mail room, Food service.
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	21	0	0	21
Staff-on-inmate sexual abuse	11	0	0	11
Total	32	0	0	34

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	4	0	0	0	0
Staff-on-inmate sexual abuse	6	0	0	0	0
Total	10	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	4	2	15	0
Staff-on-inmate sexual abuse	6	1	4	0
Total	10	3	19	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	32
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>21</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>11</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The institution had no allegations filed of staff sexual harassment over the last 12 months.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>Facility Organizational Chart</i> 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA compliance manager <p>Findings (by provision):</p> <p>115.11(a). The Florida Department of Corrections and the South Bay Correctional and Rehabilitation Facility (South Bay) has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual</p>

harassment. The South Bay facility is operated under a contract agreement by the GEO Group (GEO) for the Florida Department of Corrections (FDC). GEO operates the institution under the FDC policy and procedure. In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*, which outlines their zero-tolerance sexual abuse policy. The procedure clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. The procedure's purpose is "To establish zero-tolerance standards for sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in institution and community corrections while protecting the rights of inmates and offenders, regardless of gender or sexual preference, through accountability of perpetrators and the punishment of those institutional and community correctional officials who fail to prevent, detect, and respond to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated inmates and those offenders under Departmental jurisdiction. To establish and provide implementation of standards for the detection, prevention, elimination and punishment of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment by increasing the availability of data, information, and training on the incidence of sexual abuse, sexual battery, and sexual harassment, consequently improving the management and administration of correctional facilities. To establish guidelines for proper and immediate reporting of such incidents as well as providing appropriate safeguards for victims, the management of evidence, and actions to be taken from reporting an allegation to substantiation of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment." This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The procedure is detailed, includes all the PREA standards and provisions, and is properly reviewed on an annual basis to ensure the procedure is up to date and accurate. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.11(b). The agency has designated an agency wide PREA coordinator, Judy Cardinez-Harris, who reports directly to the Deputy Director of Institutional Operations. She has been in the position since 2018. The agency's organizational chart was provided for review and shows the PREA coordinator's position as a direct report to the Deputy Director Institutional Operations, listed fourth under the Secretary of Corrections. There is no question as to the authority level of the PREA coordinator at this agency.

The agency provided FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response, which outlines their zero-tolerance sexual abuse policy. The procedure outlines the agency PREA Coordinator responsibilities in this manner:

The PREA Coordinator will be responsible for:

1. The coordination of the activities related to the PREA compliance program through:
 - a. The implementation of terms and conditions of the contracts with service

providers for PREA audits in major institutions and Community Release Centers;

b. The development of effective strategies to ensure a successful compliance, including policies, procedures, protocols, training, and dissemination of information related to the compliance with federal laws; and

c. The review of standards to suggest to the United States Department of Justice (USDOJ) any revisions, additions, or deletions which may be required.

2. The review of all audits, survey results, and incident reports on issues that may affect the compliance process and taking a proactive approach to corrective measures;

3. Advising executive, managerial, and supervisory staff within the Department on issues related to the compliance process;

4. Planning, directing, and coordinating all activities related to the compliance program, including administrative, financial, and operational issues;

5. Serving as the liaison between the Department and the USDOJ;

6. Coordinating, as appropriate with Department program areas to ensure adherence to the compliance standards;

7. Maintaining records of all compliance activities; and

8. Providing training to staff covering all phases of the compliance process, including new compliance procedures and new or revised standards.

The auditor was provided written responses to the PREA audit interview questions for the PREA coordinator. In the written responses, the PREA coordinator confirmed the main function of her position is PREA compliance, PREA contracts, and PREA grant funding. The PREA coordinator also has two Correctional Services Consultants (CSC) assigned to the office that assist with PREA-related services, including PREA audits.

The auditor has worked directly with one CSC for this audit assignment. Based on this interview, the organizational chart, and my contact with the PREA coordinator and the CSC during the several months of this audit, the auditor believes the PREA Coordinator has both the time and authority necessary to meet the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.11(c). The agency has designated 57 PREA compliance managers to handle the responsibilities at their correctional facilities. At 50 of the facilities, the position is held by the Assistant Warden and the other seven facilities are privately run. At South Bay, GEO has assigned Assistant Facility Administrator Glenn Morris as the PREA compliance manager. As the Assistant Facility Administrator, the PREA compliance manager (PCM) should have sufficient authority to coordinate the facility's efforts to comply with the PREA standards. During the onsite phase of the audit, the auditor interviewed the PCM, and he was clear about his ability to manage his time. He said he completes tasks in the order of importance and ranks his PREA-related issues at the top of the list. The PCM provides reporting to the agency PREA coordinator and maintains records and statistics at the institution. He went on to say

	<p>that he reviews the facility’s incident reports on a daily basis, especially those that involve PREA allegations. He reviews PREA-related incidents immediately to ensure the appropriate documentation is completed and placed into the PREA case file. He reviews PREA files on a regular basis to ensure compliance with the PREA Standards is in place and takes immediate action if he notices a failure to maintain that compliance. The PCM indicated that there was sufficient time to complete duties as the PCM, as it was a required part of his responsibilities. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 205.002 - Contract Management</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency Contract Administrator <p>Findings (by provision):</p> <p>115.12(a). The agency provided <i>FDC Procedure 205.002 - Contract Management</i> in the PAQ. This procedure states, “The contractor/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The contractor/ vendor(s) will also comply with all Department policies and procedures that relate to PREA.” Although the agency holds contracts for the housing of their incarcerated individuals, South Bay has no direct contracts to house their own incarcerated individuals. GEO is under a contractual agreement to operate the South Bay facility for FDC. This PREA audit is required under GEO’s contract, so they can provide proof of PREA compliance every three (3) years.</p> <p>The auditor was provided written responses to the PREA audit interview questions for the Agency Contract Administrator. Through those written responses, the agency contract administrator confirmed that FDC contracts include verbiage related to the vendor’s obligation to comply with PREA standards prior to entering into agreements with the agency. If the entity is not PREA compliant or fails to become compliant, the contract will not be executed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.12(b). The auditor was provided written responses to the PREA audit interview questions for the Agency Contract Administrator. In those written responses, the</p>

	<p>agency contract administrator indicated that any new contract or contract renewal shall provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. There are a total of 81 contracts for confinement of FDC inmates in the state, and they have all submitted proof of compliance with the PREA standards. The seven private agencies that operate correctional facilities on behalf of FDC have all completed their PREA compliance audit and those audit reports are submitted to the FDC PREA coordinator and are posted on the FDC website. The agency contract administrator confirmed that inmates will not be housed in any facility or with any entity that fails to provide proof of compliance with the PREA standards. South Bay has no direct contracts to house their own incarcerated individuals.</p> <p>The current PREA audit displays exactly how FDC maintains their requirement to monitor GEO's PREA compliance. This audit is contracted through FDC and FDC provide one of their Correctional Services Consultants during the onsite audit to be available to the auditor if there are questions or problems, and to maintain communication with the agency PREA coordinator. FDC clearly took specific steps to ensure the facility was compliant with all 43 PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>South Bay Correctional and Rehabilitation Facility Staffing Plan</i> 3. <i>South Bay Annual PREA Facility Assessment</i> 4. <i>Housing Unit Logs</i> 2. Interviews: <ol style="list-style-type: none"> 1. PREA Coordinator 2. Agency Head 3. Random incarcerated individuals 4. Random Staff 5. Specialized Staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Program area 3. Housing units

4. Kitchen
5. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the *Prevention/Detection* section, the procedure states that the Office of Institutions will develop a particularized staffing plan for each institution that provides adequate staffing levels and video monitoring to protect inmates against sexual abuse sexual battery, staff sexual misconduct, and sexual harassment. The agency also provided the auditor a copy of the *South Bay Correctional and Rehabilitation Facility Staffing Plan*. The document includes the staffing level guidelines for South Bay and the breakdown of video monitoring technology for the compound. The plan includes a review of the supervision for the institution.

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

1. Provision 115.13(a)(1) - Generally accepted detention and correctional practices - The South Bay Correctional and Rehabilitation Facility follows and is accredited by the American Correctional Association (ACA) since 1999 and must adhere to the Florida Department of Corrections policy and procedures, per contract.
2. Provision 115.13(a)(2) - Any judicial findings of inadequacy - South Bay has not had judicial findings of inadequacy.
3. Provision 115.13(a)(3) - Any findings of inadequacy from Federal investigative agencies - South Bay has not had any findings of inadequacy from any Federal investigative agency.
4. Provision 115.13(a)(4) - Any findings of inadequacy from internal or external oversight bodies - South Bay had eleven (11) findings of inadequacy from the ACA recertification inspection in December 2023. All were corrected by January 2024.
5. Provision 115.13(a)(5) - All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) - There are 99 cameras within the facility. The facility has addressed physical plant issues with cameras, mirrors, and with a weekly walk through in every housing unit, addressing issues when they arise.
6. Provision 115.13(a)(6) - The composition of the inmate population - The South Bay staffing plan is based on an incarcerated individual population comprised of FDC individuals with security levels of minimum, medium, and close custody. The facility's capacity is 1948. The average capacity from August 2023 through August 2024 was 1938. The plan includes required staffing to maintain the safety of all incarcerated individuals, regardless of gender, sexual orientation, or age.
7. Provision 115.13(a)(7) - The number and placement of supervisory staff -

South Bay has three (3) eight-hour shifts, with 27 security staff assigned. The number and placement of supervisory staff has been reviewed by the Florida Department of Corrections and The GEO Group to ensure adequate staffing in all areas, at all times.

8. Provision 115.13(a)(8) - Institution programs occurring on a particular shift - Programs at South Bay are available Monday through Friday, between the hours of 0800 hours and 1600 hours. The curriculum includes GED, GED preparation, basic academic skills, and vocational classes. There are 47 positions assigned to assist with daily programmatic activities to ensure all incarcerated individuals are provided access to education programs without limiting security operations or endangering the sexual safety of the incarcerated individuals.

9. Provision 115.13(a)(9) - Any applicable State or local laws, regulations, or standards - There are no State or local laws, regulations, or standards that relate to the South Bay staffing levels.

10. Provision 115.13(a)(10) - The prevalence of substantiated and unsubstantiated incidents of sexual abuse - Based on the number of substantiated and unsubstantiated sexual abuse allegations at South Bay in 2023, coupled with the sexual abuse incident reviews of those allegations, the agency determined that modifications to the staffing plan were unwarranted.

11. Provision 115.13(a)(11) - Any other relevant factors - The plan considered all other incidents and the institution's physical plant and found no need to make modifications to the current staffing plan.

The overall staffing of the facility is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing throughout the compound, as well as supervisory staff. The auditor reviewed all areas, including food services, laundry, program areas, medical and mental health, and all housing units. There are visible cameras in some areas of the facility, although there is a very small number of them. Most housing units and programming areas are without cameras, which can be of a concern to the overall safety of both the staff and the incarcerated individuals. To help overcome the shortage of cameras, the auditor could see where the facility had identified potential areas of concern, as mirrors had been installed to assist with viewing areas from the hallways. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited the control rooms where staff actively monitor video within the facility and noted cameras in some areas, but there were no visible toilets or showers on those cameras.

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

The auditor visited the education and programs buildings and the library and law library. The incarcerated individuals were able to utilize the library services and easily attend programs without taking away security and safety from the rest of the compound. Several of the incarcerated individuals told the auditor that they were so eager to participate in the available programs and educational opportunities that it was encouragement to avoid violating rules so they could maintain their program participation. The staffing plan provides for additional programs staff to ensure safe participation in all jobs and programs.

The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit. The Warden explained that GEO and the Bureau of Security Operations have developed a post chart for South Bay that documents the required daily staffing to assist with the security and safety of the staff, incarcerated individuals, and visitors to the institution. The post charts are developed with a consideration for the components of the physical plant, the composition of the incarcerated population, past sexual abuse incidents, assaults, and use of force. The plan is documented and reviewed annually. The video monitoring system is evaluated at least once per year to determine if the institution should make adjustments to better identify safety concerns. The Warden confirmed the plan covers each of the eleven (11) points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden's office for additional review and approval. This is all documented in the electronic staffing system. The auditor also interviewed the PREA compliance manager, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). All deviations from the post chart are documented in an incident report and submitted to the Warden. Deviations from the Level One posts are filled by additional staff members utilizing overtime. The auditor was provided with a memo stating there were no documented events where the required Level One posts were not filled over the last 12 months. The auditor interviewed the Warden, who confirmed the documented deviations through the daily shift reports. The auditor was provided copies of the shift reports and noted the deviations below the required minimum staffing. The auditor could see how the institution corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The auditor was provided a copy of the *South Bay Annual PREA Facility Assessment* in the PAQ. The annual review was completed in September 2024. The review indicated that no changes to the staffing plan were warranted based on the institution's incarcerated individual population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the Assistant Facility Administrator, the Compliance Administrator, and the Facility Administrator, and approved and signed by GEO's Regional Director of Operations and the GEO PREA Coordinator. The annual review outlined the points required in the staffing plan, indicated points where improvement was needed in order to remain compliant, and discussed any deviations from the

	<p>staffing plan over the last year.</p> <p>The auditor interviewed the agency PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.13(d). The auditor was provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. This policy states, “The Chief of Security shall ensure that unannounced supervisory rounds and opposite gender housing announcements are conducted and documented in accordance with post orders.” The procedure also states that staff members are prohibited from taking actions to inhibit the prevention practices in place, which includes alerting coworkers to unannounced rounds by supervisors.</p> <p>During interviews with 21 random incarcerated individuals, each individual stated that supervisors enter the housing units several times a day. When asked, incarcerated individuals told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 14 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed two (2) supervisors, a lieutenant and a captain, during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Also, during the site review, the auditor met supervisors in the housing units while they were performing their unannounced rounds.</p> <p>Several copies of completed <i>FDC Housing Unit Logs</i> were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. Rounds were logged as the unannounced OIC Inspection in the Housing Unit. The logs provided to the auditor showed those inspections at all times of the day and night. The logs were from different days of the week throughout the month. During the onsite audit, the auditor was provided with video of supervisors making rounds in various housing units in the institution. The video clearly showed the supervisor entering the unit at different times, making a full round of the unit, and reviewing all areas of the unit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 601.211 - Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities*
 2. *FDC Procedure 501.201 - Special Education Services*
2. Interviews:
 1. None
3. Site Review Observations:
 1. None

Findings (by provision):

115.14(a). The auditor reviewed *FDC Procedure 601.211 - Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities*, which was provided in the PAQ. This procedure outlines the requirements to house individuals within FDC that are under age 18. The Department has designated two institutions for housing of male youthful offenders that have been defined as those individuals 17 years of age and under. As outlined in the procedure, these incarcerated individuals are to be separated from anyone 18 years of age and older. Also, by Florida state law, and facility policy, staff are required to complete security rounds every 10 minutes, without exception.

South Bay does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(b). South Bay does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). South Bay does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.018 - Contraband and Searches of Inmates</i> 2. <i>FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments</i> 3. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 4. Training curriculum - <i>Inmate Relations</i>

5. Training records
6. Housing Unit Logs
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals
 3. Random incarcerated individuals
3. Site Review Observations:
 1. Control rooms (electronic monitoring)
 2. Strip search room
 3. Bathrooms and shower areas
 4. Housing units
 5. Medical services

Findings (by provision):

115.15(a). In the PAQ, the facility provided *FDC Procedure 602.018 - Contraband and Searches of Inmates*. This document specifically describes the policy related to when and how searches are to be performed on incarcerated individuals. This procedure requires that unclothed body searches of incarcerated individuals be conducted by staff of the same sex, except in an emergency. The policy requires supervisory approval for body cavity searches, which are to be performed by medical staff only. The PAQ shows that no body cavity searches were performed in the previous 12 months.

During the site review, the auditor viewed the strip search area in the institution's visitation area. This area is separated from viewing from other incarcerated individuals and staff members and there are no cameras in the area that could view the incarcerated individuals in a state of undress during the search. This area is utilized for unclothed searches of incarcerated individuals following visitation. The institution also has a strip search area in the intake area, inside a separate cell off the intake hallway. The room has large windows, so intake staff place a large partition in front of the windows prior to performing the unclothed searches. The incarcerated individuals are asked to step back into a restroom to provide additional privacy, and the search is then performed privately by one (1) male staff member. During the site review, the auditor experienced the intake process and saw where the search would be performed and was told the search would always be performed by a male corrections officer based on the agency policy. The auditor had informal discussions with incarcerated individuals during the site review and was told that strip searches of incarcerated individuals are always performed by male officers. The auditor interviewed two (2) female officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male inmates at South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(b). South Bay houses male incarcerated individuals only and this provision would not apply to this institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). The agency provided *FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure states that all strip searches of incarcerated individuals conducted by staff of the opposite gender require the staff conducting the search to submit an incident report explaining the justification for the search exception. In the PAQ, the agency indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). The agency provided *FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure is intended to set internal guidelines for gender specific security positions, shifts, posts, and assignments. This includes specific posts in housing units and on shifts where incarcerated individuals utilize showers and toilets where there is a likelihood for staff to view incarcerated individuals in a state of undress where breasts, genitalia, and buttocks would be visible to staff members of the opposite gender. This procedure states that in housing units where this would be a concern, the incarcerated individuals must not be supervised by officers of the opposite gender. The procedure also requires that when staff members enter housing units of incarcerated individuals of the opposite gender, they make an announcement prior to entering. The agency provided copies of housing unit logs in the PAQ. The log includes a preprinted remark, "Announcement made to all inmates the presence of female staff in the dormitory." The remark requires a time and staff initials.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. South Bay has a total of eight (8) dormitory buildings. Six (6) of those dormitories, buildings A, B, C, D, G, and H, have virtually the same layout, with five (5) wings or housing units in each building, centered around a central control room. These dormitories hold secure housing units, with cells on two (2) levels behind a secure door. The cells are double-bunked wet cells. The showers in each unit are behind a wall approximately four (4) feet tall, each with eight (8) shower heads. The auditor noted adequate privacy and modesty to protect the individuals from viewing by female staff members.

E dormitory holds four (4) wings or housing units, centered around a central control room. These units are open dormitory style housing, with double bunk beds in rows around the perimeter of the unit and single bunks in rows along the interior of the floor space. The auditor could see the specific actions taken to provide privacy and modesty for the incarcerated individuals and to prevent cross-gender viewing of individuals' breasts, genitalia, and buttocks. The showers and restrooms in open dormitory housing are in open restroom areas, along the back wall of the unit. The showers are behind a wall approximately four (4) feet tall, each with eight (8) shower heads. The toilets are separated by another wall, approximately two and a half (2-½) feet tall. The walls have large holes in them, near the bottom, which take away some of the privacy and modesty. The institution has installed plastic modesty covers that can be clipped in to assist in covering the individuals while they use the toilet, for additional modesty. These covers, however, had only been installed one (1) week before the auditor's visit, which was confirmed by several incarcerated individuals during the onsite interviews. The covers are not really a necessity, as the auditor saw

adequate privacy, especially if female staff members make the required cross gender announcement prior to entering. The auditor witnessed such announcements when entering the housing units, as the auditor was being escorted by two (2) female administrators during the onsite review. The institution has painted a reminder on the outside of each housing unit door to make the required announcement.

Incarcerated individual rules forbid the male incarcerated individuals from undressing in the open dorm sleeping areas and are instructed to do so in the restroom and shower area.

The last dormitory is M building, and it holds the institution's confinement housing.

The dormitory is split into four (4) housing units, with secure housing behind closed cell doors. The housing here is for administrative, disciplinary, and protective confinement. The cells are double-bunked wet cells behind the closed cell door. Each unit has two (2) showers on the bottom level, and each shower has a metal door that restricts viewing of the individual's body. The door covers the middle of the individual's body and covers from about the knee up to about the chest. This allows officers in the housing units to view incarcerated individuals at the head and feet to provide safety and security without viewing the breasts, buttocks, or genitalia as required in this standard.

The auditor checked the video monitors in the control rooms in each housing unit on the Main Unit and the Work Camp. In each control room, the auditor was able to view the monitor and verified that no showers or toilets were visible on the monitors.

During random interviews with 21 random incarcerated individuals, they all stated that officers routinely make an announcement before entering the unit. All 21 of the incarcerated individuals interviewed confirmed they felt comfortable showering and using the restroom without staff members of the opposite gender viewing them.

During random interviews with 14 officers, they confirmed that cross-gender announcements are done every time a female officer enters a housing unit. Officers stated clearly that they cannot see incarcerated individuals in the showers and restrooms and will only see incarcerated individuals naked during routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. On page 6, under the *Identification* section, the procedure states, "Staff will not search or physically examine a transgender and/or intersex inmate for the sole purpose of determining the inmate's genital status." The procedure goes on to require that staff attempt to determine the individual's status through conversation with the incarcerated individual or a broader medical examination, if necessary.

During the onsite phase of the audit, the auditor interviewed five (5) incarcerated individuals who identify as transgender female. Each of the five incarcerated individuals stated that she had not been searched by the facility to determine the individual's genital status. The auditor also interviewed 14 random officers and was told that such searches of transgender incarcerated individuals was a violation of

	<p>policy. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.15(f). The facility provided the auditor a copy of the search procedures training curriculum, <i>Inmate Relations</i>, that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do such searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents the completion of training for all staff members on the search module.</p> <p>During the onsite phase of the audit, the auditor interviewed 14 random officers. Each of the 14 officers confirmed attending annual in-service training in 2024. The required training for cross-gender searches was included in the training. All 14 officers stated that the training included how to perform the searches of transgender incarcerated individuals in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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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 the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>Form DC6-134C - FDC Acknowledgement of Receipt of Orientation</i> 3. <i>FDC Inmate Orientation Handbook</i> 4. <i>Form NII-120 - PREA Education</i> 5. Completed DC6-134C Forms 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Targeted incarcerated individuals 3. Random incarcerated individuals 3. Site Review Observations: <ol style="list-style-type: none"> 1. Postings in housing units 2. Medical housing 3. Inmate educational materials <p>Findings (by provision):</p>

115.16(a). In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that incarcerated individuals with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. Incarcerated individuals who receive accommodations to receive intake PREA education will have that accommodation noted on *Form DC6-134C - FDC Acknowledgement of Receipt of Orientation*. The auditor was provided a copy of 20 such forms showing incarcerated individuals with impairments were provided with accommodations to observe the intake orientation PREA video. Accommodation includes utilization of closed captioning, placement of the incarcerated individuals close to the video screen, large print brochures, and staff translators.

During the onsite phase of the audit, the auditor interviewed three (3) incarcerated individuals with a physical disability, one (1) with a cognitive disability, one (1) incarcerated individual who is blind, and two (2) incarcerated individuals who are partially deaf. All seven (7) incarcerated individuals confirmed they had received the PREA education and had no problems with seeing and hearing the video in orientation. All seven could explain the zero-tolerance policy, know how to properly report an allegation of sexual abuse, and know what behavior was considered sexual abuse. The partially deaf incarcerated individuals reported they sat in the front when the video was shown to make it easier to see and hear the video, and they related that they were able to read the captions on the video. They also told the auditor they watched the video on his personal tablet to make sure he understood the education clearly. The blind incarcerated individual told the auditor he was unable to see the PREA video, but he heard the video, and a staff member discussed the zero-tolerance with him to make sure he understood the sexual abuse acts that are prohibited and knew how to report an incident of sexual abuse. He told the auditor he was currently housed alone in a cell for his safety. The individual with a cognitive disability told the auditor he saw the video in orientation. He was not able to remember all the information, but he was easily able to tell the auditor that he would talk directly with an officer if he was threatened or harmed by another incarcerated individual. The incarcerated individuals with disabilities were all able to receive the PREA education without a problem and were able to ambulate to reach telephones and access all other services at the institution. The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In those responses, the agency head stated the agency provides various accommodations for incarcerated individuals to be able to access PREA education, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all incarcerated individuals, even those that were wheelchair-bound. Grievances are available to all incarcerated individuals and the FDC procedure and GEO procedure requires accommodation for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all incarcerated individuals, so all incarcerated individuals would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that incarcerated individuals with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department’s zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. Accommodation includes staff translators and translator services. South Bay employs a variety of staff that speak other languages fluently and are on the approved translators list for the institution. The auditor also viewed the *FDC Inmate Orientation Handbook* and incarcerated individual brochure, *NI1-120 - PREA Education*, which were both printed in English and Spanish. The auditor was provided a copy of 20 completed DC6-134C forms in Spanish showing incarcerated individuals who read and write in Spanish were provided with accommodations to observe the intake orientation PREA video.

The auditor interviewed three (3) incarcerated individuals who spoke Spanish during the targeted incarcerated individual interviews. All three incarcerated individuals were able to speak enough English to communicate with the auditor and confirmed receiving the PREA education by watching the PREA video in Spanish. They explained to the auditor how to file an allegation of sexual abuse if it were necessary and understood behavior that was improper. All three individuals also reported seeing and reading the posted zero-tolerance signs, in Spanish, in the housing unit. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “Inmates shall not be used as interpreters or readers except in exigent circumstances.”

During the onsite phase of the audit, the auditor spoke with 14 random officers and 21 random incarcerated individuals. All staff and incarcerated individuals stated that the facility does not utilize incarcerated individuals to interpret for other incarcerated individuals. Staff members stated clearly that using an incarcerated individual to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers*
 2. Employment records
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.17(a). In the PAQ, the auditor was provided *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers*. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant's prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire. The offenses in this standard are all included in this list of automatic eliminations. The procedure requires a full review of the past criminal justice employment history. This would allow for the review of an applicant's past engagement in sexual abuse in a correctional facility. This same review is required for current employees that are seeking promotional opportunities.

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

The auditor reviewed the records of ten (10) randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* includes an extensive review of the applicant's prior work history. This review asks questions regarding the applicant's sexual harassment history. This review must be completed before the applicant can be approved for employment by the Department. South Bay indicated that there were 88 new staff members hired over the prior 12 months who had the completed background checks before approval for hire.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is confirmed through the background check of prior employers, as it requires this disclosure. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). The auditor was provided *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant's prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire.

The auditor reviewed the records of ten (10) randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant's file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals who will be employed through a department contractor. These reviews are typically completed by the contractor. This is included in the contractor's FDC contract.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told all individuals who will work with a department contractor must pass the full criminal history review before being approved for entrance to the institution. These reviews are typically performed by the contractor and are included in the FDC contract.

This provision is especially important for South Bay, as the institution is operated by a contractor, GEO. All staff members at South Bay have had the proper background checks completed and have been approved to work inside the secure institution by both GEO and FDC. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). In the PAQ, the agency provided *Florida Statute 435.03 - Level 1 screening standards*, and *Florida Statute 435.04 - Level 2 screening standards*. Under State Law, certified corrections officers must undergo Level 2 screening standards prior to employment. These standards include background investigations, fingerprinting for statewide criminal history records checks, and national criminal history checks. FDC fingerprints all certified and non-certified employees and enters their fingerprints into the Florida Department of Law Enforcement (FDLE) FALCON system.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She related to the auditor that GEO, the Florida Department of Corrections, and South Bay are enrolled in the Florida Department of Law Enforcement (FDLE)

FALCON system. FALCON is an integrated state-of-the-art system for identifying criminals and reporting data. For law enforcement agencies and correctional agencies, it is utilized through a livescan program, where employee fingerprints are scanned into the FALCON system. Once entered in the enrolled agency file, the FDLE will automatically identify and alert at any time if that individual's fingerprints are received through a new arrest anywhere in the United States. The alert is sent from the FDLE to the agency's contact, thus providing an automatic system to capture employee arrests. Use of this FALCON system satisfies the requirement for the five-year background check. The human resources manager at South Bay confirmed that fingerprinting of staff is a part of their normal procedure, and all security and non-security staff members are fingerprinted into the FDLE livescan system, thus providing for immediate notification of a South Bay staff member is arrested and fingerprinted anywhere in the United States. This satisfies the requirement to perform background checks every five (5) years.

For volunteers and contractors, the agency requires that background checks be performed annually for all volunteers and contractors to remain active on the approved list. This is a requirement included in all FDC contracts and for all volunteers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). The auditor was provided *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires that applicants disclose any prior sexual misconduct.

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

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

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

115.17(h). During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed the agency would, in fact, provide potential

	<p>new employers with information regarding a past employee’s sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Florida. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. None 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Warden <p>Findings (by provision):</p> <p>115.18(a). The agency stated that South Bay has not acquired new facilities or made substantial expansion or modifications to the existing facility since the last PREA audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated the administration constantly reviews what changes might be needed for South Bay. Although none are needed at this time, they would always take into account the sexual safety of the incarcerated individual population when making decisions. The auditor was provided written responses the PREA audit interview questions for the Agency Head. The agency head stated that all facility modifications are based on safety for both incarcerated individuals and staff. They must be submitted for approval by Regional Directors. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an incarcerated individual’s ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.18(b). The agency stated that South Bay has not installed additional cameras or enhanced their systems to better their ability to prevent, detect, and respond to sexual abuse and sexual harassment allegations. There are a total of 99 cameras installed at the institution.</p> <p>During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated the administration constantly reviews what changes might</p>

be needed to enhance the video monitoring system for South Bay. Although no changes or enhancements are planned at this time, the institution is working with FDC to procure additional cameras in areas that are not currently under surveillance. Video surveillance is regularly reviewed to ensure compliance with requirements for security checks and proper implementation of all security and safety procedures. The auditor was provided written responses the PREA audit interview questions for the Agency Head. The agency head stated that resources have been focused on adding and upgrading current video monitoring technology to enhance overall sexual safety. The Department is continually working with the State legislature to obtain funding to enhance current technology with the goal of having all areas of every facility under surveillance. Video is utilized to identify suspicious activity by incarcerated individuals and staff members, and it can assist the Office of Inspector General with investigations and prosecutions. The Department has begun using audio monitoring as well as another tool to increase the Department's ability to respond promptly to situations such as assaults or sexual victimization. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21

Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*
 2. *FDLE Adult/Adolescent Forensic Sexual Assault Examination*
 3. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 4. *PREA Victim Advocacy Brochure*
 5. *Agency Term Contract ATC-23-007 Prison Rape Elimination Act (PREA) Forensic Medical Exams*
 6. *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility*
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals
3. Site Review Observations:
 1. Medical services

Findings (by provision):

115.21(a). In the PAQ, the agency provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure states, “The Office of the Inspector General shall, except pursuant to the terms of any valid Memorandum of Understanding (MOU) or protocol with any other law enforcement agency, be the primary investigative unit of all sexual misconduct allegations occurring on Department property.” The auditor was also provided the *FDLE Adult/Adolescent Forensic Sexual Assault Examination* in the PAQ. This document identifies the standard evidence to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the Office of the Inspector General (OIG) for all investigations at FDC.

During the onsite phase of the audit, the auditor interviewed the assigned facility investigator. He confirmed that he is assigned to investigate PREA-related incidents at the institution, and to coordinate with the Office of the Inspector General (OIG) to investigate all allegations of sexual abuse made by incarcerated individuals at South Bay. The investigator stated they utilize a standard evidence collection format provided by the FDLE that follows the national protocol. During random staff interviews, the auditor interviewed 14 officers. Each of the 14 officers interviewed knew the OIG and the facility investigator investigates all allegations of sexual abuse and sexual assault. All 14 officers also knew evidence was collected by the OIG and officers were responsible to protect the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(b). The auditor was provided the *FDLE Adult/Adolescent Forensic Sexual Assault Examination* in the PAQ. This document identifies the standard evidence that is to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the Office of the Inspector General (OIG) for all investigations at FDC. The protocol includes collection and preservation of evidence that is appropriate for youth.

The auditor reviewed the evidence protocol and compared it with the Department of Justice’s (DOJ) Office on Violence Against Women publication, “*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.*” The FDLE protocol appears to be based upon the DOJ protocol. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). In the PAQ, the agency provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure requires the OIG to ensure the incarcerated individual victim receives medical treatment, a forensic examination, and advocacy.

The auditor was also provided with a copy of *Agency Term Contract ATC-23-007 Prison Rape Elimination Act (PREA) Forensic Medical Exams*, a contract between the

Department of Corrections and Panhandle Forensic Nurse Specialist, Inc. The contract provides for Panhandle Forensic Nurse Specialist (contractor) to ensure all examinations are performed by and RN (registered nurse) with a SAFE (sexual assault forensic examiner) and/or SANE (sexual assault nurse examiner) certification. The contractor shall respond to the corrections facility within four (4) hours of the Department's service request and perform the forensic medical examination (FME) as outlined in the Florida Attorney General's *"Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination."* The contractor shall also ensure that if the incarcerated individual victim requests a victim advocate be present, the contractor will not perform the examination until the advocate is present. The contract requires the FME to be performed without cost to the incarcerated individual victim. This requirement is also included in *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the PAQ, South Bay indicated there were no FME exams performed for victims at the institution during the 12 months prior to the onsite audit. This was confirmed with staff during the onsite phase of the audit.

During the onsite phase of the audit, the auditor conducted a telephone interview with a nurse director at Panhandle Forensic Nurse Specialists. The director verified that their contract with FDC requires them to respond immediately to an institution, when contacted, to perform a forensic medical examination. A SANE nurse will respond and perform the examination. When asked, the director stated they will respond to all calls for response, so there is no need for an alternative plan for coverage for a SANE. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). In the PAQ, the facility provided the auditor with a copy of a *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility*. This agreement provides for the Abuse Counseling & Treatment Center (ACT) to provide victim advocacy for incarcerated individual victims at the South Bay institution. The agreement allows for the institution to contact ACT to request a certified victim advocate to accompany the incarcerated individual sexual abuse victim during a sexual assault forensic exam if requested by the victim. ACT is required to provide a certified victim advocate to respond to the incarcerated individual's request for advocacy accompaniment during the FME and investigatory interviews, provide follow-up services and crisis intervention, maintain privileged communication with the incarcerated individual victim, and provide referrals for treatment after the individual's release or transfer to another facility.

The auditor was also provided documentation of completion of a Victim Services Practitioner course through the Florida Crime Prevention Training Institute for the agency PREA coordinator and the office's two (2) corrections services consultants. The practitioner course qualifies all three (3) as community victim advocates, which allows them to provide advocacy services for inmate victims when other advocacy services are unavailable.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that South Bay has access to victim advocates through ACT.

Incarcerated individuals are informed of the available advocates through signage in the facility and through the incarcerated individual handbook. The auditor contacted the Chief Executive Officer (CEO) at ACT during the onsite phase of the audit. The CEO discussed the current agreement with South Bay to provide victim advocacy for the incarcerated individuals and explained the availability of advocates who were able to respond to South Bay and provide services as outlined in the agreement. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals told the auditor they knew victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the facility investigator told them about ACT. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the facility provided the auditor with a copy of a *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility*. This agreement provides for the Abuse Counseling & Treatment Center (ACT) to provide victim advocacy for incarcerated individual victims at the South Bay institution. The agreement allows for the institution to contact ACT to request a certified victim advocate to accompany the incarcerated individual sexual abuse victim during a sexual assault forensic exam if requested by the victim. ACT is required to provide a certified victim advocate to respond to the incarcerated individual's request for advocacy accompaniment during the FME and investigatory interviews, provide follow-up services and crisis intervention, maintain privileged communication with the incarcerated individual victim, and provide referrals for treatment after the individual's release or transfer to another facility.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that South Bay has access to victim advocates through ACT.

Incarcerated individuals are informed of the available advocates through signage in the facility and through the incarcerated individual handbook. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals told the auditor they knew victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the facility investigator told them about ACT. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). All sexual abuse investigations are performed by the facility investigator and with the assistance of the Office of the Inspector General. They follow all the provisions of this Standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). South Bay has a contract with ACT to provide victim advocacy services for the institution. With this contract in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.22(a). In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the OIG (Office of Inspector General) to evaluate the incarcerated individual’s concern or allegation. The auditor was also provided <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. This procedure calls for the OIG to be the investigative unit for allegations of sexual abuse on Department property. <i>FDC Procedure 108.001 - Authority of the Inspector General</i> was also provided in the PAQ. This procedure states, “The OIG is responsible for prison inspection and investigation, both criminal and internal affairs investigations...” The institution indicated there were a total of 34 allegations of sexual abuse or sexual harassment over the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the facility’s incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor reviewed the sexual abuse and sexual harassment allegations at the same time. There were 34 allegations of sexual abuse, sexual misconduct, and sexual harassment reported over the previous 12 months, and each one appears to have been investigated properly, based upon the paperwork provided to and reviewed by the PREA auditor. The auditor was provided written responses for the PREA interview questions from the Agency Head. The agency head confirmed that all allegations of sexual abuse and sexual harassment are investigated by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(b). In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the</p>

	<p>OIG (Office of Inspector General) to evaluate the incarcerated individual’s concern or allegation.</p> <p>During the onsite phase of the audit, the auditor interviewed an investigator with the Office of Inspector General (OIG). The investigator confirmed that agency policy requires all allegations of sexual abuse and sexual harassment be referred to the OIG for investigation. The auditor reviewed the Florida Department of Corrections website, and under the tab for Prison Rape Elimination Act, the Department lists the agency’s zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment on a third-party grievance form. The agency’s PREA policy is also posted. The information can be found here: Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us). Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(c). All investigations are referred to the OIG and the information posted on the agency’s website clearly outlines the responsibilities of the OIG and the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.22(d). The auditor is not required to audit this provision.</p> <p>115.22(e). The auditor is not required to audit this provision.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. Training curriculum 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. Random staff <p>Findings (by provision):</p> <p>115.31(a). In the PAQ, the facility provided a copy of their <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure states that all staff training on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment related to PREA standards shall be developed by the Bureau of</p>

Professional Development and Training. All staff shall be thoroughly trained and informed regarding the Department's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment at least every two (2) years. The general PREA training shall include the ten points listed in the PREA standard. The auditor was provided the Department's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten (10) required points of the standard. The training material is presented in a manner that all staff members can understand, and the Department utilizes a test at the end of the course to measure understanding.

During the onsite phase of the audit, the auditor interviewed 14 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency. Each officer easily provided the auditor with the date of their last date of training, as it is listed on their training card that is attached to their agency identification card that is worn while on duty. All officers interviewed verified the ten points of this standard in the Department training. The auditor was told they receive PREA training as part of their annual in-service training. The auditor reviewed training records for ten randomly selected officers and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(b). The Department training curriculum related to PREA is consistent for all corrections staff across the state. All employees are cross trained for male and female incarcerated individuals. The annual in-service course addresses both genders. Although South Bay houses male incarcerated individuals only, all staff at South Bay receive the same training for PREA. The Department does provide additional training for security staff who are assigned to work at FDC institutions with female incarcerated individuals. The auditor was provided with a copy of the Lesson Plan for *Female Offender - Different NOT Difficult*. The lesson plan is comprehensive, and the goal is "to provide in depth training on understanding gender, economic, health, social and psychological conditions of female offenders, and trauma informed supervision, as well as staff/offender supervision for employees working with female offenders." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(c). The agency provides training annually for all staff members. Training related to PREA has been provided to staff since 2010. The auditor reviewed training records and determined that all current staff members have received PREA training. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(d). All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.

The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual

basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. *FDC Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors*
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.32(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "The institution shall ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities under this and related policies via Professional Development and Training lesson plan "*Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign*". The auditor was provided a copy of that training document in the PAQ. The agency indicated that 20 approved volunteers and nine (9) approved contractors have been educated on the PREA policies.

During the onsite phase of the audit, the auditor interviewed one (1) contractor and one (1) volunteer regarding their PREA education and training. Both confirmed the completion of the required PREA training provided by the Department. The contractor interviewed works with the contracted commissary provider, Keefe, and the volunteer works with the institution's Chaplain to provide religious services. The auditor was told that contractors provide all employees with the required PREA education before the contractor is placed at an institution for employment. The Department then requires annual training in the Department's curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden, the Facility Administrator, that all volunteers are required to complete the same training prior to entering the compound. The Chaplain and the religious volunteer confirmed the requirement to attend a PREA training class annually. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(b). The auditor reviewed the *FDC Prison Rape Elimination Act Training for*

Interns, Volunteers, and Contractors Read and Sign training curriculum which was included in the PAQ. The curriculum provides the agency's zero-tolerance policy and focuses on the volunteer or contractor's role for prevention, detection, and reporting of sexual abuse and sexual harassment. The curriculum appears to be appropriate for the level of contact with inmates.

During the onsite phase of the audit, the auditor interviewed one (1) contractor and one (1) volunteer regarding their PREA education and training. Both confirmed the completion of the required PREA training provided by the Department. The contractor interviewed works with the contracted commissary provider, Keefe, and the volunteer works with the institution's Chaplain to provide religious services. The auditor was told that contractors provide all employees with the required PREA education before the contractor is placed at an institution for employment. The Department then requires annual training in the Department's curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden, the Facility Administrator, that all volunteers are required to complete the same training prior to entering the compound. The Chaplain and the religious volunteer confirmed the requirement to attend a PREA training class annually. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The auditor was provided training logs in the PAQ. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 601.210 - Inmate Orientation</i> 2. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 3. <i>FDC Form N11-120 - Sexual Abuse Awareness Brochure</i> 4. <i>Form DC6-134C - FDC Acknowledgement of Receipt of Orientation</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Random incarcerated individuals 3. Site Review Observations:

1. Housing units

Findings (by provision):

115.33(a). In the PAQ, the auditor was provided *FDC Procedure 601.210 - Inmate Orientation*. The procedure states, "The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration." A major component of the initial orientation program is education on PREA and sexual abuse in prison. The procedure describes initial PREA education as the Department's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the "*Sexual Abuse Awareness Brochure*" (Form NI1-120). South Bay provided documentation to show 1,036 incarcerated individuals received over the last 12 months prior to the audit and all 1,036 incarcerated individuals had received the intake education.

During the onsite phase of the audit, the auditor toured the South Bay receiving area and walked through the institution intake process as if he was a newly assigned incarcerated individual. The intake officer walked the auditor through the process from coming off the transport bus through movement to housing. The auditor was provided with a copy of the initial PREA education brochure, *Sexual Abuse Awareness* (Form NI1-120) and then asked to sign an acknowledgement form that he had received the PREA education. The auditor interviewed 21 random incarcerated individuals during the onsite audit. They all described receiving education about PREA when they arrived at South Bay or were given education years ago when "PREA got started" because they were already here. All 21 incarcerated individuals could easily describe the zero-tolerance policy, know what behavior was prohibited, and know how to report sexual abuse. While in receiving, the auditor interviewed the intake staff, and they confirmed providing the intake PREA education to all incarcerated individuals while they did the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). In the PAQ, the auditor was provided *FDC Procedure 601.210 - Inmate Orientation*. The procedure states, "The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration." The procedure requires comprehensive education for incarcerated individuals to be provided after the incarcerated individual is transferred into an institution. The comprehensive education includes PREA education, in the form of the *Sexual Assault and Sexual Harassment Orientation*, which is completed through the viewing of a PREA orientation DVD provided by the FDC. The educational video is provided by FDC and includes valuable information based on a video previously provided by the PREA Resource Center and Just Detention International, only shorter, and easier to read and understand. The institution's classification staff provides the orientation to the incarcerated individual population. South Bay provided documentation to show 866 incarcerated individuals housed in the institution for at least 30 days over the last 12 months prior to the audit and all 866 incarcerated individuals had received the comprehensive education.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers, and he confirmed the use of the PREA video DVD, to ensure that all incarcerated individuals can view the video and receive the PREA education. The classification staff explained how the orientation was presented, which includes the reading of a statement before the video and a script following the video. The auditor interviewed 21 random incarcerated individuals during the onsite phase of the audit. All 21 incarcerated individuals confirmed receiving the PREA education and could answer all the questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all incarcerated individuals with PREA education at intake and during orientation. The auditor interviewed three (3) classification officers during the onsite audit and confirmed the orientation process with PREA education is provided for all incarcerated individuals, usually on the same day of transfer into South Bay or the next day. All of the classification officers are assigned to present the orientation, ensuring that all incarcerated individuals receive the education. The auditor sat in to observe the orientation process, which includes an introduction before the video, the video, and a script following the video to ensure the incarcerated individual understood the information and reinforced the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines resources available for the institution to provide the required PREA education to all incarcerated individuals, including those with recognized disabilities and those that are limited English proficient (LEP). Those resources include the use of close captioning, large print materials, reading of materials, use of Department translators, or use of the Language Line services. The procedure also states that LEP incarcerated individuals are to be provided PREA education in their primary language.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform incarcerated individuals of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. Also, the *FDC Inmate Handbook* is available to incarcerated individuals in both languages. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide education to the incarcerated individuals. The auditor interviewed two (2) individuals who are partially deaf and one (1) individual who is blind during the onsite audit, and all three (3) confirmed being able to understand the education by reading it and sitting close to the PREA video or by having it read to them. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided the auditor copies of 20 *FDC Acknowledgement of Receipt of Orientation* forms (Form DC6-134C), showing incarcerated individuals had completed the intake orientation and watched the PREA video. The auditor reviewed several documents and confirmed the receipt of the

education. This information is also maintained in the South Bay corrections management system. They show documentation of all 866 individuals housed for at least 30 days over the last 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for incarcerated individuals. In all housing units there are signs posted in English and Spanish. These signs remind incarcerated individuals that sexual abuse is not tolerated and provides the hotline number, as well as the information for available counseling services. The incarcerated individuals all have access to the kiosk where they can access information about PREA and have access to a grievance to complete if needed. The individuals are provided a tablet, where they can easily access PREA education, the PREA video, and forms to report sexual abuse or sexual harassment incidents. The incarcerated individuals are also provided an *FDC Inmate Handbook*, where the Department's sexual abuse policy is documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

Overall, the auditor was impressed with the high number of incarcerated individuals that were interviewed that were fully aware of the agency's and Department's zero-tolerance policy. Each of the individuals interviewed knew several ways to report incidents of sexual abuse or sexual harassment, regardless of the length of time the individual has been incarcerated in the institution. The auditor was told the institution has brought the individuals together to watch the educational video again, reinforcing the education to ensure they are aware of the policy, behavior that could place them at risk for victimization, and, more importantly, exactly what to do if they were subjected to sexual abuse. Signage was prevalent throughout the institution and those individuals housed there clearly understood the information. Based on all this information, the auditor considers the institution to have exceeded this Standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i>

- 2. Training logs
- 2. Interviews:
 - 1. Specialized staff

Findings (by provision):

115.34(a). In the PAQ, the facility provided the training curriculum - *Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators*, which was provided by The Moss Group. This training was provided to all the Department investigators from the OIG office. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision.

The auditor interviewed the facility investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed the training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(b). In the PAQ, the facility provided the training curriculum - *Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators*, which was provided by The Moss Group. This training was provided to all the Department investigators from the OIG office. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision. The institution stated that 180 investigators have received the required education.

The auditor interviewed the facility investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed the training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(c). The agency maintains documentation showing the completion of the investigations course for 180 investigators from the OIG office. There is one (1) facility investigator assigned to South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. *GEO PREA Specialized Medical and Mental Health Training*
 3. Training documentation
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.35(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that all staff, including all medical and mental health staff receive training on the Department's zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. In addition to the general PREA training, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training. The agency indicated that 31 medical and mental health staff members are approved for work at South Bay, and they all have completed the specialized PREA education.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services, the health services administrator, a registered nurse, and a mental health provider. During the interview, the auditor was told the medical and mental health services at South Bay are provided by GEO staff members. As staff members, all health services staff are required to participate in the same education as all other institution staff members. All three explained that all health and mental health staff receive general PREA education from the agency before they are approved to work at the institution. This education is required by the FDC contract and by GEO. The health staff are also required to take the specialized medical course, *GEO PREA Specialized Medical and Mental Health Training*. The auditor informally interviewed two (2) additional medical and mental health staff members, who also confirmed receiving general PREA education and the specialized medical education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(b). Medical staff at the facility do not perform forensic examinations. Per contract, all forensic examinations are performed by a contracted provider, who would respond to the institution to complete the exam. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(c). The agency provided a printed training document, showing completion of the required general PREA education and the specialized course, in the PAQ. The

	<p>documentation provided shows the completion of both courses for all 31 approved medical and mental health staff members. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(d). The agency provided a printed training document, showing completion of the required general PREA education and the specialized course, in the PAQ. The documentation provided shows the completion of both courses for all 31 approved medical and mental health staff members.</p> <p>Through interviews with medical staff members and the health services administrator, the auditor learned that all staff in the medical unit receive the PREA training through their employer, GEO. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>IBAS IRMS Assessment</i> 3. <i>Intake PREA Screening Checklist</i> 4. <i>Classification PREA Screening Checklist</i> 5. Screening records 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random incarcerated individuals 3. Site Review Observations: <ol style="list-style-type: none"> 1. Intake 2. Classification <p>Findings (by provision):</p> <p>115.41(a). The agency supplied <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure states, "Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery."</p>

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who confirmed that all incarcerated individuals are screened upon admission to South Bay. The auditor was present during the screening of one (1) incarcerated individual that had transferred to the institution earlier that day. The auditor interviewed 21 random incarcerated individuals during the onsite audit. All 21 incarcerated individuals confirmed that they had been asked the screening questions by a classification officer. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(b). The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery." The agency stated that South Bay had 959 incarcerated individuals admitted to the institution within the past 12 months whose length of stay was at least 72 hours, and all 959 incarcerated individuals had been screened by classification.

During the onsite phase of the audit, the auditor reviewed ten (10) incarcerated individual records which all included the screening from classification. The screening had been completed within 72 hours of the inmate's arrival at South Bay. The auditor interviewed three (3) classification officers during the onsite audit. They confirmed that the screening of all incarcerated individuals is done within 72 hours of the individual's arrival at South Bay. The auditor was present during the screening of one (1) incarcerated individual that had transferred to the institution earlier that day. The officer read the questions on the intake screening tool exactly as they are written and noted the incarcerated individual's responses. The auditor observed the relative ease with which the classification officer asked the personal questions. This led the auditor to understand that the officer routinely performs the screening and asks the questions in the same manner. The auditor interviewed 21 random incarcerated individuals, and each individual related that they spoke with classification after they transferred to South Bay and they were asked screening questions including prior confinement in jail or prison, prior sexual abuse, identify as gay, lesbian, transgender, or if they thought they would be in danger of sexual abuse at South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.41(d). The agency provided a copy of the *IBAS IRMS Assessment* screening tool to the auditor in the PAQ. The screening tool lists each of the criteria listed in this

provision of the standard. Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the individual's potential for vulnerability. The tool asks the incarcerated individuals for his or her feeling of safety while incarcerated.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers. All three explained that they speak directly with the incarcerated individuals to complete the screening tool and ask all the questions on the tool. Classification officers are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The FDC screening tool provided to the auditor includes questions about the individual's prior sexual abuse history in a detention facility, prior sexual abuse while incarcerated in FDC, and committed sexual abuse at any time in the individual's life. The screening asks the assessor to review known history of the incarcerated individuals to determine if there is documentation of committed sexual abuse other than the individual's admitted offenses. The screening also reviews additional violent criminal offenses.

The auditor interviewed three (3) classification officers during the onsite phase of the audit. The officers confirmed that the screening tool includes questions about an individual's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "Within 30 days from the initial intake screening, the institution will reassess the inmate's risk of victimization or abusiveness." In the PAQ, the institution stated there were 863 incarcerated individuals admitted to the facility during the previous 12 months whose length of stay was 30 days or more, and all 866 have been reassessed.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who confirmed that incarcerated individuals are reassessed within 30 days from the initial screening completion. The auditor confirmed with the classification officers that their system automatically calendars each individual's reassessment at approximately 30 days after the initial intake screening is completed. This ensures the reassessment is completed on time. The auditor reviewed records for ten (10) incarcerated individuals and confirmed the reassessment was completed within 30 days of the individual's arrival at South Bay. During interviews with 21 random incarcerated individuals, the auditor asked if they were asked additional follow-up questions by classification staff, and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "An inmate's risk level will be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual

victimization or abusiveness.”

The auditor interviewed three (3) classification officers during the onsite audit, and they confirmed that incarcerated individuals are continually reassessed based on information that is received from other staff, incarcerated individuals, or through incident reports. During interviews with 21 random incarcerated individuals, the individuals stated they recalled being asked follow-up questions by classification staff. The auditor reviewed records of reassessment in the institution’s investigation files. Each incarcerated individual that was included in a sexual abuse investigation was reassessed for victimization or abusiveness by classification and that reassessment was included in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, “Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked during the risk screening.”

During the onsite audit, the auditor interviewed three (3) classification officers, who stated that incarcerated individuals will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. It is the individual’s decision not to disclose the information. The auditor was told that staff will attempt to encourage the incarcerated individuals to answer the questions by reminding the incarcerated individual that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). The agency has taken specific steps to safeguard the risk screening information. The information is maintained in the computer and accessible only by classification staff, investigators, and administrative staff members.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers. They told the auditor that only classification staff can access the risk screening information in the computer. Without a classification logon, you cannot access the information. The PREA compliance manager was interviewed, and he stated that screening information is accessible by classification staff only. Without a valid login for classification, you cannot access the screens to see the screening information. The auditor was provided written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that the classification interview is on the computer and only accessed by classification. This is to protect sensitive information. During the site review, the auditor asked several random officers to access the screening, and they were unable to access it. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42	Use of screening information
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. *Housing Assessment & Placement*
 3. *IBAS Factors & Score / Profile Comparison*
 4. *Form DC6-1009 -Transgender/Intersex Housing Determination*
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals

Findings (by provision):

115.42(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmate at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmates perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status." The agency provided copies of scoring decision sheets for housing at the institution in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate incarcerated individuals that score as vulnerable from those that score as potential abusers.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who was asked how the agency utilizes the information from the risk screening. He stated that the scoring for risk of victimization and risk of being abusive is entered into the classification system and their IBAS system utilizes the scoring to ensure that incarcerated individuals with different scoring are not housed in cells together and sometimes in the same housing units. This ensures the required separation for safety. The auditor also interviewed three (3) classification officers.

They also confirmed the use of the screening information to properly house those incarcerated individuals at risk of victimization separate from those with a potential to be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the incarcerated individual is housed, but also the jobs and programs that are assigned to the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with

custody level and medical status. Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmates perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status.” The agency provided copies of scoring decision sheets for housing at the institution in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate incarcerated individuals that score as vulnerable from those that score as potential abusers.

The auditor interviewed three (3) classification officers during the onsite phase of the audit. They confirmed the use of the screening information to properly house those incarcerated individuals at risk of victimization separate from those with a potential to be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the individual is housed, but also the jobs and programs that are assigned to the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “Housing for transgender and/or intersex inmates will be determined on a case by case basis. The inmate’s safety as well as the safety and the security of the institutional compound will be taken into consideration when making the housing determination.” In the PAQ, the auditor was provided with copies of several completed *Transgender/Intersex Housing Determination* forms (DC6-1009). The completed forms indicate the determination of housing in male or female institutions for the incarcerated individuals. This provides proof for the auditor that determinations are made on a case-by-case basis.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex individuals are reviewed on a case-by-case basis, which is consistent with the policy. The auditor interviewed five (5) individuals that identify as transgender female during the onsite audit. All five told the auditor that she was asked for her housing preference during the risk screening process and had been asked about her safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that transgender and intersex individuals be assessed biannually by classification. Classification must conduct an interview and a review of the individual’s housing, program, and work assignments to determine if there are any necessary changes or threats to the individual’s safety.

The auditor interviewed three (3) classification officers during the onsite phase of the audit. They confirmed that transgender individuals are reassessed twice per year to verify that the transgender individual is not in any danger and is housed safely, works

in a safe situation, and attends safe programming. The reassessment is properly documented when it is completed. The auditor also interviewed the PREA compliance manager, who confirmed that this reassessment for transgender individuals occurs at least twice yearly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "A transgender and/or intersex inmate's own view, with respect to their own safety, shall be given serious consideration."

During the onsite phase of the audit, the auditor interviewed five (5) individuals that identify as transgender female during the onsite audit. They told the auditor that she was asked for her housing preference during the risk screening process and had been asked about her safety. The auditor interviewed three (3) classification officers who stated that transgender individuals are asked about their housing preferences during the screening process. The auditor also interviewed the PREA compliance manager, who also stated that transgender individuals are provided the opportunity to share their preferences for housing. Their view of their safety is a part of the housing decisions along with the screening scores, the needs of the Department, and the safety of the rest of the compound. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "An inmate who has identified as transgender and/or intersex during the SRI assessment shall be given the opportunity to shower separately from other inmates."

The auditor interviewed five (5) individuals that identify as transgender female during the onsite audit. The individuals told the auditor that she can shower separately in her housing unit after lockdown or during count. The auditor interviewed three (3) classification officers, who stated that transgender individuals are given the opportunity to shower separately. Officers understand the FDC policy, and the GEO policy, and understand the individual's need for safety. The auditor also interviewed the PREA compliance manager who stated that officers provide transgender individuals the opportunity to shower separately from other incarcerated individuals. This is done easily in those dormitories with doors on the showers. In open restrooms and showers, the transgender individual must be allowed to enter the shower alone or possibly after lockdown after others have completed their showers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). The auditor was provided with lists of individuals who identified as gay and transgender prior to the onsite audit. These individuals are housed throughout the institution at South Bay and were not confined to a special housing unit. The auditor was also provided the full housing roster for both compounds. There was no housing unit designation for a gay, bisexual, or transgender unit.

The auditor interviewed seven (7) gay and transgender individuals during the onsite audit. All seven incarcerated individuals told the auditor they were housed in general

	<p>population housing units, and they were not confined in special housing units for gay and transgender individuals. The auditor interviewed the PREA compliance manager who told the auditor that FDC, GEO, and South Bay are not under any consent decree or court order that requires them or allows them to house gay and transgender individuals in a specific unit. The auditor was provided written responses to the PREA interview questions for the PREA coordinator. The PREA coordinator confirmed that there is no consent decree and that individuals are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>Florida Administrative Code 33-602.220 - Administrative Confinement</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing units <p>Findings (by provision):</p> <p>115.43(a). In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. The procedure states, “Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers.” In the PAQ, South Bay stated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.</p> <p>During the onsite phase of the audit, the auditor reviewed incarcerated individual screening records and was unable to locate any incarcerated individual who was assessed to be at a high risk for victimization. The agency generally does not house those individuals in South Bay. Therefore, the auditor was not able to interview an individual at high risk of victimization. The auditor interviewed the Warden, the Facility Administrator, during the onsite audit and the Warden stated that involuntary segregation is not used at South Bay to protect those individuals that are at risk for</p>

victimization. He stated for individuals with no mitigating factors like disciplinary status, South Bay will not place them involuntarily segregated housing. The IBAS system assists in determining risk factors and helps us to choose appropriate and safe housing assignments for those determined to be at risk. Individuals who report allegations of sexual abuse or sexual harassment will be placed in segregated housing either voluntarily or involuntarily, on a temporary basis until a review can be conducted to verify the extent of the danger. The situation will be reviewed as soon as possible, and the individual will be released from segregation as soon as it can be determined he is no longer in imminent danger, or as soon as alternative means of separation from an alleged abuser can be arranged. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). During the onsite phase of the audit, the auditor walked through the institution's segregated housing unit. The auditor talked to several incarcerated individuals that were in confinement and all incarcerated individuals had full access to the telephone, the kiosk, medical and mental health care, request forms, grievance forms, and work programs in the confinement unit, including access to their tablet. The auditor confirmed this information by speaking with officers that worked in the confinement unit. Even though incarcerated individuals were held in confinement, they still had access to all of this, as much as possible. This confirmed that if South Bay staff saw the need to confine an incarcerated individual due to the high risk for victimization, they could still provide the incarcerated individual with access to programs and privileges, consistent with this provision. The auditor interviewed two (2) officers assigned to segregated housing and they confirmed the access to programming and privileges in confinement. There were no incarcerated individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers." In the PAQ, South Bay stated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated that South Bay had not placed any individuals in involuntary segregation over the last 12 months. The auditor interviewed two (2) officers that work in confinement, and they stated that no incarcerated individuals have been housed in confinement due to high risk of victimization. There were no incarcerated individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). During the onsite phase of the audit, the auditor reviewed incarcerated individual screening records and was unable to locate any individual who was assessed to be at a high risk for victimization. The agency does not house those

	<p>incarcerated individuals at South Bay. There were no individuals held in segregation due to the high risk of victimization during the onsite audit at South Bay. Also, through the review of the institution’s sexual abuse allegations, the auditor found that none of the alleged victims were placed in involuntary segregation following the allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43(e). In the PAQ, the auditor was provided <i>Florida Administrative Code 33-602.220 Administrative Confinement</i>. This Code requires the agency to interview the incarcerated individual and “prepare a formal assessment and evaluation after each 30 day period in administrative confinement.” This review is completed for any incarcerated individual in confinement, regardless of the reason for confinement. The auditor understands this would include those incarcerated individuals in segregation due to high risk for victimization.</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) officers that work in confinement, and they stated that no incarcerated individuals have been housed in confinement due to high risk of victimization. Although, there are no individuals currently in segregation for this reason, all individuals in segregation are reviewed every thirty (30) days. There were no individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 Prison Rape - Prevention, Detection, and Response</i> 2. <i>FDC Form NI1-120 Sexual Abuse Awareness Brochure</i> 3. <i>FDC Form NI1-091 Inmate Orientation Handbook</i> 4. <i>Contract Between The Florida Department of Corrections and Gulf Coast Children’s Advocacy Center, Inc.</i> 5. <i>Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility</i> 6. Sexual Abuse signs 7. <i>GEO Employee Handbook</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff

2. PREA coordinator
3. Random incarcerated individuals
3. Site Review Observations:
 1. Housing units

Findings (by provision):

115.51(a). In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure states that all incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported. The procedure outlines multiple ways for staff and incarcerated individuals to report allegations of sexual abuse and sexual harassment in FDC institutions. The agency provided the auditor with *FDC Form NI1-120 Sexual Abuse Awareness Brochure*, which also lists the multiple ways to report sexual abuse and sexual harassment. The auditor was also provided a copy of the sexual abuse sign that is posted throughout the institution. The sign tells the inmates how to report incidents of sexual abuse and sexual harassment. The auditor was also provided with a copy of the FDC Inmate Orientation Handbook.

During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing incarcerated individuals of the multiple reporting methods were clearly posted, in two (2) languages, in each housing unit. The auditor interviewed 21 random incarcerated individuals, and all 21 incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. Most of the 21 incarcerated individuals mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The CSC used the housing unit telephones in several housing units and verified that the phone would connect with the hotline, and it did. The CSC provided the auditor with proof of the hotline results the next day. The auditor interviewed 14 random staff members. All staff could list at least four (4) different ways that the incarcerated individuals could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(b). The auditor was provided with a copy of the *Contract Between The Florida Department of Corrections and Gulf Coast Children's Advocacy Center, Inc.*, which provides for the operation of the required outside telephone line. The Gulf Coast Children's Advocacy Center (GCCA), under the contract, provides a rape crisis hotline that is staffed 24 hours per day, seven (7) days per week by certified victim advocates. The GCCA shall provide the free outside reporting hotline for incarcerated individuals to report sexual abuse and sexual harassment. When the individual calls the hotline, they shall have the option to report the allegation to an outside entity. After obtaining consent from the individual to report the allegation, the advocate shall immediately forward the reported information to the Warden via email. The auditor was also provided with a copy of the *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility*. The agreement provides for staff at ACT to take sexual abuse

reporting calls from the individuals housed at South Bay. As with GCCA, ACT is asked to then contact the institution to pass along the information so the report can be investigated properly. The availability of the outside reporting hotline is readily available to the incarcerated individuals on signs posted in each of the housing units at South Bay. The auditor saw the signs posted during the facility site review. The outside entity information is also in the *Sexual Abuse Awareness Brochure*.

Incarcerated individuals in segregation without telephone access due to discipline are also provided a mailing address for the GCCA in the Brochure. FDC does not house incarcerated individuals solely for civil immigration, so South Bay is not required to comply with this part of this provision.

During the onsite phase of the audit, the auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting number for the outside entity. The posted signs were written in two languages, English and Spanish. The auditor interviewed the PREA compliance manager and asked about the outside reporting entity. He explained that FDC provides two (2) hotline numbers. One is an internal hotline, but the second is the required source outside the agency, answered by the GCCA. The information is posted on all the signs and is in the brochure handed out to all the incarcerated individuals. The auditor interviewed 21 random incarcerated individuals and all 21 knew how to report allegations of sexual abuse through the hotline. They knew that the information was posted on the signs in the housing unit. Based on this analysis, the auditor finds the facility in compliance with this standard.

115.51(c). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. This procedure states, "All staff, volunteers, and contractors will ensure that they foster an environment within their facility that precludes sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment." This includes taking reports of abuse seriously and initiating immediate reporting of alleged abuse to the OIG. The procedure allows for reporting of incidents verbally to any staff member, through the internal hotline, through the external hotline, filing a request form, filing a formal grievance, filing an informal grievance, filing a third-party grievance, or having a family member, friend, or other public member complete a citizen's complaint form.

During the onsite phase of the audit, the auditor interviewed 14 random staff members. All 14 staff members interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. The auditor spoke with two (2) staff members who reported being a first responder to an allegation of sexual abuse or sexual harassment. Both explained to the auditor the immediate steps taken upon learning of the allegation. Each of the 21 random incarcerated individuals interviewed were aware that they could report sexual abuse directly to any staff member, call the hotline, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(d). In the PAQ, the auditor was provided with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure, on page 11,

	<p>states, “Staff may privately report sexual abuse and sexual harassment of inmates to any supervisor or administrator.” This information is also listed in the <i>GEO Employee Handbook</i>, which was also provided to the auditor in the PAQ.</p> <p>The auditor interviewed 14 random staff members during the onsite phase of the audit and all 13 officers and supervisors explained to the auditor that they could talk to any supervisor to privately report incidents of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>Florida Administrative Code 33-103.006 Formal Grievance - Institution or Facility Level</i> 2. <i>FDC Inmate Orientation Handbook</i> 3. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted incarcerated individuals <p>Findings (by provision):</p> <p>115.52(a). The Florida Department of Corrections is not exempt from this standard, as it does have in place an administrative grievance procedure for the incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.52(b). The formal and informal grievance procedures for FDC are governed by <i>Florida Administrative Code (FAC) 33-103</i>. The agency provided <i>FAC 33-103.006</i> in the PAQ for the auditor to review. Under the <i>Formal Grievance</i> section, the Code allows for no imposition of a time limit for grievances submitted regarding an allegation of sexual abuse, the imposition of lime limits for grievances submitted for portions of the grievance that do not apply to sexual abuse, no requirement for an incarcerated individual to use the informal grievance process for alleged sexual abuse incidents, and no restriction on the agency’s ability to defend against an incarcerated individual lawsuit on the grounds that the statute of limitations has expired. These four (4) points are required under this provision. FDC provides incarcerated individuals with the <i>FDC Inmate Orientation Handbook</i>. In the Handbook,</p>

incarcerated individuals are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code provides that incarcerated individuals filing grievances alleging sexual abuse shall not be instructed to file the grievance to the individual who is the subject of the complaint. Additionally, grievances of this nature shall not be referred to the subject of the complaint. FDC provides incarcerated individuals with the FDC Inmate Orientation Handbook. In the Handbook, incarcerated individuals are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code requires that following investigation and evaluation by the reviewing authority, a response shall be provided to the incarcerated individual within 20 calendar days of receipt of the grievance. The Code allows the Department to claim an extension of time to respond of up to 70 days for additional investigation. If the Department claims the extension, the incarcerated individual must be notified in writing of the extension and a date by which the decision will be made. The agency noted that they had received eight (8) grievances related to sexual abuse over the previous 12 months. The agency had not requested an extension of time for that grievance.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse or sexual harassment. The auditor asked how their allegation was reported. All four incarcerated individuals had reported their allegations verbally to staff members. The auditor reviewed the investigations files and confirmed this information. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code states third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, shall be permitted to assist incarcerated individuals in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of an incarcerated individual. If a third-party files the grievance, the incarcerated individual shall elect to allow the grievance to proceed or request the grievance be stopped. If the incarcerated individual requests the grievance be stopped, it must be documented. South Bay indicated that there were no such grievances filed by a third-party over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). The formal and informal grievance procedures for FDC are governed by

Florida Administrative Code (FAC) 33-103. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code establishes an emergency grievance related to sexual abuse. The Code states, “When receiving an emergency grievance from an inmate expressing belief, they are subject to a substantial risk of imminent sexual abuse the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from the receipt of the grievance.” That response must indicate the agency’s determination whether the incarcerated individual is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency indicated they had received no emergency grievances over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response.* The procedure states, “When it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>FDC Inmate Orientation Handbook</i> 3. <i>FDC Form N11-120 Sexual Abuse Awareness Brochure</i> 4. <i>Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random incarcerated individuals 3. Targeted incarcerated individuals 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p>Findings (by provision):</p> <p>115.53(a). The facility provided information from <i>FDC Procedure 602.053 - Prison</i></p>

Rape: Prevention, Detection, and Response in the PAQ. The procedure states that any incarcerated individual who alleges sexual abuse will be advised of the right to have a victim advocate present during the forensic examination and/or the investigative interview. Also, victims will be offered support services by means of a mailing address and/or telephone numbers to local community support group organizations. The auditor was also provided the *FDC Inmate Orientation Handbook*. In the Handbook, the incarcerated individuals are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the incarcerated individual intends to harm himself or someone else. The incarcerated individuals are also advised that if the incarcerated individual is asking the advocate to report the PREA allegation, the incarcerated individual must sign a release of information first. FDC does not house people detained solely for civil immigration purposes, so this provision does not apply.

During the onsite phase of the audit, the auditor interviewed 21 random incarcerated individuals. 19 of the 21 incarcerated individuals interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read it on the sexual abuse signs. They did not know the phone number or address but knew it was posted on the signs.

None of the incarcerated individuals interviewed used the services. The other two (2) incarcerated individuals were not aware of those services. The auditor interviewed four (4) incarcerated individuals who had reported an allegation of sexual abuse or sexual harassment. All four incarcerated individuals were given the opportunity to contact a victim advocate, and they chose not to. They told the auditor they saw no reason to talk with someone but knew they could do that. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The auditor was provided the *FDC Inmate Orientation Handbook* in the PAQ. In the Handbook, the incarcerated individuals are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the incarcerated individual intends to harm himself or someone else. The incarcerated individual is also advised that if the individual is asking the advocate to report the PREA allegation, the individual must sign a release of information first.

During the site review, the auditor interviewed 21 random incarcerated individuals, and 19 of the incarcerated individuals were aware of the available advocacy services.

Those individuals knew the communication with advocates would be confidential because it is clearly stated in the informational brochure. The auditor interviewed four (4) incarcerated individuals who had reported an allegation of sexual abuse or sexual harassment. All four incarcerated individuals were given the opportunity to contact a victim advocate, and they chose not to. They were unsure that any communication with an advocate would be confidential. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). In the PAQ, the agency provided the auditor a copy of the *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and South Bay Correctional and Rehabilitation Facility*. The contract provides for ACT to provide a

	<p>victim advocate to respond to South Bay to support a sexual abuse victim when a sexual assault forensic examination is performed, and to provide resources for victim support, as is required by the PREA standards. The agreement also calls for ACT to provide certified victim advocates to take telephone calls and accept correspondence from incarcerated individuals who may require emotional support. The auditor contacted the Chief Executive Officer (CEO) at ACT and confirmed the steps that would be taken when they were contacted by telephone or mail. The auditor was told advocates would respond directly to South Bay, if needed, for direct communication with the victim, or correspond by mail or telephone. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Website Third-Party Grievance Instructions</i> 2. <i>FDC Website Third-Party Report Form</i> <p>Findings (by provision):</p> <p>115.54(a). The facility provided a printout of the FDC website third-party grievance instructions page in the PAQ. This page explains for the public the proper use of the grievance form and how to complete the form. The page provides a direct link to the grievance form. The auditor reviewed the form and the web page and confirmed that it meets the requirements of this provision. The web page can be found at Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us). Incarcerated individuals are informed through signage and the handbook that the public can file allegations on the third-party grievance form. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p>

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
2. Interviews:
 1. Specialized staff
 2. Random staff

Findings (by provision):

115.61(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure establishes guidelines for the proper and immediate reporting of sexual abuse and sexual harassment incidents as well as provides for safeguards for victims, management of evidence, and actions to be taken to report the allegation through the substantiation of the allegation by investigation. The procedure states, "Any employee, volunteer, contractor, or intern who observes, has knowledge of, or receives information, written or verbal (either first hand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the OIG, who will then take immediate steps to evaluate the inmate's concern/allegation." The procedure requires that staff promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse or sexual harassment and promptly report information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. The procedure goes on to say that the employee's failure to report or take immediate action will be subject to discipline, up to and including termination.

During the onsite phase of the audit, the auditor interviewed 14 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the compound. Each staff member knew that it was a requirement for all staff to immediately report all knowledge or suspicion of sexual abuse of an incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The procedure states that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

During the onsite phase of the audit, the auditor interviewed 14 random staff members. All 14 officers were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the officers understood the requirement to maintain privacy and not share the information with others unless necessary. Based on this analysis, the auditor finds the facility in

compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three confirmed that they are mandatory reporters of sexual abuse of the incarcerated individuals. Staff did confirm that they would inform the incarcerated individual of their duty to report and limits to the confidentiality of information learned from the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). In the State of Florida, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Florida Department of Children and Families (DCF). The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that immediate action would be taken to ensure the incarcerated individual's safety and DCF and outside law enforcement would be notified along with the required internal agencies. Medical and mental health would be notified, the OIG would be notified, and the SART would be notified. The auditor received written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that for individuals under the age of 18, the agency would contact outside law enforcement and report to the Office of Inspector General. For vulnerable adults, OIG would be contacted and report to DCF per Florida Statute. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* states that staff must foster an environment that precludes sexual abuse and sexual harassment, including initiating immediate reporting of alleged sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment to the OIG.

The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit. The Warden was clear that every allegation of sexual abuse and sexual harassment is investigated at South Bay. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Office of Inspector General. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
2. Interviews:
 1. Specialized staff
 2. Random staff

Findings (by provision):

115.62(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Any staff member will notify the Shift Supervisor if s/he observes an inmate acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that an inmate poses a risk of being sexually victimized."

The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In the responses, the agency head stated that if an incarcerated individual is at risk of imminent sexual abuse the incarcerated individual would be immediately separated from the potential abuser, then 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 the incarcerated individual. The incarcerated individual may also request to be reviewed for placement in protective management. The Warden, the Facility Administrator, was interviewed during the onsite audit. The Warden told the auditor that they would take immediate action to separate the incarcerated individual from the potential abuser, then look to establish safer housing, close to the officer's station. The decision on the ultimate placement is driven by his need for protection from possible abuse and/or retaliation during the internal review. If the individual cannot be protected without maintaining him in confinement, then a transfer to another institution is considered, where his safety can be ensured without a placement in confinement. The auditor interviewed 14 random staff members during the onsite audit. All 14 officers stated that they would take immediate action to remove the incarcerated individual from the situation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. Other institution notification
 3. Sexual Abuse Investigation files
2. Interviews:
 1. Agency head
 2. Specialized staff

Findings (by provision):

115.63(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution's Warden notify the sending institution's Warden within 72 hours of receiving the allegation. The notification must then be documented on the proper form. The receiving institution, where the allegation is reported, will be responsible to initiate the sexual abuse reporting process. In the PAQ, South Bay noted no such reported incidents over the prior 12 months. Since there were no incarcerated individuals that reported an incident, the auditor was not provided documentation to show that staff at South Bay followed through with the proper notifications.

The auditor was provided written responses to the PREA audit interview questions for the PREA coordinator. In the responses, the PREA coordinator confirmed that the facility does make these notifications. During the onsite phase of the audit, the auditor reviewed the institution's 34 sexual abuse investigation files from the previous 12 months. There were no investigation files showing a notification to another institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(b). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution's Warden notify the sending institution's Warden within 72 hours of receiving the allegation.

115.63(c). In the PAQ, South Bay documented no notifications to other institutions, since there were no such reports made by an incarcerated individual that he was sexually assaulted in another institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(d). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that the receiving institution will be responsible for contacting the EAC (Emergency Action Center) and entering the report for appropriate handling. The OIG will also be notified. Even though this appears to be contrary to this provision, it is appropriate, as the OIG will investigate the allegation regardless of where at FDC the incident occurred. The

	<p>institution noted one (1) such notification to the South Bay Warden during the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden stated there had been one notification from another institution during the previous 12 months. The Warden told the auditor that he immediately forwarded the information so an investigation could begin. If the alleged occurrence was recent, staff at South Bay would secure the potential crime scene until evidence could be collected. South Bay would await receipt of the initial report and maintain the sexual abuse investigation file. The auditor was provided with written responses to the PREA interview questions from the Agency Head. In his response, the Secretary stated that the point of contact for such notifications is either the facility where the incident occurred or the OIG. The incident would automatically be forwarded to the OIG for full investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Targeted incarcerated individuals 2. Specialized staff 3. Random staff <p>Findings (by provision):</p> <p>115.64(a). The facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. In the section entitled <i>Response</i>, the agency outlines the responsibilities for staff members to properly respond to allegations of sexual abuse. The procedure requires the first security staff member to separate the alleged victim and abuser, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence. The agency stated there were thirty (30) allegations of sexual abuse and sexual harassment reported over the previous 12 months. Of those, there were 30 allegations where the security</p>

staff member separated the alleged victim from the abuser. None of those 30 allegations were reported within a time period where the staff members could take action to preserve evidence as required under this provision.

The auditor interviewed two (2) staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. Both staff members identified the proper steps to take as a first responder and told the auditor that their allegation was reported after the time frame to properly collect evidence. The auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse or sexual harassment during the onsite audit. The four individuals told the auditor that they were immediately removed from other incarcerated individuals and taken to see staff in medical. They were all asked to preserve evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64(b). The facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. In the section entitled *Response*, the agency outlines the responsibilities for staff members to properly respond to allegations of sexual abuse. The procedure states that if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence and then notify security staff. South Bay provided the auditor information showing no such allegations first reported by a non-security staff member during the 12 months prior to the audit.

During the onsite phase of the audit, the auditor interviewed two (2) staff members who were first responders to incidents of sexual abuse. Both told the auditor that a non-security staff member would immediately notify a corrections officer. The auditor interviewed 14 random staff members during the onsite audit. All 14 officers understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security staff member would ensure the victim was safe then immediately notify a corrections officer, probably a supervisor. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months for South Bay and could see the initial steps taken upon first learning of the allegation. The first step was always to separate the victim from the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)

1. *South Bay Correctional & Rehabilitation Facility PREA Coordinated Response*
2. Interviews:
 1. Warden

Findings (by provision):

115.65(a). The agency provided the *South Bay Correctional & Rehabilitation Facility PREA Coordinated Response* document in the PAQ. The document outlines the responsibilities of the first responder, including the steps to ensure the preservation of evidence, the provision of a sexual abuse awareness brochure for the victim, and the writing of an initial incident report. The next step is the notification of the Shift Supervisor and the Chief of Security, who will ensure the victim is escorted to health services. The document outlines the rest of the Supervisor or Chief’s responsibilities, which includes notification of the Office of the Inspector General (OIG) and the Sexual Assault Response Team (SART). The document then outlines the responsibilities of the OIG Inspector and the SART team’s forensic nurse. The medical team is included in the document. The responsibilities of the mental health staff are also included in the document.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden, the Facility Administrator. The Warden made it clear that having this document in place makes it easy for staff at South Bay to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the incarcerated individual victim.

Based on this analysis, the auditor finds the facility in compliance with this provision.

The auditor interviewed more than twenty specialized staff members at the institution during the onsite phase of the audit. Everyone interviewed clearly understood their role in the institution’s efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. More importantly, all the staff members the auditor spoke with understood exactly what to do if an incarcerated individual reported an incident of sexual abuse. The institution’s coordinated response plan outlines each of the steps for staff and is in place to ensure that proper response. With this plan in place and staff’s understanding of their role, the auditor considers the institution to have exceeded this Standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *Collective Bargaining Agreement between GEO Secure Services, LLC. and National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO*
2. Interviews:
 1. Agency head

Findings (by provision):

115.66(a). The agency provided the auditor with a copy of the executed *Collective Bargaining Agreement between GEO Secure Services, LLC. and National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO*. The auditor reviewed the document and found no provision that prevented GEO from disciplining a corrections officer covered under the bargaining agreement for committing an offense of sexual misconduct.

The auditor was provided with written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that the Department does currently have a collective bargaining agreement with the Police Benevolent Association (PBA) and the Teamsters. 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 causes include 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 incarcerated individuals. Because the Department is so large, staff and incarcerated individuals may be relocated to alleviate any problems. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:
	<ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)

1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
2. Sexual Abuse Investigation files
2. Interviews:
 1. Targeted incarcerated individuals
 2. Agency head
 3. Specialized staff

Findings (by provision):

115.67(a). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure requires staff to foster an environment to preclude sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment, by taking specific actions that include promptly reporting allegations involving retaliation against alleged victims or identified reporters of sexual abuse and sexual harassment. South Bay has designated their classification officers and the Assistant Facility Administrator, the PCM, as the retaliation monitors.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers, who confirmed that they act as retaliation monitors at South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(b). The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that facilities deploy numerous measures including housing changes, program changes, and changes in work assignments. If warranted, an incarcerated individual may be transferred to another Department facility in order to protect them from retaliation. All incarcerated individuals who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the incarcerated individual with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Incarcerated individuals 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 also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment. During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden stated that alleged retaliation would be reported via incident report to the Office of the Inspector General then take any action necessary to protect the reporting person from further retaliation. The auditor interviewed staff members designated to monitor retaliation, three (3) classification officers. All three told the auditor that she visits victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. All three agreed they would tell the individual to contact her if they have a problem and offers assistance to provide them with information about the outside emotional support services. Visits with the individual are periodical, every 30 days, and the meeting is documented. This monitoring lasts for 90 days following the report of the allegation. If problems arise,

they would report it immediately and they can offer a transfer to another institution or locate a new work assignment, if needed. The auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse at South Bay. All four incarcerated individuals discussed having someone talk with them about possible retaliation. None of the incarcerated individuals reported problems with retaliation but did talk with a classification officer and reported they were having no problems. All four remembered talking with the classification officer several times. The auditor found retaliation monitoring reports in the institution's sexual abuse investigation files and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure states that monitoring shall continue for at least 90 days with at least three contact status checks to occur within the 90-day monitoring period. The agency is to monitor conduct through the review of disciplinary reports, treatment by other staff and incarcerated individuals, and changes in housing, program assignments, work assignments, and demeanor. If the incarcerated individual is transferred during the monitoring period, the receiving institution will continue the monitoring of the incarcerated individual. Also, monitoring may continue past the 90 days if the agency feels that there is a continuing need. In the PAQ, South Bay indicated there were no noted cases of potential retaliation, where the staff took immediate action to protect the incarcerated individual from additional retaliation or harm.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the incarcerated individual for protective purposes. The auditor interviewed three (3) classification officers, who are charged with performing the retaliation monitoring. All three stated that she would review incident reports and housing assignments each month before meeting with the incarcerated individual to discuss potential retaliation. They would also review medical information to attempt to determine if the incarcerated individual was having problems that were unreported. If necessary, the incarcerated individual would be separated to provide an opportunity for the incarcerated individual to speak freely to staff and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the incarcerated individual's behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure requires periodic checks at the 30-, 60-, and 90-day mark of the 90-day monitoring period.

During the onsite phase of the audit, the auditor interviewed the designated

retaliation monitors, three (3) classification officers. They stated that their periodic checks are performed every 30 days. They can always see an incarcerated individual more frequently if behavior warrants that, but the procedure requests a visit with the incarcerated individual at 30-day intervals. They continue to monitor every day by reviewing records from the classification office but will only meet with the incarcerated individual every 30 days. They provided the auditor with copies of current monitoring records, showing the required notes from visits with victims in their housing units. The auditor noted the visit and the incarcerated individual's acknowledgement of their own safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that if an individual who cooperates with an investigation expresses fear of retaliation and the individual is an incarcerated individual, the individual would be afforded a housing change or a transfer to another Department facility. The incarcerated individual will be subject to the 90-day monitoring. If the subject 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.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the incarcerated individual for protective purposes. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff

3. Targeted incarcerated individuals
3. Site Review Observations:
 1. Segregated housing

Findings (by provision):

115.68(a). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “Inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers.” South Bay has indicated in the PAQ that there have been no incarcerated individuals involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.

During the onsite review, the auditor interviewed the Warden, the Facility Administrator, about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that South Bay has plenty of available space and they do not see the need to utilize confinement to keep incarcerated individuals safe. No incarcerated individuals have been placed in confinement for this reason. If it were to become necessary, South Bay would only place someone in segregation until another alternative safe housing became available. The auditor interviewed four (4) incarcerated individuals who had been the victim of sexual abuse. None of the four incarcerated individuals had been placed in segregated housing following their allegation. The auditor also interviewed two (2) staff members that work in segregated housing who confirmed that incarcerated individuals are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. Those incarcerated individuals remain in general population. The auditor was able to confirm this by reviewing the information in the sexual abuse investigation files. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and</i>

Response

3. Sexual Abuse Investigation files
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals
3. Site Review Observations:
 1. Sexual Abuse Files Storage

Findings (by provision):

115.71(a). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "The OIG shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment..." Also included in the PAQ was *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. This procedure states that the OIG shall be the primary investigative unit for all sexual misconduct allegations occurring on Department property.

During the onsite phase of the audit, the auditor interviewed the facility investigator. The investigator confirmed that he is tasked with investigating incidents, including sexual abuse and sexual harassment allegations, at the institution. After the initial investigation is begun, he would forward information to the Office of Inspector General (OIG) to continue the investigation of allegations of sexual abuse. The OIG is notified immediately upon the agency learning of the allegation. Immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same, except there is a requirement to ask the alleged victim if they want the OIG to continue to investigate the allegation or to stop the investigation. This step must be completed before the investigation can move forward. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the last 12 months and was able to confirm the investigative process. The OIG, along with the facility investigator, was the investigating agency for each record. The referral to the OIG was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states that investigators must complete specialized training in addition to the general PREA education.

During the onsite phase of the audit, the auditor interviewed the facility investigator. The investigator confirmed that he had taken the required specialized course for investigators. He confirmed that FDC requires all OIG investigators to take the class. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection in confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). During the onsite phase of the audit, the auditor interviewed the facility investigator. He explained that every investigation inside the facility is treated like

an investigation outside the facility, where each investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He also told the auditor that if the sexual assault was to the extent that the victim required a forensic medical examination, a SANE nurse from the contracted SART team would respond to the facility, along with a victim advocate as part of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). During the onsite phase of the audit, the auditor interviewed the facility investigator. He told the auditor that the standard for the OIG is to never perform compelled interviews with subjects. The OIG handles criminal investigations first and any potential administrative review would remain in a pending status until criminal proceedings are closed and then move forward. Compelled interviews are a last resort and would not be utilized by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* forbids the use of voice stress analysis or polygraph examination in investigations.

During the onsite phase of the audit, the auditor interviewed the facility investigator. The investigator explained that the use of a polygraph examination or other truth-telling device is problematic in an investigation due to the admissibility in court proceedings, and he went on to say that it would be illegal to ask a victim to submit to the polygraph examination. The OIG assesses the credibility of all persons individually regardless of their status as an incarcerated individual or a staff member. The auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse or sexual harassment. All four incarcerated individuals told the auditor they had not been asked to take a polygraph examination and were given the opportunity to fully explain their allegation to an investigator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "During investigation into any PREA allegations, Inspectors shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures." The procedure goes on to state, "An Inspector ... shall complete the investigation in accordance with OIG Procedures and Directives, and complete to appropriate PREA report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings."

During the onsite phase of the audit, the auditor interviewed the facility investigator. The investigator told the auditor that administrative investigations include a review of all agency procedures to determine if the staff member followed all directives or if someone else failed to properly perform their duties, thus enabling an incarcerated individual or staff member to violate rules and commit an act of sexual misconduct.

All administrative investigations are reported in written reports and submitted to the OIG and the institution Warden.

The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months. The investigation files include the following documents (as needed): Incident report, witness statements, grievance, *PREA Investigative Report* (DC6-2019), *Inspector General Inquiry/Report*, Notification of other institution (warden to warden email), 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), 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), SART notification, *Sexual Abuse Incident Review* (DC6-2076), notification/reporting to incarcerated individual by OIG notification, and monitoring for retaliation.

The auditor found some incomplete investigative files from early in the 12-month review period, but the auditor could see where the institution made changes to their process to ensure all the required documentation is completed and included in the investigation file. The auditor can see where the correct work was likely performed, but the documentation was not collected and placed into the file. The institution had changes to the administrative staff, who took immediate action to correct the gaps in the documentation collection. The investigative files from the last seven (7) months are more complete and indicate clearly the institution staff acts promptly and properly to allegations of sexual abuse or sexual harassment. In those files, the auditor found proof of immediate action taken upon the first notification of the allegation, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment. With this vast improvement in the process, the auditor has no problem finding compliance with this provision and this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). During the onsite phase of the audit, the auditor interviewed the facility investigator. The investigator told the auditor that all criminal investigative reports include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator will attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse committed by a staff member or another incarcerated individual, therefore, no referrals for potential criminal charges and criminal prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). The auditor interviewed the facility investigator and was assured that any allegations where criminal charges were possible would be referred for prosecution as is required under the standard. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12

months. There were no substantiated allegations of sexual abuse committed by a staff member or another incarcerated individual, therefore, no referrals for potential criminal charges and criminal prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, “The agency shall retain all administrative and criminal investigative reports, pursuant to a sexual battery investigation, as long as the alleged suspect is incarcerated, supervised, or employed by the agency, plus five years and marked with a stamp or marker...”

During the onsite audit, the auditor was shown the storage of the investigative files in the office of the PREA compliance manager. The files are marked appropriately and stored in a locked cabinet. The PREA compliance manager told the auditor that the files remain in the locked cabinet unless they are being updated or are under review. The agency retains sexual abuse files for at least ten (10) years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, “The departure of the alleged suspect or victim from the employment or control/ supervision of the Department shall not provide a basis for terminating any PREA investigation.”

The auditor interviewed the facility investigator during the onsite phase of the audit. The investigator stated that the agency procedure and PREA standards require that OIG investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from the Department or has left the employ of the Department. The investigation must continue to its end and criminal and administrative proceedings will still result. The investigator was not able to show the auditor an example, as he was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.71(l). The agency refers all sexual abuse investigations to the OIG. The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit, and he stated that all investigations are completed by the OIG, who cooperates fully with the FDC. The auditor interviewed the PREA compliance manager. He stated that all investigations are performed by the OIG. The auditor interviewed the facility investigator. The investigator said that they investigate all sexual abuse and sexual harassment allegations that occur on facility grounds. In the normal course of business, the outcomes of those investigations are shared with the institution to complete the administrative investigative file for each allegation. The auditor was provided written responses to the PREA interview questions from the PREA coordinator. In the responses, the PREA coordinator stated all investigations are performed by the OIG and there is full cooperation and coordination between the agencies. Based on this analysis, the auditor finds the facility in compliance with this

	provision.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. <i>FDC Office of Inspector General Procedure 2.005 Investigations - Other</i> 3. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.72(a). The auditor was provided <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure states that the agency will utilize a preponderance of evidence as the standard for investigations regarding sexual abuse and sexual harassment. The auditor was also provided with <i>FDC Office of Inspector General Procedure 2.005 Investigations - Other</i>. This purpose of this procedure is to establish the authority and responsibility of the Office of Inspector General’s (OIG) processing of criminal and administrative investigations related to Prison Rape Elimination Act investigations. In the definitions section of the procedure, preponderance of evidence is clearly defined, and that term is listed in each of the required PREA investigations outcomes.</p> <p>The auditor interviewed the facility investigator during the onsite phase of the audit. The investigator told the auditor that the standard of proof for investigations is a preponderance of evidence or lower. The auditor reviewed the institution’s 34 sexual abuse and sexual harassment investigation files from the previous 12 months and determined that the facility uses this standard for all investigations, as it clearly written in the conclusions section in each of the investigation memos. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*
 2. *FDC Form DC6-2080 Inmate Notification (PREA)*
 3. Notification form example
 4. Sexual Abuse Investigation files
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals

Findings (by provision):

115.73(a). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "At the conclusion of any sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism investigation, the Inspector shall make appropriate notifications and follow-up notifications" to the incarcerated individual victim. Such notifications include whether the allegation was sustained, partially sustained, not sustained, unfounded, or closed by arrest. South Bay provided several examples of a completed notification form showing receipt by the incarcerated individual. South Bay indicated in the PAQ there were a total of twenty (20) such notifications over the last 12 months.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had reported sexual abuse. All four incarcerated individuals told the auditor they had received the notification regarding the outcome of the investigation. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit. The auditor confirmed during this review that those investigations that were showing as completed all had a signed notification form in the file. The auditor interviewed the facility investigator during the onsite audit, and he confirmed that there is a requirement for the investigator to notify the incarcerated individual regarding the outcome of the investigation. The auditor also interviewed the Warden, the Facility Administrator, during the audit. The Warden stated that all incarcerated individuals are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(b). The institution's sexual abuse and sexual harassment investigations are completed by the OIG. The OIG provides a complete investigative report to the institution following the completion of the investigation, and the investigator is then required to notify the incarcerated individual in writing of the outcome of the investigation. Based on this analysis, the auditor finds the facility in compliance with

this provision.

115.73(c). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure requires that incarcerated individuals are notified, unless the allegation is unfounded, when the staff member is no longer assigned to the housing unit, assigned to the institution, employed by the Department, or when the alleged abuser has been indicted on a charge related to sexual abuse or convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had filed an allegation of sexual abuse or sexual harassment. All four told the auditor they had filed an allegation of sexual abuse by another incarcerated individual. Each of those investigations was determined to be unsubstantiated. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit. The auditor was unable to locate any file for allegations against a staff member that were substantiated, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(d). The auditor was provided *FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure includes a provision that requires notification to the victim when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse or when the alleged abuser has been convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had filed an allegation of sexual abuse. None of the allegations filed by these incarcerated individuals were determined to be substantiated, so there was no additional notification necessary to the victim. The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months. The auditor noted no files with an allegation that was substantiated for incarcerated individual sexual abuse of another incarcerated individual, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(e). In the PAQ, the auditor was provided a copy of *FDC Form DC6-2080 Inmate Notification (PREA)*. This form is utilized to document all notifications to the incarcerated individual victim regarding the status of the outcome of the investigation and the notifications regarding the alleged abuser. South Bay provided the auditor with several copies of a complete notification form in the PAQ.

During the onsite phase of the audit, the auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months. The auditor located notifications of the outcome of the investigation for the 24 investigation files that have been closed. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1267 412">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="320 490 1347 725" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Rule 33-208.003 Range of Disciplinary Actions</i> 2. <i>FDC Procedure 208.039 Employee Counseling and Discipline</i> 3. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized interviews <p data-bbox="256 770 639 804">Findings (by provision):</p> <p data-bbox="256 837 1410 1173">115.76(a). In the PAQ, the facility provided <i>FDC Rule 33-208.003 Range of Disciplinary Actions</i>. This procedure outlines the agency’s range of discipline expected for staff members following the determination that a staff member has violated an agency <i>Rule of Conduct</i>. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency <i>Rules of Conduct</i>, the <i>Range of Disciplinary Actions</i> shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this provision.</p> <p data-bbox="256 1207 1474 1733">The auditor reviewed the institution’s 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member, although the auditor noted three (3) investigations where the accused staff member was no longer employed at the institution. In one (1) case, the accused staff member was terminated following additional allegations that did not involve sexual misconduct. In another case, the accused staff member resigned following an official interview. The outcome of the investigation was unsubstantiated, even though it had appeared the officer had admitted the alleged misconduct. In the last case, the accused health services staff member left the agency and refused to talk to officials. The auditor confirmed through conversations with the PREA compliance manager that there were no substantiated incidents of staff sexual abuse during the past year at South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="256 1778 1410 2069">115.76(b). In the PAQ, the facility provided <i>FDC Rule 33-208.003 Range of Disciplinary Actions</i>. This procedure outlines the agency’s range of discipline expected for staff members following the determination that a staff member has violated an agency <i>Rule of Conduct</i>. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency <i>Rules of Conduct</i>, the <i>Range of Disciplinary Actions</i> shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this</p>

provision.

The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA compliance manager that there were no substantiated incidents of staff sexual abuse during the past year at South Bay. Since there were no substantiated cases against a staff member, there were no terminations of staff due to sexual abuse or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(c). In the PAQ, the facility provided *FDC Rule 33-208.003 Range of Disciplinary Actions*. This procedure outlines the agency's range of discipline expected for staff members following the determination that a staff member has violated an agency *Rule of Conduct*. The procedure states that the severity of penalties may vary depending upon the frequency and nature of a particular offense and the circumstances surrounding each case.

The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor was unable to locate additional evidence for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(d). Although there is no clear mention of this in the agency procedures, the requirement for the presumption of dismissal is sufficient to meet the provision.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. Part of the discussion included the agency's requirement to report sexual abuse violations by corrections officers to the Florida Department of Law Enforcement (FDLE), the licensing body for the State of Florida. The Department would report all knowledge of an officer's involvement in a sexual abuse investigation, whether the officer was terminated or resigned prior to the completion of that investigation. In the PAQ, the institution indicated that no staff members had been reported to the FDLE.

The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor was unable to review additional evidence to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. *FDC Procedure 205.002 Contract Management*
 3. *FDC Office of Inspector General Procedure 2.005 Investigations - Other*
 4. Sexual Abuse Investigation files
2. Interviews:
 1. PREA coordinator
 2. Specialized staff

Findings (by provision):

115.77(a). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless determined by the OIG investigation not to be criminal, and to any relevant licensing bodies." The agency also provided the auditor with *FDC Procedure 205.002 Contract Management*. This procedure outlines the standards for the Department's activities with its contractors. Under the *Contract Termination* section, the termination for cause examples includes item number four (4), the contractor fails to comply with the Department's PREA policies and procedures and/or Federal Rule 28 D.F.R. Part 115. The agency stated that there were no such terminations over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b). The agency stated in the PAQ that there were no contractors or volunteers involved in sexual abuse cases over the last 12 months prior to the audit. There was no additional evidence available for the auditor to review for this provision. The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit. The Warden stated that South Bay might consider remedial measures for a volunteer or contractor following the findings they had been determined to be responsible for an act of sexual misconduct. However, it is likely the individual would be placed on the unapproved access list and prohibited entry to the institution in order to protect the incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 - 2. *FDC Rule 33-601.301 Inmate Discipline General Policy*
 - 3. *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*
- 2. Interviews:
 - 1. Specialized staff

Findings (by provision):

115.78(a). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "Disciplinary Confinement," Rule 33-602.222, F.A.C., unless otherwise ordered through judicial or administrative process." The agency stated in the PAQ that there were no incarcerated individuals disciplined for offenses of sexual abuse over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse or sexual harassment by an incarcerated individual against another incarcerated individual, therefore no incidents of discipline for any incarcerated individual. The auditor was unable to review any additional evidence pursuant to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(b). In the PAQ, the auditor was provided *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*. This procedure outlines the established penalties for the indicated offenses in the *Code of Conduct*. The list shows a required disciplinary confinement and loss of gain time for an infraction of sexual battery or attempted sexual battery or lewd or lascivious exhibition. If an incarcerated individual is found guilty of these offenses, they can expect this penalty, indicating that the penalty would be commensurate with the nature of the offense for each incarcerated individual.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who confirmed that incarcerated individual discipline is based upon the

penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "Disciplinary Confinement," ..." The procedure goes on to state that all incarcerated individuals who have been found guilty of sexual abuse or sexual battery will be referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether their mental disabilities or mental illness contributed to the abuser or perpetrator's behavior.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who confirmed that incarcerated individual discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all individuals. It is possible for staff to take into consideration an individual's mental health status when considering penalties of incarcerated individual infractions. The Department does not offer sexual abuse therapy as an alternative to discipline. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "Disciplinary Confinement," ..." The procedure goes on to state that all incarcerated individuals who have been found guilty of sexual abuse or sexual battery will be referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether their mental disabilities or mental illness contributed to the abuser or perpetrator's behavior.

During the onsite phase of the audit, the auditor interviewed three (3) staff members of the medical and mental health staff. There is no specific sexual abuse therapy program available for incarcerated individuals at South Bay. The incarcerated individual discipline may consider the individual's mental health, but the mental health staff does not provide specific therapy focused on the prevention of future acts of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). In the PAQ, the auditor was provided *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*. This procedure outlines the established penalties for the indicated offenses in the Code of Conduct. The list of offenses includes a violation for lewd or lascivious exhibition by the incarcerated individuals and for establishing a personal relationship with a staff member or a

	<p>volunteer.</p> <p>The agency did not provide the auditor any additional information related to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78(f). The agency has provided the auditor with <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. In the <i>Discipline</i> section, the procedure states that when it is determined that an incarcerated individual has filed a PREA report in bad faith, for example knowingly filing a false report, the incarcerated individual may be subject to discipline. In this case, discipline is appropriate and would not violate this provision.</p> <p>The auditor reviewed the institution’s 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.78(g). In the PAQ, the auditor was provided <i>FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions</i>. This procedure outlines the established penalties for the indicated offenses in the <i>Code of Conduct</i>. The agency includes sex acts or unauthorized physical contact involving incarcerated individuals as a prohibited rule of conduct. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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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 the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>Intake PREA Screening Checklist</i> 3. <i>Classification PREA Screening Checklist</i> 4. <i>Mental Health Initial Assessment</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations: <ol style="list-style-type: none"> 1. Computer systems 2. Medical services

Findings (by provision):

115.81(a). The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "If results of an SRI 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."

During the onsite phase of the audit, the auditor interviewed three (3) incarcerated individuals who reported prior sexual victimization on their risk screening. All three incarcerated individuals told the auditor that they were provided the opportunity to meet with someone from mental health. They recalled seeing someone from mental health shortly after coming into the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "If results of an SRI 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."

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who perform the intake risk screening. They told the auditor that all incarcerated individuals are provided the opportunity to see medical and mental health, regardless of their response to the risk screening questions. The first intake with mental health typically occurs within 14 days of intake at South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). This provision is for jails and does not apply to South Bay. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states that information relating to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff necessary to properly make treatment plans, security, and management decisions, including for housing, work, education, and work assignments.

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of incarcerated individuals and how to access the screening information on the computer. The auditor was told they were unable to access that information in the computer. The auditor asked three (3) officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the CSC and the PREA compliance manager that access to the screening tool's data was restricted to staff that required access to the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

	<p>115.81(e). The agency provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure requires that medical and mental health staff obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization unless the individual is under the age of 18.</p> <p>During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three told the auditor that informed consent was a requirement before they could disclose information to security staff. For incarcerated individuals under the age of 18 this was not a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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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 the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted incarcerated individuals <p>Findings (by provision):</p> <p>115.82(a). In the PAQ, the auditor was provided <i>FDC Procedure 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i>. The procedure requires that correctional personnel responding to an allegation of sexual abuse or sexual harassment take all reasonable actions to ensure the safety of all persons and control and detain any suspects. Correctional personnel shall ensure all victims and other injured persons are provided appropriate first aid and appropriate emergency medical services.</p> <p>During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. The health services administrator, a registered nurse, and a mental health counselor confirmed that any incarcerated individual who was the victim of sexual abuse would be immediately brought to health services as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the incarcerated individual for injuries and the urgent need for</p>

medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional's credentials. A medical professional is on duty 24 hours a day at South Bay and there would be no waiting for care from a medical professional. The auditor also interviewed four (4) incarcerated individuals who reported an incident of sexual abuse or sexual harassment. All four incarcerated individuals told the auditor they were taken to health services immediately after reporting the incident and were seen by a medical practitioner. They all reported no injuries, although they were evaluated immediately. They told the auditor that an appointment was also scheduled with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). The auditor interviewed two (2) security staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. Both understood the need to provide the incarcerated individual with immediate access to medical and mental health. They told the auditor that medical staff is always available and there is no need for security staff to make other arrangements. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states "Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. The health services administrator, a registered nurse, and a mental health counselor told the auditor that these services would always be provided to the victim. At South Bay, pregnancy services would not be provided, as the institution houses male individuals only. The services for STIs would always be available. The treatment plan would be provided by the SANE nurse following the forensic examination and approved by medical provider. The auditor interviewed four (4) incarcerated individuals who had reported sexual abuse. None of the individuals interviewed had physical contact that required follow-up testing and prophylactic medications. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
 2. Sexual Abuse Investigation files
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals

Findings (by provision):

115.83(a). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody."

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. The health services administrator, a registered nurse, and a mental health counselor confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for individuals who have been sexually abused. If the SART team responds, a follow-up plan for testing and prophylactic medications will be provided to the institution. Staff will also provide information if the individual is transferred or released. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals reported receiving care from medical and mental health. None of them were provided with testing and prophylactic medications based upon the level of physical contact in their allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). The auditor interviewed three (3) staff members from health services during the onsite phase of the audit. The health services administrator, a registered nurse, and a mental health counselor confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for individuals who have been sexually abused. The care that they provide is always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). South Bay houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). South Bay houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse. All four incarcerated individuals reported receiving care from medical and mental health. None of them were provided with testing and prophylactic medications due to the level of contact with the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident."

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse. All four incarcerated individuals reported receiving care from medical and mental health. All four incarcerated individuals told the auditor that services provided to them after the incident were at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states that a mental health evaluation will be offered to any identified incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history. The abuser will then be offered treatment as appropriate.

The auditor interviewed three (3) staff members from health services during the onsite phase of the audit. The health services administrator, a registered nurse, and

	<p>a mental health counselor told the auditor that mental health evaluations are provided for all sexual abusers as soon as possible after receiving notification of a sexual abuse allegation. South Bay has a full mental health staff and can put together a treatment plan for the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>FDC Form DC6-2076 Sexual Abuse Incident Review/Facility Investigation Summary</i> 3. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Incident review team <p>Findings (by provision):</p> <p>115.86(a). In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. In the <i>Sexual Abuse Incident Review</i> section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the <i>Sexual Abuse Incident Review/Facility Investigation Summary</i> (Form DC6-2076). The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor.</p> <p>The auditor reviewed the institution’s 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. The institution reported a completed <i>Sexual Abuse Incident Review/Facility Investigation Summary</i> for twenty (20) allegations following the completion of the investigation. Ten (10) investigations are still ongoing, and the other four (4) outcomes were unfounded, and the incident review was not required. The auditor found the completed sexual abuse incident review form in the 20 investigation files where the outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.86(b). In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape:</i></p>

Prevention, Detection, and Response. In the *Sexual Abuse Incident Review* section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the *Sexual Abuse Incident Review/Facility Investigation Summary* (Form DC6-2076). The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor.

The auditor reviewed the institution's 34 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. The institution reported a completed *Sexual Abuse Incident Review/Facility Investigation Summary* for twenty (20) allegations following the completion of the investigation.

Ten (10) investigations are still ongoing, and the other four (4) outcomes were unfounded, and the incident review was not required. The auditor found the completed sexual abuse incident review form in the 20 investigation files where the outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden told the auditor that this incident review is important to ensure that failures were properly noted to ensure that problems were noted and corrected. It was important to take information from many resources to ensure they have a full picture of what happened and to look for ways to make sure the incident can't happen again if it was preventable. The auditor reviewed the institution's 34 completed sexual abuse and sexual harassment investigation files from the previous 12 months. The auditor located the completed incident review on the *Sexual Abuse Incident Review/Facility Investigation Summary*, in each file with a completed investigation, unless the outcome was unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). *FDC Form DC6-2076 Sexual Abuse Incident Review/Facility Investigation* was provided to the auditor in the PAQ. This form is utilized by FDC to document the incident review meeting information. The form documents the incident review team's consideration of: 1. Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, gang affiliation, or other group dynamics; 3. Examine the area in the facility for physical barriers which may enable abuse; 4. Assess adequacy of staffing levels during different shifts; 5. Assess if monitoring technology should be adjusted to supplement supervision by staff; and 6. Prepare a report of the findings by the review team. South Bay also prepares a monthly report of sexual abuse reports and allegations for the Warden's review.

During the onsite phase of the audit, the auditor interviewed the Assistant Facility Administrator, the PREA compliance manager, who participates in the sexual abuse incident reviews. The PCM told the auditor that each incident review includes a review of all the items listed in this provision. He said that without this full review, South Bay would not continue to improve and provide an atmosphere of sexual safety. The PREA compliance manager was clear that these incident reviews are important for the institution to not just say that sexual safety is important, but to show to staff and all of administration that is important. They review potential staff failures, the level of staffing at the time of the incident, video monitoring, the physical plant, and any incarcerated individual issues, that may have led to the incident of sexual abuse. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Warden, the Facility Administrator, about the sexual abuse incident reviews. The Warden agreed that the reviews are important to providing a safe environment for the incarcerated individuals. Without carefully reviewing the incidents and taking immediate action, if necessary, then all the education and signs and talk about sexual safety is just that, talk. Action is necessary to make sure that everyone understands that safety for the incarcerated individuals is the most important thing they do. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). Although the auditor was not provided any documentation for this provision, the information from the auditor’s interviews with staff made it clear that recommendations on incident reviews would be immediately put into practice and corrected. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response Act</i> 2. <i>SSV-2 Survey of Sexual Victimization</i> <p>Findings (by provision):</p> <p>115.87(a). The agency provided the auditor with <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to</p>

PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure lists the definitions utilized on the Bureau of Justice Statistics form *SSV-2 Survey of Sexual Victimization*. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(b). The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(c). The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The reports contain the data necessary to complete the Bureau of Justice Statistics form *SSV-2 Survey of Sexual Victimization*. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(d). The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(e). The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure states that each Compliance Manager is responsible for compiling institution specific PREA data and preparing an annual corrective action plan for his/her institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> 2. <i>Florida Department of Corrections 2023 Prison Rape Elimination Act (PREA) Annual Report</i> 3. <i>South Bay Correctional and Rehabilitation Facility - 2024 PREA Facility Corrective Action Plan</i> 4. <i>South Bay Correctional and Rehabilitation Facility - 2024 PREA Facility Corrective Action Plan</i> 5. Florida Department of Corrections Website 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.88(a). The agency provided the auditor with <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states that data collected will be utilized to improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying 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 year. The agency provided the auditor with a copy of the <i>South Bay Correctional and Rehabilitation Facility - 2024 PREA Facility Corrective Action Plan</i> and the <i>South Bay Correctional and Rehabilitation Facility - 2023 PREA Facility Corrective Action Plan</i> in the PAQ. The Plans are complete and include a comparison of the 2022 data with the 2023 data in the 2024 report and the 2021 data with the 2022 data in the 2023 report. The auditor was also provided with a copy of the <i>Florida Department of Corrections 2023 Prison Rape Elimination Act (PREA) Annual Report</i>.</p> <p>The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In those responses, the Secretary of Corrections explained that the sexual abuse data is collected annually and utilized to complete the <i>Survey of Sexual Victimization</i>. The data is collected from all facilities that house Department incarcerated individuals. The data is reviewed by the PREA Coordinator who completes a report of the findings and any potential corrective action. The information is utilized to detect any deficiencies or areas of concern and is utilized to promote better policy and practice. The auditor was provided written responses to</p>

the PREA audit interview questions from the PREA coordinator. The PREA coordinator also confirmed the annual data collection. She stated that it was secured annually at the statewide level from each of their corrections facilities, including those that are operated by a contractor, like the South Bay institution. Corrective action is taken based on the issues noted and reported on an annual statewide corrective action plan. The plan is posted on the Department’s public website. All issues are reviewed, and actions are taken for the prevention of future incidents. The auditor interviewed the PREA compliance manager during the onsite audit, who confirmed the aggregate data review annually. She stated that this might provide information that can be utilized to alter staffing or provide changes to training and education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(b). The auditor reviewed copies of the agency’s annual report for 2024 and confirmed that the report contains information related to this provision. The report includes a comparison of the current year’s sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(c). The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In those responses the Secretary of Corrections stated that he is responsible for reviewing and approving the annual PREA report. The auditor was provided a copy of the *Florida Department of Corrections 2023 Prison Rape Elimination Act (PREA) Annual Report*. The annual report is posted to the agency website for public review. The auditor found the annual corrective action plan for 2015 through 2023 on the agency website. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(d). The auditor was provided written responses to the PREA audit interview questions from the PREA coordinator. In those responses, the PREA coordinator stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the website and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and</i>

Response

2. *South Bay Correctional and Rehabilitation Facility - 2023 PREA Facility Corrective Action Plan*
 3. Florida Department of Corrections Website
2. Interviews:
1. PREA coordinator

Findings (by provision):

115.89(a). All data included in the annual reporting is secured at the statewide level in secure data storage. This was confirmed through written interview responses from the PREA coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(b). The agency posts the annual report to the agency website. The auditor found the annual corrective action plan for 2015 through 2023 on the agency website. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(c). The auditor was provided written responses to the PREA audit interview questions from the PREA coordinator. In those responses, the PREA coordinator stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the website and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(d). *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was included in the PAQ. The procedure includes the following language regarding the storage of data: Case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Agency website
2. Interviews:
 1. PREA coordinator

Findings (by provision):

115.401(a). This was the fourth audit completed by the South Bay Correctional and Rehabilitation Facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(b). This is the third year of the fourth PREA audit cycle. The agency is actively auditing one-third of their facilities during the fourth year of the audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 45 incarcerated individuals. The institution provided a private room for the auditor to meet with each incarcerated individual for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(n). The institution posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Agency website
2. Interviews:
 1. PREA coordinator

Findings (by provision):

115.403(f). This was the fourth audit completed by South Bay Correctional and Rehabilitation Facility. The prior audit reports are posted to the Florida Department of Corrections website as required by this provision and the auditor understands that this audit report will be posted properly after FDC receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.

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	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
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.)	na
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).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
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 (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	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 always makes a victim advocate from a rape crisis center available to victims.)	na
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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
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 the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
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)	no

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
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	yes

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

	this standard.)	
	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,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	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	yes

	abuse or sexual harassment or retaliation?	
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	yes

	response to an incident of sexual abuse?	
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	yes

	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?	
	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	yes

	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).)	
	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	yes

	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?	
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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

	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?	
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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