

PREA Facility Audit Report: Final

Name of Facility: Orange County Jail Facilities

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/10/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: James Kenney | Date of Signature: 07/10/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Kenney, James |
| Email: | jimkenney33@earthlink.net |
| Start Date of On-Site Audit: | 06/14/2021 |
| End Date of On-Site Audit: | 06/18/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Orange County Jail Facilities |
| Facility physical address: | P.O. Box 4970, Orlando, Florida - 32802 |
| Facility Phone | |
| Facility mailing address: | P.O Box 4970, Orlando, Florida - 32802 |

| Primary Contact | |
|--------------------------|---------------------|
| Name: | Tris James |
| Email Address: | Tris.James@ocfl.net |
| Telephone Number: | 407-254-8208 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|------------------------------|
| Name: | Chief Louis A. Quiñones, Jr. |
| Email Address: | Louis.QuinonesJr@ocfl.net |
| Telephone Number: | 407-836-3565 |

| Facility PREA Compliance Manager | |
|----------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Health Service Administrator On-site | |
|---|---------------------|
| Name: | Amy Walton |
| Email Address: | Amy.Walton@ocfl.net |
| Telephone Number: | 407-254-8224 |

| Facility Characteristics | |
|---|---|
| Designed facility capacity: | 3797 |
| Current population of facility: | 2292 |
| Average daily population for the past 12 months: | 2399 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 15-90 |
| Facility security levels/inmate custody levels: | Minimum; Medium; High Medium; Max I; Max II and Capital Felon |
| Does the facility hold youthful inmates? | Yes |
| Number of staff currently employed at the facility who may have contact with inmates: | 1597 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 64 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 11 |

| AGENCY INFORMATION | |
|---|---|
| Name of agency: | Orange County Corrections Department |
| Governing authority or parent agency (if applicable): | Orange County Commission |
| Physical Address: | 3723 Vision Boulevard, Orlando, Florida - 32839 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|------------|-----------------------|---------------------|
| Name: | Tris James | Email Address: | tris.james@ocfl.net |

AUDIT FINDINGS

Narrative:

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

Pre-Onsite Audit Phase

In preparation for their Prison Rape Elimination Act (PREA) audit, the Orange County Corrections Department contacted Department of Justice (DOJ) certified PREA auditor James Kenney on April 7, 2021. The agency requested onsite audit dates as soon as possible for the PREA audit of the Orange County Correctional Facility in Orlando, Florida. The agency and auditor selected June 14-18, 2021, as the dates for the onsite audit. The auditor sent a contract draft to the facility on April 10, 2021. The facility provided an executed copy of the contract on April 20, 2021.

This will be the second PREA audit for the Orange County Corrections Department, the first completed in 2016. This facility is the only facility operated by the Orange County Corrections Department.

On 04/16/21, the auditor conducted an audit kickoff meeting in person with PREA Coordinator Tris James and three members of the facility's Policy and Accreditation Unit (PACU). During the meeting, the auditor provided the facility with information about the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the facility, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the facility to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The facility was also provided the audit process map for their review. Due to the short time frame of the pre-onsite audit phase, the auditor discussed the need for the agency to provide the auditor with access to the Pre-Audit Questionnaire (PAQ) and the audit documentation as soon as possible. The auditor explained the use of the Online Audit System (OAS) for the audit and gave the PREA Coordinator information to review regarding the use of the OAS. It was confirmed that PREA Coordinator James would be the point of contact throughout the audit process.

The auditor also supplied the facility with a copy of the required audit notice and explained the need to have it posted throughout the facility and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The auditor requested that the notice be printed on color paper in two languages, English and Spanish. The facility agreed to send photos of the audit notice to the auditor.

The OAS for the audit was initiated on 04/22/21 and the facility began the process of updating the PAQ and uploading documentation for the auditor's review.

The facility posted the required audit notice throughout the facility on 04/28/21 and photos showing the posted audit notice in several areas of the facility were sent to the auditor on 04/28/21. The notice was printed in both languages on bright yellow paper. The auditor will confirm the posting of the notice during the onsite review.

On 05/12/21, the auditor was notified that the facility had completed the PAQ and upload of documentation into the OAS and the auditor was granted access to the OAS. The auditor began the review of the PAQ and submitted compliance documentation immediately. On 05/25/21 the auditor completed the documentation review and sent an issue log to the PREA Coordinator for review and response. The issue log requested additional information for only five (5) open items. The PREA Coordinator provided additional documentation and a response to the auditor to each of the open items by 06/10/21.

On 05/12/21 the auditor contacted the PREA Coordinator to confirm arrangements for the onsite audit and requested the following additional documentation from the facility:

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

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. These lists were uploaded to the OAS days prior to the onsite audit:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)

2. Youthful inmates
3. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

The facility was also asked to provide a complete staff roster for the days of the onsite audit. The staff roster and the inmate lists were provided to the auditor on the evening before the start of the onsite audit during a welcome dinner. The auditor then randomly selected staff members from each shift to interview during the audit. The auditor also randomly selected inmates to interview from the complete inmate roster, that included all housing units. The auditor also selected inmates to interview from each of the targeted inmate categories.

The auditor performed an independent internet search for the Orange County Corrections Department, which provided a few news stories in 2020 and 2021. One was regarding the jail's Covid-19 status and the other was related to a hostage situation in 2020. The auditor was not able to locate any news story related to sexual abuse or sexual harassment of the inmate population.

The auditor viewed the Orange County Corrections website information related to PREA and located a large amount of public information. The page includes a required statement about the law, the agency's PREA policy, the survey of sexual victimization (SSV) for 2018 and 2019, the facility PREA audit report from 2016, and the agency's 2019 annual report. The page also includes a third-party PREA reporting form that is available for the public to complete on behalf of an inmate.

The auditor completed the form as a test and was notified the next day by the PREA Coordinator that the notification was received by her and by an investigator at the internal affairs department.

The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Florida State Statute (FSS) 944.35(3) (d). Also, in the State of Florida, criminal courts must file criminal charges for youthful offenders in the adult court for the court to certify a youthful offender as an adult. The youthful offender under the age of 18 must be held separate from adult offenders, out of sight or sound of the adults.

The auditor contacted the Victim Service Center of Central Florida (VSC), the certified rape crisis center for Orange County and the contracted provider for services at the Orange County Corrections Department. The auditor spoke with the Program Director, who confirmed the VSC's work with the Corrections Department. She explained the process for the VSC to take hotline calls for the agency and to provide information back to the agency, as required. She also explained how the VSC provides victim advocacy and support for victims and persons of past victimization. It was also confirmed that there were no forensic examinations for inmates in custody over the last 12 months. The auditor performed a test phone call to the advertised hotline number, which was handled promptly by staff at the VSC. The PREA Coordinator was notified the next day by email by the lead advocate at the VSC and the PREA Coordinator notified the auditor.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the Orange County Corrections Department. They showed no information that referenced the facility.

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

Onsite Audit Phase

The auditor arrived at the Orange County Corrections Facility on 06/14/21 and attended a welcome meeting with the agency's executive staff and division managers. The meeting was held in the administration building conference room and over Webex, led by Chief of Corrections Louis A. Quinones Jr. The auditor was provided an itinerary for the week and a resounding welcome by the Chief and his staff. The auditor explained the onsite audit was intended to observe the operations of the facility and assess the day-to-day practice of the staff's interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the facility's compliance with the PREA standards, which the auditor believed the facility was already meeting, based on the pre-audit review of the agency policy and submitted facility documentation. The auditor complimented the work of the PREA Coordinator and the Policy and Accreditation Unit staff. The auditor provided staff with the list of randomly selected staff members and inmates for interviews. The auditor was notified that the inmate count on the first day of the onsite audit was 2,350.

The auditor was provided a list of several specialized staff members who were available for interviews and the auditor made selections for interviews to be conducted during the week of the audit.

The auditor then began the site review in the facility's Booking and Release Center (BRC). This building, one of seven buildings on the compound with inmate housing, hold the facility's intake, booking, main medical clinic and housing, orientation and intake housing, and mental health housing. The auditor entered the intake and booking area through the vehicle sally port area into the triage entrance and asked to be treated as a new intake inmate. Staff immediately "searched" the auditor for contraband and simulated placing the auditor on the full body scanner. The auditor was then screened by the intake nurse, who evaluated the auditor for illness and injury that would prevent the auditor from entry into the facility. This area is open and well-lit with no blind spots. The auditor was then taken into the main booking floor, where the auditor was taken where a strip search would be performed due to felony charges. The strip search would be completed in a small room, privately with a corrections officer of the same gender of the auditor. There is no camera in the room and there are no windows. Next, the booking officer performed normal intake functions, which included asking the auditor a series of questions to determine if the auditor might show signs of vulnerability or predatory behavior. The auditor was provided a written document that outlined the agency's zero tolerance policy and provided ways for inmates to ask for help and report incidents of sexual abuse. The auditor was shown a receipt for intake property that documented the inmate's receipt of the zero tolerance policy. This property receipt was placed in the auditor's inmate file. The auditor was then escorted to the booking medical staff. The medical screening was performed, which included questions regarding the inmate's potential vulnerability. The auditor was then escorted to the open booking area where he was able to watch a PREA video on overhead video screens. This educational video runs on a continual loop with other orientation information for inmates while they await processing in the booking area. The booking area is laid out well, with no blind spots. Offices have large windows in the walls for easy visibility, cells along one wall also have large windows, there are multiple cameras covering the booking floor, and PREA signs are hung throughout the area.

The auditor was then escorted through the Safe Book area, a special housing area for inmates that require special management for behavior or self-harm. The cells in this area are open cells with large glass walls allowing for full viewing of the inmate, intended for the safety of the inmate. However, this removes any privacy for the inmate as any individual moving through the area's very busy hallway, including other inmates, could easily see the inmates while stripped for self-harm or while using the toilet. To combat this, the agency has frosted portions of the windows in each of the cells allowing for necessary privacy and still providing an assigned staff member ample opportunity to perform direct observation of the inmate for self-harm. None of the other cells in Safe Book have cameras in the cells and the auditor observed no concerns with cross-gender viewing.

The auditor was escorted through all of the detention housing units in the BRC building and observed housing for orientation, mental health, medical, and initial court holding. Housing for court holding, orientation, and some of the medical units were open dormitory style units. These units have open restrooms and group showers, with half-walls built for inmate privacy. All other housing units have single or double bunked, wet cells. These housing units have showers have a half-door that covers the inmate's body but allows for viewing of the inmate's head and feet for safety. All housing units have visible cameras in the dayroom areas, but the cameras do not provide any camera view of toilets or showers and the housing units are all square or rectangular with no blind spots. The auditor also toured two medical clinics and observed treatment areas and triage but did not identify any blind spots or areas of safety concern. There were no unlocked doors and there was visible camera coverage throughout each clinic area.

While performing the site review of the BRC building, the auditor spoke with several corrections officers and inmates. Every officer was polite and easily answered questions that were posed regarding the PREA standards and the agency policy. The officers identified for the auditor various ways for inmates to file allegations of sexual abuse or sexual harassment, including the internal and external hotline. In one of the medical housing units, the auditor asked an inmate to make a test phone call to the internal hotline. Approximately six (6) minutes after leaving that housing unit, the BRC shift commander on duty approached the auditor and escorts to notify us that he was notified by the facility's master control room that a hotline call was received regarding an incident of sexual abuse from an inmate in housing unit 2C. The inmates the auditor talked with also knew how to file allegations of sexual abuse and they all confirmed that they had received PREA education upon entry to the facility. They explained that they felt safe in the facility. In the orientation housing unit, the auditor met with the officer responsible for the daily inmate orientation. He walked the auditor through the orientation classes and told the auditor how he introduces the PREA video, ensuring that all inmates pay attention due to the risk to their safety. The auditor located PREA signage in all housing units, hung near the inmate telephones.

The auditor then toured two direct supervision housing buildings, Phoenix and Genesis. The two buildings are not built exactly the same, but the overall layout of the housing units is the same. They both hold four (4) direct supervision units around a central movement rotunda. The unit walls are large open windows that provide clear views inside for officer safety. Each of the units is a large two-tiered square open dormitory with clear views for easy viewing for the officer and the camera. There are no visible blind spots. Restrooms are shielded with a half-wall and the showers are covered with a half-door for privacy. The Genesis building was closed due to low inmate population, but the auditor was able to tour the building to determine that inmate safety was more than adequate. PREA signage was posted appropriately throughout the building. The facility houses inmate workers in Phoenix, so they have a special room set up to strip search the workers as they return from their job assignments. The auditor asked the two officers assigned to walk the auditor through the strip search process and was impressed with the process and the protections in place to provide privacy for each inmate. The Phoenix building has a large programs area, and the auditor toured the vocational technical area and the classrooms. The classrooms have cameras for safety and all offices were secured. The auditor was told that all offices are non-inmate areas. The vocational technical workshop is a large warehouse area for construction learning. There is an office area for instructor which is a non-inmate area. The auditor could not identify blind spots in this area. All of the inmates the auditor spoke with in Phoenix could explain to the auditor how to file an allegation of sexual abuse or sexual harassment. The auditor entered the Phoenix building control room to view the available camera monitors. The monitors clearly show all of the dayrooms in the four units, but there are no views of the restrooms or showers.

The auditor toured the Horizon building, which is also a direct supervision facility. This is a multi-level building that holds twelve direct supervision units. The units are large two-tiered square open dormitories with clear views for easy viewing for the officer and the camera. There are no blind spots. The restrooms are shielded with a half-wall and the showers are covered with a half-door for privacy. Two units share an open entry space where visitation kiosks, classrooms, and attorney rooms are available. The auditor toured these areas and noted locked doors where appropriate and cameras in the classrooms. There are also rooms for medical, but inmates are seen in these rooms and the rooms are secured. PREA signage is posted in each of the housing units. The auditor tested telephones in each housing unit. The auditor also spoke with inmates at random throughout the building and found the inmates to be friendly and understanding of the zero tolerance policy. The auditor entered the buildings control room to view the camera monitors. The monitor shows only the dayrooms and hallways. There were no camera views of any restrooms or showers throughout the building.

The auditor visited the Whitcomb building, which is closed due to low inmate population. This building holds two open dormitory units, with a central control room between them. The restrooms and showers are behind a wall that prevents them from being viewed on camera or from inmates in the dayroom. PREA signs were posted near the inmate telephones in both dorms. The auditor viewed the monitors in the control room and verified that there were no camera views of restrooms or showers.

The auditor then toured the Female Detention Center (FDC). The housing in this building is eleven direct supervision housing units, that houses the entire female population except for those in intake or housed in medical observation. Eight of the units are large two-tiered square open dormitories with clear views for easy viewing for the officer and the camera. There are no blind spots. The restrooms are shielded with a half-wall and the showers are covered with a half-door for privacy. Two of the dormitories house inmates behind closed cell doors, in double bunked, wet cells. The showers have half-doors for privacy. This unit is large square units with no blind spots. The last housing unit is off the main hallway, on the opposite side of the other units. There are eight single bunk, wet cells along one wall. This unit is utilized to house female youthful inmates if there are any in the facility. At the time of the audit, there were none in custody. Throughout the FDC, the auditor talked with staff and inmates, and everyone was friendly and knowledgeable about PREA and how to file an allegation if it were necessary. PREA signage was visible in all housing units, hung next to the inmate telephones.

The auditor then visited the last building on the compound, the Main building. This is a large multi-level building, split into four zones, and three different buildings. There are a total of 52 housing units, most of which are lockdown units for administrative or disciplinary confinement or acute mental health. There are six small dormitory housing units utilized for programming. Other than those units, the rest of them are closed-door cells or open-gate cells, single and double bunked, wet cells, with dayrooms available for the inmates. Throughout the building, the units are wide open with no blind spots and the showers all have a half-door that provides privacy for the inmates while showering. There are six control rooms, three on the first floor and three on the third floor, to monitor the housing units along the main halls of the building. These units were built with large open windows into the halls, intended to provide opportunities for security staff to easily see into the unit for inmate safety. However, this greatly affects inmate privacy that PREA requires. The agency took steps to address the issue by frosting the glass of the windows in areas where staff would be able to view inmates while utilizing the toilet in the cell or while using the group shower. They also added covering to the shower to provide additional privacy and protection from viewing on the dayroom camera. The auditor verified in several of the control rooms that these cameras could not see into the showers, as female staff members routinely work in these control rooms. The auditor noted cameras were not able to see into the cells, but some views could see over the covering and into the showers. To combat, the facility placed screening over the showers on the monitors, effectively covering the view and taking away the opportunity for staff members to view inmates in full state of undress. The auditor was impressed with the use of a low-cost solution to a large problem. At one end of the building, separated from all other inmate housing and behind a double vestibule, the facility maintains three units specifically for youthful inmate housing. These three units are closed-door cells, with an officer stationed in the dayroom. There are two classrooms in the hallway along the same corridor that are utilized for the youthful inmates. The auditor spoke with youthful inmates, officers assigned to this area, and an instructor in their classes, to confirm the separation from adult inmates. The auditor met with corrections officers throughout the building. All staff members verified their training of PREA and easily described the ways that inmates and staff members could file allegations of sexual abuse and sexual harassment. The auditor also talked with inmates throughout the building. All of the inmates were polite and expressed that they had received education regarding PREA at orientation. They were also able to describe ways to file an allegation of sexual abuse.

Attached to the Main building are the Inmate Laundry and the Inmate Kitchen. The Laundry is a large open room, with the large washing and drying machines around three of the four walls. There are spaces behind the machines, but those spaces are visible, and mirrors are hung to assist with viewing to ensure safety behind them. There is adequate camera coverage of the rest of the room and staff supervision is proper for the number of inmates. The staff office is a non-inmate area, and the storage rooms are secured unless staff is present. The Kitchen is very large and clean with no blind spots apparent. The auditor found coolers and freezers secured properly as well as the dry storage. There is a camera in the dry storage room and staff ensured the auditor that the daytime staff member assigned is not left alone with an inmate worker with the door closed. The auditor could see more than adequate security staff and contract staff coverage in the Kitchen to ensure safety for staff and inmates.

Before leaving the Main building, the auditor was escorted to the Command Center. This is a secure camera viewing center, with five viewing posts, two of which are specific for female staff members. The agency utilizes civilian detention specialists, and they are supervised by a shift lieutenant. The Command Center actively monitors cameras throughout the entire compound for the safety of staff and inmates. The specialists here have the opportunity to rewind the cameras and zoom in as needed. The two female posts are the only two that have cameras that show images of the female intake housing and cameras in the FDC. The auditor verified that there were no cameras on the other three posts where female viewing was available. The auditor checked camera viewing at all five posts to verify the

opportunity to view restrooms or showers and could locate none throughout the entire compound. There are a total of 1,012 cameras deployed throughout the compound with a 30-day retention time period. The Command Center is also where the internal hotline rings when a call is made from any phone on the compound.

During the site tour of the facility, the auditor observed staff members making a cross-gender announcement prior to the auditor and escorts entering all of the housing units, as the auditor is a male and three of the escorts were female. Each time, the auditor was asked to wait a moment while the officer on duty or the supervisor made an announcement that a male or a female was entering the housing unit, the group was asked to wait a few additional moments allowing the inmates to cover up, if necessary, before entering the housing unit. The auditor asked inmates throughout the facility about the announcements and all inmates confirmed that the announcements were made routinely before staff members of the opposite gender entered the units.

The auditor met with staff from classification to observe the classification process and to observe the PREA screening of inmates. Our first stop was to see an inmate in the Main building before he was released from the secondary quarantine and rehoused to general population. The classification specialist explained that the inmate had been in custody 28 days and was clear from quarantine. She had the inmate brought to the unit vestibule and explained the reason for the rescreening. She followed the written protocol and easily asked the inmate the required questions. Once completed, she showed the auditor the outcome on the screening form and explained the next steps. The auditor then met with another classification specialist in BRC. This specialist met with inmates in the orientation housing unit and completed the intake PREA screening. The specialist was calm and easily asked the personal questions, explaining the reason why the facility asks the questions for the inmate's safety. The auditor then was shown how the result of the screening affects the housing determinations. The auditor had the specialist perform a screening for a transgender female inmate and show the auditor what the facility would do following the result of the screening.

The auditor met with a staff member from the facility's mail room and discussed how they would process privileged mail, including mail that would be addressed to the auditor. He knew the auditor's name and address and explained that the audit notice was posted in the mail processing room and any mail addressed to the auditor would be processed as privileged mail, just as any other legal mail.

The auditor met with the grievance coordinator who explained the process for inmates to file a grievance. Inmates are provided a grievance form to be completed in writing. The inmate can mark if the grievance if the incident is related to sexual abuse or sexual harassment. Staff collect grievance forms and deliver those to their supervisor on each shift. The supervisor will attempt to respond to the grievance informally, if possible, immediately. Otherwise, grievances are then forwarded directly to the coordinator, where they are logged in to the tracking data

base and sent to the correct individual for review and response. If the grievance is regarding sexual abuse or sexual harassment, it is treated as an urgent grievance and immediately forwarded to internal affairs for investigation. A response is sent immediately to the inmate to notify the inmate that the grievance was received. The inmate is also sent a response upon the completion of the investigation.

The auditor met with staff from medical and with the PREA Coordinator that forensic medical examinations for the facility are performed offsite at the Victim Service Center (VSC) care center. The agency has a Memorandum of Understanding (MOU) with the VSC for these services as well as for inmate counseling services and the external hotline. The VSC provides a victim advocate during all forensic examinations and would also provide the advocate for follow-up visits at the facility. The auditor completed an interview with the VSC program director prior to the onsite audit to confirm the details of the MOU and verify their PREA education and actions after receipt of a hotline telephone call.

The auditor toured three additional areas that were outside the security compound. The first was on the public side of the BRC building. The public entrance provides entry for individuals to post bond for inmates and enter for video court hearings on the third floor. The auditor viewed posted PREA signage for the public. This was a non-inmate area.

The second building is the offsite visitation building, just across the street from the BRC. This building is a non-inmate area but is accessed seven days a week by family and friends of the inmates for video visitation. There are several PREA signs posted to provide the public with vital information regarding PREA and how they might be able to file an allegation of sexual abuse or sexual harassment on behalf of an inmate.

The last building to be toured is the agency's Work Release Center. Located approximately ten minutes away from the main facility, the Center was closed at the time of the audit but was reviewed as part of the audit for inmate safety. The auditor entered the main lobby and immediately located PREA signage posted for inmates and the public. There are four open dormitory housing units with open restrooms and showers. There are restrooms stalls and curtains installed in the showers. Cameras installed in the dormitories provide adequate coverage for inmate safety. The auditor confirmed that there were no camera views of the restrooms or showers. Although there are other areas of the building that could not be adequately reviewed with the building closed, the auditor confirmed that housing units meet standards.

Inmate Interviews

The auditor conducted inmate interviews at various times during the onsite audit. They were completed in a private room in each building

on the compound. Based on the inmate population of 2,350 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted interviews are required. The PREA Coordinator, a PACU Sergeant and a special duty corrections officer facilitated interviews of all inmates. Most of the interviews were completed in offices that provided privacy for both the inmate and the auditor. For inmates that were in close management, disciplinary confinement, or youthful inmates, those interviews were held in a supervisor's office or in the entry hall of their dormitory. The inmate and the auditor were provided privacy for the interview. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

| Category of Inmates | Interviews Conducted |
|--|-----------------------------|
| Random Inmates (Total) | 26 |
| Targeted Inmates (Total) | 23 |
| Total Inmates Interviewed | 49 |
| Breakdown of Targeted Inmate Interviews: | |
| · Youthful inmates | 4 |
| · Inmates with physical disability | 4 |
| · Inmates who are blind, deaf, or hard of hearing | 2 |
| · Inmate who are LEP | 2 |
| · Inmates with a cognitive disability | 1 |
| · Inmates who identify as lesbian, gay, or bisexual | 2 |
| · Inmates who identify as transgender or intersex | 1 |
| · Inmates in segregated housing for high risk of sexual victimization/ suffered prior abuse | 0 |
| · Inmates who reported sexual abuse | 4 |
| · Inmates who reported sexual victimization during risk screening | 3 |
| Total Number of Targeted Inmate Interviews | 23 |

The PREA Coordinator provided the auditor with a complete list of inmates for each of the targeted categories for interviews the evening before the onsite audit. The auditor randomly selected inmates from each list and provided those names to the PREA Coordinator during the entrance briefing on Monday morning. It is important to note that the facility's classification system perfectly captures each of the traits necessary to identify inmates needed for these targeted interviews. In this manner, the facility is also able to ensure proper education for those inmates that might need assistance as well as properly identify those inmates that may be vulnerable to sexual abuse or sexual harassment in the facility.

The auditor was also provided a full alphabetical list of inmates housed in the facility. The auditor randomly selected inmates to interview from the full list. The auditor also selected four youthful inmates to interview from the two youthful inmate housing units. All interviews were completed using the Department of Justice interview protocols.

Staff Interviews

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

Louis A. Quinones Jr., Chief of Corrections

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

| Category of Staff | Interviews Conducted |
|---|----------------------|
| Random Staff (Total) | 26 |
| Specialized Staff (Total) | 28 |
| Total Staff Interviewed | 54 |
| Breakdown of Specialized Staff Interviews: | |
| · Intermediate- or higher-level facility staff | 2 |
| · Facility PREA Compliance Manager | 1 |
| · Medical and mental health staff | 2 |
| · Non-medical staff involved in cross-gender strip searches | 1 |
| · Human resources staff | 1 |
| · SANE staff | 1 |
| · Volunteers and Contractors who have contact with inmates | 4 |
| · Investigative staff | 1 |
| · Staff who perform screening for risk of victimization | 2 |
| · Staff who supervise inmates in segregated housing | 1 |
| · Incident review team | 1 |
| · Designated staff member charged with monitoring retaliation | 1 |
| · First responders, security staff | 1 |
| · First responders, non-security staff | 1 |
| · Line staff who supervise youthful inmates | 1 |
| · Education and program staff who work with youthful inmates | 1 |
| · Intake staff | 2 |
| · Maintenance | 1 |
| · Mailroom Staff | 1 |
| · Grievance coordinator | 1 |
| · Agency contract administrator | 1 |
| Total Specialized Interviews | 28 |

The PREA Coordinator supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. The facility

lists 75 volunteers and 64 contractors on their approved entry list. The auditor interviewed two contractors and two volunteers as part of the specialized staff interviews. For random staff interviews, the auditor selected several staff members from each of the four security shift rosters, including supervisors. Random staff interviews were conducted in a private setting, either in an office in a secure building or in the administration area. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. The auditor reviewed a list of 38 grievances and verified that there were no grievances listed that were related to sexual abuse or sexual harassment that were not included in the investigation files. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

| Name of Record | Number Reviewed |
|---------------------|-----------------|
| Employee Files | 10 |
| Inmate Files | 24 |
| Investigation Files | 58 |
| Total Files | 88 |

Employee Files: The auditor was provided ten employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

Inmate Files: The auditor reviewed 24 inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

Investigation Files: During the previous 12 months, there were a total of 58 allegations of PREA related misconduct at the facility. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. The investigation dispositions are shown below:

| | Substantiated> | Unsubstantiated | Unfounded | Investigation Ongoing |
|---|----------------|-----------------|-----------|-----------------------|
| Inmate-on-inmate abusive sexual contact | 1 | 4 | 2 | 0 |
| Inmate-on-inmate nonconsensual sexual act | 1 | 7 | 0 | 0 |
| Inmate-on-inmate sexual harassment | 2 | 15 | 6 | 1 |
| Staff-on-inmate sexual misconduct | 0 | 3 | 7 | 0 |
| Staff-on-inmate sexual harassment | 0 | 7 | 2 | 0 |
| Total Allegations | 4 | 36 | 17 | 1 |

There were four substantiated allegations. Two of those for sexual harassment, which were not referred for criminal charges. There was one substantiated inmate-on-inmate abusive sexual contact and one substantiated inmate-on-inmate nonconsensual sexual act. In both cases, although there was a finding that the incident had occurred, the victim told the law enforcement agency they declined to press charges, and, therefore, no criminal charges were filed.

The investigation files include the initial incident report, inmate statements, witness statements, investigative report, investigative summary, and evidence summary. The PREA Coordinator supplied the Incident Review Report, retaliation monitoring, and medical and mental health records.

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. The auditor found complete investigative files, with proof of immediate action taken upon first notification, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment. The investigator's review and case resolution are in the file, but the auditor found some files with delayed investigations. The auditor discussed this with agency executives and made a strong recommendation for changes to improve this process even though staff are responsive

immediately upon learning of the inmate's allegations in each case. The auditor stressed to staff the need for prompt case closure, which would lead to more disciplinary sanctions for inmate offenders, thus sending a message to the inmate population that the agency's zero-tolerance policy is taken seriously, and future incidents of sexual abuse will not be tolerated. The agency is in compliance with all provisions of the investigation standards, but the auditor strongly recommends the agency complete the investigations in a timelier manner. This will lead to a greater level of sexual safety when inmates see a greater impact to the response to allegations of sexual abuse and sexual harassment.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Chief, the two Deputy Chiefs, the facility PREA Coordinator, and the rest of the executive staff and division managers. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed to the Chief and his team his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor was impressed with the cleanliness of the facility and the cooperation of the entire team to complete with the audit. The auditor appreciated the cooperation of everyone to assist in not only the onsite portion, but also the preaudit completion of the OAS and gathering of requested documentation.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested some minor additional documentation from the PREA Coordinator to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review. On June 25, 2021, the auditor was provided documentation from the PREA Coordinator in relation to the agency's PREA investigations. The auditor was provided an Executive Order that immediately updated the agency's policy in reference to how PREA investigations are completed. The order shows the auditor that executive management at the agency took the auditor's recommendations for improvements to the process serious and made immediate changes. These changes will help to ensure better sexual safety for the inmate population.

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

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the OAS and a final report was submitted to the PREA Resource Center and to the facility PREA Coordinator.

AUDIT FINDINGS

Facility Characteristics:

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

The Orange County Corrections Jail is located 3723 Vision Blvd., Orlando, Florida. The facility is operated by the Orange County Department of Corrections, overseen by Chief of Corrections Louis A. Quinones, Jr. The Agency PREA Coordinator is Tris James. The jail consists of seven buildings on the compound: Booking and Release Center (BRC), Female Detention Center (FDC), Horizon, Genesis, Phoenix, Whitcomb, and the Main Facility. The BRC has 592 available beds and the booking and intake area, and medical and mental health units. The FDC has 652 available beds and houses the jail's female inmate population other than those female inmates in intake and acute medical units. Horizon has 768 available beds, Genesis has 220 available beds, Phoenix has 288 available beds, and Whitcomb has 224 available beds. The Main Facility has 1,053 available beds and is a traditional jail with housing for the higher security inmates as well as administrative and disciplinary confinement. The facility employs 1,597 personnel, who all work under the leadership of the Chief of Corrections. Facility leadership consists of two Deputy Chiefs and five Majors. The facility assigns four Captains to oversee the four security shifts. Each of the four shifts is supervised by five lieutenants, ten sergeants, fourteen corporals, 140 officers, and 28 detention service officers (civilians).

Orange County Corrections houses male and female pretrial inmates and those inmates sentenced to serve sentences less than one year.

The age range of offenders spans from 15 to 90. The facility houses youthful inmates, aged 15 to 17, in separate housing from adult inmates. There were 9 youthful inmates in custody at the time of the audit. The average daily population for the last 12 months is 2,399, with an average length of stay of 27.6 days. Demographically, of the 2,350 inmates in custody on the first day of the audit, there were 2,068 male inmates and 282 female inmates. Of those, there were 1,016 white inmates and 1,334 black inmates. There were 9,093 inmates admitted to the facility over the last 12 months whose length of stay was for 72 hours or more.

The BRC is the facility's newest building. It is a four-story building that holds the booking and intake area, intake housing, and orientation housing. Intake housing and orientation housing is open dormitory. Medical housing in the BRC is also open dormitory. All other housing in the BRC is single and double-bunked cells behind closed doors. Closed door cells are wet cells with showers off the dayroom with a half-door for privacy. Dormitory housing units have group restrooms and showers with privacy walls. There are cameras and mirrors throughout the building that provide adequate viewing for inmate safety that do not provide viewing any restrooms or showers. There are also medical treatment areas and triage clinics in the BRC. All housing units, twelve total, are large and wide open with no blind spots.

FDC, Horizon, Genesis, Phoenix, and Whitcomb are all direct supervision housing buildings. Whitcomb, closed during the audit due to low inmate population has four open dormitory units with a central control room. The group restrooms and showers are behind walls for privacy and cameras do not show them on the monitors. Horizon has twelve direct supervision units, Phoenix and Genesis have four direct supervision units each. These units all have group restrooms behind a half-wall and showers with a half-door for privacy. All of the housing units are large and wide open with no blind spots. FDC has eleven housing units. Eight of those are the same as those in the other direct supervision buildings. There are two units with inmates housed in double-bunked wet cells with an officer posted in the dayroom for inmate safety. These units are monitored by a shared control room. The last housing unit is a small unit on the opposite side of the main hallway, separated from the adult population intended for use for youthful inmates. At the time of the audit there were no female youthful inmates in custody, but this unit is available for those inmates. The unit has six single bunk, wet cells, with a separate shower with a half-door for inmate privacy. The medical clinic in the FDC has a triage area and treatment area.

The Main Facility is a traditional-style jail. It is a six-story building, split into three sections. There are 52 housing units. Most units are double-bunked, wet cells. There are a few single-bunked, wet cell units and six open dormitory units for programming. Group showers throughout the building are behind half-walls and extra draping has been provided to protect inmates from viewing on cameras. Large windows into the housing units have been frosted in places to assist in providing inmate privacy. There are six control rooms in the building operated by civilian detention service officers. Camera monitors have been altered with screening to assist in providing privacy for inmate showers.

The kitchen is staffed by contracted staff from Aramark and corrections officers to provide security. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are secured. The officer or Aramark staff member must open these areas before any inmate may access the area to obtain needed items for food preparation. The staff offices are upstairs above the kitchen floor. All offices are non-inmate areas, and the walls are constructed of glass to provide for a clear view of the kitchen, thus providing greater sexual safety.

The laundry utilizes cameras and mirrors to ensure safety and prevent inmates hiding behind the large washers and dryers. The inmate workers are always under the supervision of a corrections officer. The laundry office is a non-inmate area. Storage areas are secured, and inmates are not allowed in these areas without officer supervision.

The chaplain's office provides several worship services and is committed to providing a wide variety of religious and faith-based programs to meet the spiritual needs of the inmate population. The variety of programming also supports their faith-based education and transition to

the community. Each of these programs provide the inmates with avenues to channel their free time and assists in the prevention of sexual misconduct.

The facility provides a large comprehensive educational program intended to deter future criminal behavior. They offer several self-help, educational, and vocational programs. These programs include adult basic education, general educational development (GED), adult literacy, life skills, substance abuse education, veteran's services, parenting and fatherhood, cognitive behavioral change, and vocational training.

Inmate health care services are provided through Corrections Health Services. All medical and mental health care services are available to inmates 24 hours per day. Medical and mental health services are available at all hours of the day, and a doctor is on call, if needed.

Inmates are referred to local medical services for services not available by the facility staff and inmates requiring emergent care will be transferred by ambulance to the local hospital.

Inmate visitation is available seven days a week. Visitation is performed by video and the visitors access visitation kiosks in the offsite visitation center across the street from the secure compound. The facility has posted signs in the visitation building for the public to view the facility's zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

Forensic medical examinations are performed by the Victim Service Center (VSC) at their Care Center, under a Memorandum of Understanding. The responding law enforcement agency would transport the inmate victim to the Care Center for the examination and the VSC would provide a victim advocate. The VSC staff will provide a treatment plan for the inmate following the examination, which will be followed by the facility medical staff.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 2 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

Standards Exceeded: 115.11 and 115.14

Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1085 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 957 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Organizational Chart 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA compliance manager <p data-bbox="242 573 502 602">Findings (by provision):</p> <p data-bbox="242 631 1468 860">115.11(a). The Orange County Corrections Department has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i>, which outlines their zero-tolerance sexual abuse policy. The administrative order clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents and establishes immediate reporting guidelines of such incidents. This order provides the definitions for sexual abuse and sexual harassment (p. 2-4) that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 889 1476 1151">115.11(b). The agency has designated an agency wide PREA coordinator, Tris James, who reports to the Administrative Services Deputy Chief. The agency's organizational chart was provided for review and shows the PREA coordinator's position in the agency's Policy and Accreditation Unit (PACU). There is no question as to the authority level of the PREA coordinator at this agency. The auditor interviewed the PREA coordinator and confirmed the main function of her position is PREA compliance, retaliation monitoring, review and monitoring of vulnerable inmates, and reporting of PREA data. The auditor worked directly with the PREA coordinator for this audit and was able to assess her knowledge and authority level. Based on this interview, the organizational chart, and my contact with the PREA coordinator, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1180 1492 1408">115.11(c). The agency has designated three PREA compliance managers to handle the responsibilities to assist with the development and implementation and to oversee the efforts of the agency's zero tolerance policy. Three Captains, assigned to specific buildings on the compound, assist with the monitoring of vulnerable inmates and reviewing incident reports and allegations of sexual abuse and sexual harassment. Through an interview with the PCM, the auditor was able to determine the PCM clearly understood her role and was well educated on the PREA standards. The PCM indicated that there was sufficient time to complete duties as the PCM, as it was a required part of her responsibilities. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1438 1492 1635">The auditor's review of the agency's administrative order and decision to designate PREA compliance managers for specific buildings within the compound is exceptional. The provision of a PREA compliance manager is normally meant for agencies with multiple facility locations, and the role of the compliance manager is to provide onsite education, leadership, and support to the agency-level PREA coordinator. This agency's decision to employ the compliance manager within the compound is clearly exceptional and speaks to the agency's dedication to the zero-tolerance policy and inmate sexual safety. Based on this analysis, the auditor finds the facility exceeding this standard.</p> |

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 911 479" style="list-style-type: none"> <li data-bbox="276 349 911 378">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 740 412" style="list-style-type: none"> <li data-bbox="339 383 740 412">1. OCCD IO. – <i>Contract Management</i> <li data-bbox="276 416 432 445">2. Interviews: <ol data-bbox="339 450 692 479" style="list-style-type: none"> <li data-bbox="339 450 692 479">1. Agency Contract Administrator <p data-bbox="240 506 501 535">Findings (by provision):</p> <p data-bbox="240 562 1461 725">115.12(a) The agency provided – Contract Management 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” (p. 12). In the PAQ, the agency stated there were no contracts currently in place for the housing of Orange County Corrections inmates.</p> <p data-bbox="240 752 1490 882">Through an interview with the agency contract administrator, the auditor was able to confirm that the agency currently has no contracts for any other agency to house inmates for Orange County. Because there are no current contracts, the auditor was not able verify language in any executed contract. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 909 1485 1140">115.12(b) The auditor interviewed the agency contract administrator, who indicated that any new contract entered into with any other agency for the housing of Orange County inmates will include a provision that requires the contractor to comply with the with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA). The contract must also provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. 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. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

115.13 Supervision and monitoring

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. OCCD IO.414 – *Prison Rape Elimination Act (PREA)*
 - 2. Orange County Corrections Prison Rape Elimination Act Staffing Plan 2021
 - 3. 2021 Staffing Plan Review
- 2. Interviews:
 - 1. PREA Coordinator
 - 2. Agency Head
 - 3. Random Inmates
 - 4. Random Staff
 - 5. Specialized Staff
- 3. Site Review Observations:
 - 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 OCCD No. IO.414 – *Prison Rape Elimination Act (PREA)*. In the *Prevention Planning* Section, the order states that the Department will develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against sexual abuse. The agency also provided the auditor a copy of the Orange County Corrections Prison Rape Elimination Act Staffing Plan 2021. The document includes the staffing level guidelines for the Orange County Corrections facility 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 Department created posts for the Orange County Corrections facility within the plan in line with national correctional practice and was developed based on direction from the National Institute of Corrections (NIC). The Department is also in compliance with the minimum standards published in the Florida Model Jail Standards (FMJS) and is inspected annually to show compliance with these standards.
- 2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – Orange County Corrections has not had any judicial findings of inadequacy. There are no current lawsuits/settlement agreements.
- 3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – Orange County Corrections 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 – Orange County Corrections has not had any findings of inadequacy from any internal or external oversight bodies.
- 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) – Orange County Corrections has evaluated the compound and identified a few areas of concern prior to the Department’s first PREA audit in 2017. All concerns were identified and corrected at that time. There are no noted physical plant concerns noted in the staffing plan.
- 6. Provision 115.13(a)(6) – The composition of the inmate population – The Orange County Corrections staffing plan is based on an inmate population of male and female inmates, including youthful inmates (under age 18). The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation, or age. It also includes adequate staffing for a dormitory specified for housing of the youthful inmates, that is separated from adult inmates by sight and sound. The staffing plan is based on an average daily population ranging from 2,632 inmates in 2018 to 2,341 in 2020.
- 7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The plan considers the placement of supervisors for the proper supervision of staff and safety of the inmates to ensure coverage for the security inspections and

required facility rounds. These tasks help to ensure sexual safety in the facility.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The Orange County Corrections plan ensures adequate staff assigned to daily programmatic activities. There are staff members assigned to the educational and vocational programs to ensure all inmates are provided access to education programs without limiting security operations or endangering the sexual safety of inmates.

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 deployment of staff at Orange County Corrections or for the jail's 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 Orange County Corrections in 2019 and 2020, 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 facility'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 the kitchen, laundry, program areas, medical and mental health, and all housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as some mirrors had been installed. 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. There appeared to be extensive coverage in all areas of the facility.

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

The auditor visited the education and programs areas. Inmates were able to easily attend programs without taking away security and safety from the rest of the compound.

The auditor interviewed the Chief during the onsite phase of the audit. The Chief talked about the staffing plan and indicated the staffing plan is reviewed annually and updated based on a broad review with a team that includes the PREA coordinator. The Chief explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. Each of the four shifts has adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the inmate population. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Chief confirmed the plan covers each of the 11 points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and addresses any concerns immediately and forward those reports to the Deputy Chief's office for additional review and approval. The auditor also interviewed the PREA coordinator, 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). The agency reported deviations from the staffing plan are due to inmate hospital count, military leave, scheduled leave, and emergency family leave, which was exceptionally high during the 12 months prior to the audit due the ongoing national pandemic. The auditor interviewed the Chief, 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 facility 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 2021 Staffing Plan Review in the PAQ. The annual review was completed in May 2021. The review indicated that no changes to the staffing plan were warranted based on the facility's inmate population, current staffing levels, current video monitoring technology, physical plant, and the number and composition of sexual abuse allegations. The annual review was completed by the PREA coordinator and a team of administrative staff and signed by the PREA coordinator.

The auditor interviewed the PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the executive administration. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided OCCD No. IO.414 – *Prison Rape Elimination Act (PREA)* in the PAQ. This order states, "Ensure intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and

deter staff sexual abuse and sexual harassment" (p. 8).

During interviews with 26 random inmates, each inmate stated that supervisors enter the housing units several times a day. When asked, inmates told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 26 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed supervisors 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.

Several copies of event logs were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. Rounds were logged in at all times of the day and night and from different days of the week. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.14 | Youthful inmates |
| 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. OCCD No. IS.500 – <i>Juvenile Offenders</i> 2. OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Youthful housing <p>Findings (by provision):</p> <p>115.14(a). The auditor reviewed OCCD No. IS.500 – <i>Juvenile Offenders</i>, which was provided in the PAQ. This order outlines the requirements to house inmates within the Orange County Jail that are under age 18. The Department has designated a completely separate housing area, in an area on the opposite side of the hallway from adult housing, that has been defined to house those inmates 17 years of age and under, both in male and female housing. As outlined in the order, these inmates 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.</p> <p>During the site review, the auditor toured these areas. In the Main Facility, there are three housing units in a separate wing, accessed by a double vestibule, that is the designated youthful housing for male inmates under age 18. Attached to that separate wing are two classrooms, attorney meeting rooms and a room designated for medical personnel. This allows for all necessary services for the youthful offenders to come to the inmates in an area separated from all male inmates. In the FDC, one housing unit, Unit J, has been assigned as the youthful housing unit. The unit, again, is completely separate from adult housing and has a classroom attached as well as space for medical treatment available for the youthful female offenders. In both cases, there are no windows into these separate housing areas and all windows on the doors have been shaded so no one can see into or out of the units. There were 9 male inmates in custody and no female inmates at the time of the onsite audit. The auditor spoke with several inmates while they were out in the unit's dayroom. The inmates appeared to be well-adjusted and did not express fear for their safety in the facility. They were very respectful and answered questions freely. Each inmate stated that the female staff always make a cross-gender announcement prior to entering the housing unit. All of the inmates could also explain what PREA was and how to file an allegation of sexual abuse if it was necessary. The inmates all explained they have access to the telephone, the inmate kiosk, grievance forms, attend daily education classes, and daily exercise. The auditor asked about access to adult inmates and was told that adult inmates are never allowed to enter their housing wing. When moving outside the housing area for transport somewhere, the inmates are always under direct supervision of corrections officers and any adult inmates are kept away from direct contact.</p> <p>The auditor interviewed four youthful inmates during the specialized inmate interviews. Each inmate confirmed that the inmates in youthful housing are always under direct supervision of a corrections officer. They also confirmed that they are unable to see or hear adult inmates while in the housing unit. The inmates also explained that they are provided outside recreation daily, which is accessed in the recreation yard directly outside the housing unit. They also attend school five days a week. The classes are right down the hallway from the unit, so there is no contact with adult inmates.</p> <p>The auditor interviewed a corrections officer assigned to duties in the youthful housing area and she confirmed that adult inmates were not allowed to enter the youthful housing areas at any time. She also confirmed separation of the youthful inmates by sight and sound at all times except for movement through the building for transportation to court, but only under the direct supervision of a corrections officer. She told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to their own housing units. Youthful inmates may be placed in confinement within the unit, but only for disciplinary reasons. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.14(b). The auditor interviewed four youthful inmates during the onsite phase of the audit. The inmates stated the educational classes are held in classrooms right down the hallway from their housing units. The rooms are within the hallway inside their youthful housing and adult inmates are never visible to them.</p> <p>The auditor interviewed a corrections officer assigned to duties in youthful housing and she confirmed that adult inmates were not allowed to enter the youthful housing area. She also confirmed separation of the youthful inmates by sight and</p> | |

sound at all times.

The auditor also interviewed a classroom teacher, educational staff member who provides educational classes for the youthful inmates. She is employed by the Orange County School District and works to ensure that all of the youthful inmates have access to get required school system education. The classes are held in two classrooms on the hallway in the separate youthful housing wing. The inmates are brought to the classes by the corrections officers and never leave the youthful wing. Adult inmates never enter the area. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). The auditor interviewed four youthful inmates during the specialized inmate interviews. Each inmate confirmed that the inmates in youthful housing are always under direct supervision of a corrections officer. They also confirmed that they are unable to see or hear adult inmates while in the housing unit. The inmates also explained that they are provided outside recreation daily, which is accessed in the recreation yard directly outside the housing unit. They also attend school five days a week. The classes are right down the hallway from the unit, so there is no contact with adult inmates.

The auditor interviewed a corrections officer assigned to duties in youthful housing and she confirmed that adult inmates are not allowed to enter the youthful housing area. She also confirmed separation of the youthful inmates by sight and sound at all times except for movement through the building for transportation, but only under the direct supervision of a corrections officer. She told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to their own housing unit. Youthful inmates may be placed in confinement within the unit, but only for disciplinary reasons.

The auditor also interviewed a classroom teacher, educational staff member who provides educational classes for the youthful inmates. She is employed by the Orange County School District and works to ensure that all of the youthful inmates have access to get required school system education. The classes are held in two classrooms on the hallway in the separate youthful housing wing. The inmates are brought to the classes by the corrections officers and never leave the youthful wing. Adult inmates never enter the area. Based on this analysis, the auditor finds the facility in compliance with this provision.

The auditor's assessment of the agency's administrative orders relative to youthful offenders and sexual abuse, as well as the information learned through the auditor's site review, leads the auditor to find the agency exceptional in this standard. The agency purposefully houses youthful inmates in housing units that are on hallways completely separate from all adult housing. They also provide programming and recreation within the same hallways, thus eliminating the opportunity for youthful inmates to be within site and sound of adult inmates. The agency also provides corrections staff to be posted within each housing unit, greatly reducing opportunities for sexual abuse of the youthful offenders housed in the adult facility. These actions all add to greater sexual safety of the youthful offenders housed within the Orange County Corrections facility. Based on this analysis, the auditor finds the facility exceeding this standard.

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 967 947" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. ADF-IO.10.010 <i>Searches and Control of Contraband</i> 2. BRC-IO.10.010 <i>Searches and Control of Contraband</i> 3. OCCD No. IO.415 <i>Transgender & Intersex Inmates</i> 4. OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i> 5. Training curriculum 6. Training records 7. Housing Unit Logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Strip search room 3. Bathrooms and shower areas 4. Housing units 5. Medical services <p data-bbox="240 1043 501 1070">Findings (by provision):</p> <p data-bbox="240 1099 1473 1261">115.15(a). In the PAQ, the facility provided BRC-IO.10.010 <i>Searches and Control of Contraband</i>. This order specifically describes when and how searches are to be performed on inmates in the Booking and Release Center. The order states, “When probable cause exists and after obtaining authorization from the Chief of Corrections or Deputy Chief of Corrections, staff will transport the inmate to the hospital for a body cavity search (p. 5).” The PAQ shows that no body cavity searches were performed in the previous 12 months.</p> <p data-bbox="240 1290 1489 1485">During the site review, the auditor viewed the strip search area in the institution’s receiving area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the institution. During the onsite audit, the auditor interviewed two officers that were responsible for cross-gender searches. Both officers confirmed that body cavity searches must be first be approved by administration and then only performed by medical staff at the hospital. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1514 1489 1641">115.15(b). In the PAQ, the facility provided ADF-IO.10.010 <i>Searches and Control of Contraband</i>. The order states that only a female certified corrections officer will pat search female inmates, absent exigent circumstances. The PAQ shows that no pat down searches of female inmates were performed by male inmates in the previous 12 months. The PAQ also shows there were no inmates who had out of cell opportunities restricted in order to comply with this provision.</p> <p data-bbox="240 1671 1489 1966">During the site review, the auditor experienced the intake process in the BRC and saw where searches of inmates would be performed and was told the search of a female inmate would always be performed by a female corrections officer, based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that pat searches of female inmates are always performed by female officers. The auditor interviewed 26 random staff members during the onsite phase of the audit. All 26 officers stated that pat down searches of female inmates are always performed by female officers. The auditor was told that male officers can search female inmates in exigent circumstances, but no one could recall an instance when that was necessary. The auditor interviewed 26 random inmates during the onsite audit, nine of which were female inmates. Each inmate confirmed that pat searches were always performed by female officers. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1995 1489 2123">115.15(c). The agency provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This order states that in the event an opposite gender strip search occurs an incident report will be completed documenting the exigent circumstances. 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.</p> |

115.15(d). The agency provided OCCD No. IO.10.414 *Prison Rape Elimination Act (PREA)* in the PAQ. This order states, "The Department shall enable 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 incidental to routine checks." The order goes on to state, "The Department shall ensure staff of the opposite gender announce their presence when entering an inmate housing unit, and these announcements are recorded in the daily log."

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates' breasts, genitalia, and buttocks. The showers and restrooms in open dormitory housing are in open restroom areas. The showers are behind a half-wall and the toilets are separated by another half-wall. Showers in all other housing units were fitted with a half-door to provide privacy for the inmate while still allowing for security for the facility. The auditor checked the video monitors in the control rooms in each housing unit. In each control room, the auditor was able to view the monitor and verified that no showers or toilets were visible on the monitors.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into every housing unit. Each time we attempted to enter a dormitory, a corrections officer or supervisor clearly made a loud announcement of "female or male on the floor". We were then asked to wait a moment before we entered, allowing inmates the opportunity to cover up if it was necessary.

During random interviews with 26 inmates, they all stated that officers routinely make an announcement before entry to the unit. All 26 of the inmates interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 26 officers, they confirmed that cross-gender announcements are done every time an officer of the opposite gender enters a housing unit. Officers stated clearly that they cannot see inmates in the showers and restrooms and will only see inmates 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 OCCD No. IO.415 *Transgender & Intersex Inmates*. On page 5, the order states, "The inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. If the status of the inmates' genitals is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination, in private by a medical practitioner." The agency noted no such searches in the PAQ during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed one inmate who identifies as transgender female. The inmate clearly stated that he had not been searched by the facility to determine the inmate's genital status. The auditor also interviewed 26 random officers and was told that such searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

During the onsite phase of the audit, the auditor interviewed 26 random officers. Each of the 26 officers confirmed completion of the search procedures training through the agency's online training portal, CBT, computer-based training. The required training for cross-gender searches was included in the training. All 26 officers stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 967 745" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD No. IO.401 <i>Translation Services</i> 3. Orange County Corrections Orientation Handbook 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Postings in housing units 2. Medical housing 3. Inmate educational materials <p data-bbox="240 808 501 835">Findings (by provision):</p> <p data-bbox="240 864 1474 1093">115.16(a). In the PAQ, the auditor was provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that the Department will take specific steps to ensure that all inmates will have the opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment, regardless of their disability or limited English proficiency. The agency provided OCCD No. IO.401 <i>Translation Services</i> in the PAQ. The order provides for the Department's broad list of available translation services available for those inmates that have hearing disabilities or are limited English proficient. It was clear from the documentation that the Department had available a wide variety of options for inmates to receive and understand the PREA education.</p> <p data-bbox="240 1126 1493 1619">During the onsite phase of the audit, the auditor interviewed four inmates with a physical disability, two inmates who were partially deaf, and one inmate with a cognitive disability. Each of these seven inmates were able to explain the zero tolerance information and how to file an allegation of sexual abuse or sexual harassment. All of the inmates stated they had no problems understanding or receiving the PREA education in orientation. One inmate did explain that an officer took the time to assist him by explaining the information. The auditor also interviewed two inmates who were limited English proficient. Both spoke Spanish and were assisted by a staff member who translated for the inmate and the auditor. They both explained they received the required PREA education during orientation and had no problem understanding the information because it was presented in Spanish. They also clearly saw and understood the signs posted in the housing units, as they were printed in Spanish as well. The auditor confirmed in an interview with the Chief of Corrections that Orange County Corrections has various accommodations available to provide PREA education for all inmates, 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 inmates, even those that were wheelchair-bound. Grievances are available to all inmates and the agency orders require accommodations for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1653 1474 1910">115.16(b). In the PAQ, the auditor was provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that the Department will take specific steps to ensure that all inmates will have the opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment, regardless of their disability or limited English proficiency. The agency provided OCCD No. IO.401 <i>Translation Services</i> in the PAQ. The order provides for the Department's broad list of available translation services available for those inmates that have hearing disabilities or are limited English proficient. Those accommodations include staff translators, a language line, American Sign Language interpreters, written documents in other languages, and an inmate handbook in Braille.</p> <p data-bbox="240 1944 1485 2134">The auditor spoke with two inmates who spoke Spanish during the random inmate interviews. Both inmates required the assistance of a staff member who translated for the inmate and the auditor. Both inmates 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. They also understood behavior that was improper. 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.</p> |

115.16(c). In the PAQ, the auditor was provided OCCD No. IO.10.414 *Prison Rape Elimination Act (PREA)*. The order states, "The Department shall not rely on inmate interpreters except in limited circumstances where an extended delay may compromise the inmate's safety."

During the onsite phase of the audit, the auditor spoke with 26 random officers and 26 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff stated that there are many staff members available who could translate, or they could utilize the language line if it was needed. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1091 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD No. HR. 209 – <i>Employment Background Investigations Process</i> 3. Employment records 4. FALCON Memo 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="240 640 501 667">Findings (by provision):</p> <p data-bbox="240 696 1469 824">115.17(a). In the PAQ, the auditor was provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i>. The order includes guidelines for the hiring and promotion of staff, consultants, contract personnel, construction contractors, specialty technicians, vendors, community services staff, volunteers, and program providers. The order provides for the requirement to ask all applicants and staff members prior to promotion the three questions required under this standard.</p> <p data-bbox="240 857 1469 949">The auditor reviewed the records of ten randomly selected staff members. The agency provided a completed document for each staff member, which lists the three questions in the standard. Each staff member had marked “no” to each question. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 983 1485 1072">115.17(b). In the PAQ, the auditor was provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with inmates.”</p> <p data-bbox="240 1106 1485 1234">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that 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 also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1267 1485 1525">115.17(c). The auditor was provided OCCD No. HR. 209 – <i>Employment Background Investigations Process</i> in the PAQ. This order sets forth guidelines for conducting background investigations and hiring certified officers for the Orange County Corrections Department. The order states that the Orange County Corrections Department follows the Criminal Justice Standards and Training Commission background investigative procedures during the hiring process for all persons applying for Levels One and Two positions. The order states, “A criminal records check will be conducted on all new employees, prior to assuming duties to identify whether there are criminal convictions that may have a specific relationship to job performance.” In the PAQ, the agency indicated there were 145 staff members hired over the 12 months prior to the audit, where the required background checks had been appropriately completed.</p> <p data-bbox="240 1559 1469 1650">The auditor reviewed the records of ten 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.</p> <p data-bbox="240 1684 1453 1843">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that 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 before they are authorized to be approved to perform duties inside the secure perimeter of the facility compound. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1877 1477 1968">115.17(d). In the PAQ, the auditor was provided OCCD No. IO.10.414 <i>Prison Rape Elimination Act (PREA)</i>. The order requires background checks to be completed before all contractors are granted approval to perform duties inside the secure perimeter of the facility compound.</p> <p data-bbox="240 2002 1469 2157">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all individuals, including contractors must pass the full criminal history review before being approved for entrance to the facility. The reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility compound. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

115.17(e). In the PAQ, the auditor was provided OCCD No. IO.10.414 *Prison Rape Elimination Act (PREA)*. The order requires that all employees, vendors, and volunteers that have unescorted access to the jail compound, inmates, or Criminal History Record Information will submit to a fingerprint-based background check as required by the Florida Department of Law Enforcement. The fingerprints will be collected under the agency's unique nine-character ORI number and retained in the FALCON system. Employees and contractors who complete a level 2 background check will be retained in the FALCON system. The agency supplied a memo supporting the operation of the state's FALCON system.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that fingerprinting of staff is a part of their normal procedure. 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 agency's policy of fingerprinting all staff members, volunteers, and contractors, satisfies the standards requirements for the five-year background checks. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). In the PAQ, the auditor was provided OCCD No. IO.10.414 *Prison Rape Elimination Act (PREA)*. The order requires that staff have a continuing affirmative duty to disclose any misconduct regarding sexual abuse in a correctional facility, or any criminal conviction for sexual activity in the community. The order states that staff are required to annually attest that they have not been a perpetrator of such activity.

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 hiring standards were provided to the auditor during the interview. The standards clearly provide the applicant with the statement that the applicant will be disqualified if the applicant is shown to have knowingly presented false oral or written information during his/her consideration for employment.

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

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| 115.18 | <p>Upgrades to facilities and technologies</p> <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. OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.18(a). The agency provided OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This order states, “The Department shall consider the effect of the design, acquisition, and monitoring technology upon the Department’s ability to protect inmates from sexual abuse.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief stated that the administration constantly reviews what changes might be needed for the Orange County Corrections Department. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. 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 inmate’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 provided OCCD No. IO.414 – <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This order states, “The Department shall consider the effect of the design, acquisition, and monitoring technology upon the Department’s ability to protect inmates from sexual abuse.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who stated that the administration constantly reviews what changes might be needed for the Orange County Corrections Department. The Chief went to say that they were currently working on a large upgrade and conversion to the entire facility’s video monitoring technology, which would greatly enhance overall sexual safety. The Department is pursuing this conversion to provide additional safety for staff and inmates and 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.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1337 645" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD No. IO.405 <i>Attempted/Sexual Battery Complaints</i> 3. <i>Uniform Evidence Protocol</i> 4. <i>Contract between Orange County Corrections and Victim Service Center of Central Florida, Inc.</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p data-bbox="240 674 501 703">Findings (by provision):</p> <p data-bbox="240 732 1489 958">115.21(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that a criminal or administrative investigation will be completed for all allegations of sexual abuse or sexual harassment made by inmates. The order directs staff to OCCD No. IO.405 <i>Attempted/Sexual Battery Complaints</i>, which was also provided to the auditor in the PAQ. This order provides for all criminal investigations to be conducted by the Orange County Sheriff's Office or the Orlando Police Department. Administrative investigations are conducted by the Orange County Corrections Department Internal Affairs Unit. The auditor reviewed the agency's uniform evidence protocol to confirm that it meets the guidelines called for in the standard.</p> <p data-bbox="240 992 1489 1151">During the onsite phase of the audit, the auditor completed random staff interviews with 26 staff members. Each of the 26 officers interviewed knew that the criminal investigations were handled by the Sheriff's Office and administrative investigations were conducted by internal affairs. All 26 officers also knew that evidence was collected by these investigative bodies under a standard protocol, 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.</p> <p data-bbox="240 1184 1489 1408">115.21(b). The auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. On page nine, the order requires the uniform evidence protocol meet the standards in the Department of Justice (DOJ) Office on Violence Against Women publication, "<i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.</i>" The auditor was provided a copy of the protocol for review. The protocol includes collection and preservation of evidence that is appropriate for youth. The auditor reviewed the evidence protocol and compared it with the publication. The protocol appears to be based upon the DOJ protocol. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1442 1489 1736">115.21(c). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department. The order requires the Sheriff's Office or Orlando Police Department to ensure the inmate victim obtains medical treatment, a forensic examination, and advocacy. Forensic examinations for the Department are provided by the Victim Service Center of Central Florida (VSC), a contracted agency that provides forensic medical examinations, performed by sexual assault nurse examiners (SANE) at their care center located in Orlando. Per a contract, which was provided to the auditor in the PAQ, the investigating agency would transport the inmate victim to the care center for the examination, to be performed by a SANE. The agency order requires that forensic medical examinations are provided without financial cost to the victim. In the PAQ, the agency stated there were no examinations performed during the 12 months prior to the audit.</p> <p data-bbox="240 1769 1489 1993">During the onsite phase of the audit, the auditor conducted a telephone interview with the program direction of the VSC. The program director confirmed the status of the contract with the Department. She stated that VSC provides victim advocates to answer the 24-hour response hotline, who in turn would contact the on-call SANE nurse for the response to the care center. The victim advocate would then respond to the care center as well to provide advocacy to the victim. When asked, the program director stated that there would never be a time that a SANE nurse and an advocate would not be available, and the Department would be forced to provide an alternate source for the examination. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2027 1489 2150">115.21(d). In the PAQ, the Department provided a contractual agreement between the Orange County Corrections Department and the Victim Service Center of Central Florida, Inc. (VSC). The contract clearly states that the VSC will provide a victim advocate during a forensic examination and for any follow-up investigative services. The agreement also allows for the Department to provide advocacy services to other inmates that did not require a forensic examination.</p> |

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. She stated that the Department has access to victim advocates through the Victim Service Center. Inmates are informed of the available advocates through signage in the facility and through the inmate handbook. The auditor also interviewed five inmates who had reported sexual abuse. All five inmates told the auditor they knew that 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 information was provided to them in the inmate handbook. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the facility provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, "Upon request of the victim, a victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. She stated that the Department has access to victim advocates through the Victim Service Center. Inmates are informed of the available advocates through signage in the facility and through the inmate handbook. The auditor also interviewed five inmates who had reported sexual abuse. All five inmates told the auditor they knew that 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 information was provided to them in the inmate handbook. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since the criminal investigations of sexual abuse for the Department are performed by the Orange County Sheriff's Office or the Orlando Police Department, the Department has actively communicated with sexual abuse investigators from these agencies to confirm their understanding of the requirements of this standard. Both agencies have confirmed they will meet these standards and communicate with the Department to provide adequate documentation of such.

The auditor reviewed multiple sexual abuse investigative files during the onsite phase of the audit. Although there were no investigations that required a forensic medical examination, the auditor was able to see the proper steps taken by the investigating agency to meet 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). The Department has a contract with the VSC to provide victim advocacy services for the facility. 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.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 951 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD No. IO.405 <i>Attempted/Sexual Battery Complaints</i> 3. Investigative Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="242 573 501 602">Findings (by provision):</p> <p data-bbox="242 631 1477 826">115.22(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that a criminal or administrative investigation will be completed for all allegations of sexual abuse or sexual harassment made by inmates. The order directs staff to OCCD No. IO.405 <i>Attempted/Sexual Battery Complaints</i>, which was also provided to the auditor in the PAQ. This order provides for all criminal investigations to be conducted by the Orange County Sheriff's Office or the Orlando Police Department. Administrative investigations are conducted by the Orange County Corrections Department Internal Affairs Unit.</p> <p data-bbox="242 855 1493 1084">During the onsite phase of the audit, the auditor reviewed the Department'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 also reviewed the sexual abuse and sexual harassment investigations from the previous 12 months. There were 58 allegations that were investigated properly. The auditor interviewed the Chief of Corrections who confirmed that all allegations of sexual abuse and sexual harassment are investigated by either the Sheriff's Office or the Orlando Police Department or the Department's Internal Affairs Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1113 1477 1308">115.22(b). In the PAQ, the facility provided OCCD No. IO.405 <i>Attempted/Sexual Battery Complaints</i>. This order states that upon notification of an allegation of sexual abuse, the Orange County Sheriff's Office must be notified. Also, in the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. This order states, "Allegations of inmate on inmate sexual abuse will require immediate law enforcement notification..." The order also states, "Allegations of sexual abuse involving staff, contractors, technicians, volunteers, vendors, or program providers will require immediate law enforcement officer notification..."</p> <p data-bbox="242 1337 1477 1568">During the onsite phase of the audit, the auditor interviewed an investigator with the Internal Affairs Unit. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to the Internal Affairs Unit for investigation. They are also referred to the Orange County Sheriff's Office for criminal investigation. The auditor reviewed the Orange County Corrections Department web page, 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: https://netapps.ocfl.net/BestJail/Home/PREA.</p> <p data-bbox="242 1597 1082 1626">Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1655 1445 1715">115.22(c). The criminal investigations are performed by an outside agency and that information is properly noted on the website as required. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1744 855 1774">115.22(d). The auditor is not required to audit this provision.</p> <p data-bbox="242 1803 855 1832">115.22(e). The auditor is not required to audit this provision.</p> |

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| 115.31 | Employee training |
| | <p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 911 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. HR.300 <i>Training & Staff Development</i> 2. <i>Training curriculum</i> 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. Random staff <p data-bbox="242 573 501 600">Findings (by provision):</p> <p data-bbox="242 631 1477 891">115.31(a). In the PAQ, the facility provided a copy of their OCCD No. HR.300 <i>Training & Staff Development</i>. This order states that all full-time and part-time staff, volunteers, and contractors working in a facility must receive basic orientation to the facility, to include sexual harassment / misconduct, Prison Rape Elimination Act awareness, sexual abuse / assault awareness, prevention, response, reporting procedures, and confidentiality requirements (<i>p. 15-17</i>). The auditor was provided the Department's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten 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. The education normally would be presented in the classroom but is currently presented as computer based training due to the ongoing pandemic.</p> <p data-bbox="242 922 1490 1151">During the onsite phase of the audit, the auditor interviewed 26 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. All officers interviewed verified the ten points of this standard in the Department training. The auditor was told that they get PREA training as part of their annual 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.</p> <p data-bbox="242 1182 1474 1308">115.31(b). The Department training curriculum related to PREA is consistent for all corrections staff that work in the facility. There is no need to provide education that is gender specific, as there are no other facilities other than the audited facility and no facility that houses inmates of a specific gender. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1339 1485 1433">115.31(c). The agency provides training annually for all staff members. Training related to PREA has been provided to staff since 2013. The auditor reviewed training records and determined that all current staff members have received PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1464 1426 1559">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.</p> <p data-bbox="242 1590 1469 1684">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.</p> |

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| 115.32 | <p>Volunteer and contractor training</p> <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. Orange County Corrections Department – <i>Volunteer and Service Provider Handbook</i> 2. Training class sign-in logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.32(a). In the PAQ, the facility provided the Orange County Corrections Department – <i>Volunteer and Service Provider Handbook</i>. The Handbook includes education for volunteers and contractors that includes the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The agency indicated that 75 of the 75 approved volunteers have been educated on the PREA policies.</p> <p>During the onsite phase of the audit, the auditor interviewed four contractors and volunteers who have inmate contact in the facility. All four confirmed completion of the required PREA education provided by the Department. The Department requires annual training with the Department’s curriculum. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32(b). The auditor reviewed the Orange County Corrections Department – <i>Volunteer and Service Provider Handbook</i> and the 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.</p> <p>During the onsite phase of the audit, the auditor interviewed four contractors and volunteers who have inmate contact in the facility. All four confirmed completion of the required PREA education provided by the Department. All four could easily state the zero-tolerance policy and knew how to report allegations of sexual abuse in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32(c). The auditor was provided copies of training class sign-in 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.</p> |
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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 935 645" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Initial Intake Education – <i>Zero Tolerance Policy</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Random staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 674 501 701">Findings (by provision):</p> <p data-bbox="240 730 1474 925">115.33(a). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Inmates shall receive information during the intake process regarding the Department’s zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment (<i>p. 12</i>). In the PAQ, the Department stated that of the 27,386 inmates who were admitted to the facility during the past 12 months, 100% of them had received the intake education. The auditor was provided a copy of the OCCD Initial Intake Education – <i>Zero Tolerance Policy</i> handout in the PAQ. The handout contains the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 956 1474 1182">During the onsite phase of the audit, the auditor toured the BRC booking floor and walked through the process for intake of an inmate. The auditor acted as an inmate and was presented the initial PREA education handout, just as an inmate would. The auditor interviewed 26 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at the facility. All 26 inmates could easily describe the zero-tolerance policy, knew what behavior was prohibited, and knew how to report sexual abuse. The auditor interviewed two intake staff members and they confirmed providing the intake handout to all inmates while they did the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1214 1485 1473">115.33(b). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that additional training will occur within thirty days through video or in person regarding their rights to be free from sexual abuse or harassment, and retaliation for reporting such incidents. The comprehensive education includes PREA education, in the form of Sexual Assault and Sexual Harassment Orientation. This is completed through the viewing of the “<i>PREA – What You Need to Know</i>” DVD. The educational video is provided by the National PREA Resource Center and Just Detention International. It is recognized as the best source of inmate education. The Department provided documentation to show 5,064 inmates received (whose length of stay was 30 days or more) over the last 12 months prior to the audit and 5,064 inmates had received the comprehensive education.</p> <p data-bbox="240 1505 1474 1635">During the onsite phase of the audit, the auditor interviewed intake staff and they confirmed the use of the PREA video DVD, to ensure that all inmates can view the video and receive the PREA education. The auditor interviewed 26 random inmates during the onsite phase of the audit. All 26 inmates 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.</p> <p data-bbox="240 1666 1458 1823">115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The auditor interviewed intake staff during the onsite audit and walked through the intake process. The orientation process and PREA education is provided for all inmates in the classroom attached to the orientation housing units in the BRC or in the classrooms in the FDC for female inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1854 1474 1984">115.33(d). In the PAQ, the auditor was provided several documents in other languages that provide the agency's zero-tolerance policy for those inmates that do not speak, read, or write English or Spanish. The Department can provide education to inmates through the use of the Language Line services, by using an American Sign Language interpreter, or by using a staff interpreter. Staff can also read the information directly to an inmate if they are unable to read.</p> <p data-bbox="240 2016 1485 2145">During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. Also, the Inmate Handbook is available to inmates in both languages. The auditor reviewed documentation under standard</p> |

115.16 to verify the various methods available to provide inmate education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided copies of signed acknowledgment of receipt of PREA education forms. The auditor reviewed several documents and confirmed the inmates' receipt of the education. This information is also maintained in the corrections management system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number, as well as the information for available counseling services. The inmates are also provided an 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.

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| 115.34 | Specialized training: Investigations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 936 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Training curriculum 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="242 573 501 602">Findings (by provision):</p> <p data-bbox="242 631 1461 694">115.34(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that staff conducting sexual abuse investigations will receive training in conducting such investigations in confinement settings.</p> <p data-bbox="242 723 1461 884">The auditor interviewed an investigator from the Internal Affairs Unit during the onsite phase of the audit. The investigator confirmed that she had taken the investigations specialized course and had successfully received her 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 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.</p> <p data-bbox="242 913 1461 976">115.34(b). In the PAQ, the facility provided the training curriculum. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision.</p> <p data-bbox="242 1005 1461 1167">The auditor interviewed an investigator from the Internal Affairs Unit during the onsite phase of the audit. The investigator confirmed that she had taken the investigations specialized course and had successfully received her 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 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.</p> <p data-bbox="242 1196 1414 1290">115.34(c). The Department maintains documentation showing completion of the investigations course for seven investigators from the Internal Affairs Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1319 855 1348">115.34(d). The auditor is not required to audit this provision.</p> |

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| 115.35 | Specialized training: Medical and mental health care |
| | 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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Training Curriculum 3. Training certificates 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.35(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order requires that all medical and mental health care practitioners who work regularly in the facilities will be trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve sexual abuse evidence, how to respond effectively and professionally to victim of sexual abuse and sexual harassment, and how and when to report allegations or suspicions of sexual abuse or sexual harassment. The Department indicated that 87 medical and mental health staff members are approved for work at the facility, and they all have completed the PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. Both confirmed having taken the online specialized medical course and completed the class. They both acknowledged understanding the four points of the standard that were included in the training. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(b). Medical staff at the facility do not perform forensic examinations. Per contract, all forensic examinations are performed by the Victim Service Center, a contracted provider. 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.</p> <p>115.35(c). The Department maintains written documentation of each staff member's completion of the specialized medical course and provided proof to the auditor for review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(d). The medical and mental health care staff are all employed by the Department and must complete the basic orientation and annual education, just as all other staff members. The auditor was provided proof of medical staff completion of the basic orientation class. 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 |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1007 678" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Form OP-105 <i>Interview & PREA Risk Assessment</i> 3. OCCD Form OP-105a <i>Interview & PREA Risk Re-assessment</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Classification 2. Orientation housing units <p data-bbox="240 707 501 734">Findings (by provision):</p> <p data-bbox="240 763 1489 860">115.41(a). The agency supplied OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, "All inmates shall be assessed within seventy-two (72) hours by the Classification Staff during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates (<i>p. 13</i>)."</p> <p data-bbox="240 889 1489 1249">During the onsite phase of the audit, the auditor interviewed two classification staff members who confirmed that all inmates are screened upon admission to the Orange County facility. The auditor was present during the screening of two inmates that had been admitted to the facility two days prior to the screening. The screening took place in an interview room attached to one of the orientation housing units in the BRC. The Classification Officer met with the inmate and explained the screening process and the reason why the screening was being performed. The auditor asked the Classification Officer several questions to confirm that the process is routine and was satisfied based on the responses and how the screening was performed that the intake screening is a normal and routine part of the intake process for inmates. The auditor interviewed 26 random inmates during the onsite audit. 24 of the inmates confirmed that they had been asked the screening questions. The other two inmates told the auditor that they were unable to recall such screening, but they also explained that they had come to the facility quite a while ago and under stressful conditions. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1279 1489 1442">115.41(b). The agency supplied OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, "All inmates shall be assessed within seventy-two (72) hours by the Classification Staff during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates (<i>p. 13</i>)." The agency stated that Orange County Corrections had 9,093 inmates admitted to the institution within the past 12 months whose length of stay was at least 72 hours and all 9,093 inmates had been screened by Classification.</p> <p data-bbox="240 1471 1489 1733">During the onsite phase of the audit, the auditor reviewed 24 inmate records which all included the screening from Classification. The screening had been completed within 72 hours of the inmate's arrival at Orange County Corrections. During interviews with two classification staff members, it was confirmed that the screening of all inmates is done within 72 hours of the inmate's arrival at the facility. Also, the auditor interviewed 26 random inmates during the onsite audit. 24 of the inmates confirmed that they had been asked the screening questions. The other two inmates told the auditor that they were unable to recall such screening, but they also explained that they had come to the facility quite a while ago and under stressful conditions. Those 24 inmates related that the screening was completed within the required 72-hour time frame. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1762 1489 1957">115.41(c). The agency provided a copy of the OCCD Form OP-105 <i>Interview & PREA Risk Assessment</i> 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 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.</p> <p data-bbox="240 1986 1489 2114">115.41(d). The agency provided a copy of the OCCD Form OP-105 <i>Interview & PREA Risk Assessment</i> 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 inmate's potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated.</p> |

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

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

The auditor interviewed two Classification staff members during the onsite phase of the audit. Both staff members confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* in the PAQ. The order states, "Within thirty (30) days from the inmate's booking date, the inmate's risk of victimization or abusiveness will be re-assessed by the Classification Staff."

During the onsite phase of the audit, the auditor interviewed two staff members from Classification who confirmed that inmates are reassessed within 30 days from the initial booking date. The auditor reviewed records for 24 inmates and confirmed the reassessment was completed within 30 days of the inmate's arrival at the facility. During interviews with 26 random inmates, the auditor asked if they were asked additional follow-up questions by classification staff and 24 of the 26 recalled this reassessment. The other two inmates stated they were unable to recall such reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* in the PAQ. The order states, "An inmate's risk level shall be reassessed due to a referral, request, an incident of sexual abuse, or additional information bearing on the inmate's risk of sexual victimization or abusiveness (p. 14)."

The auditor interviewed two Classification staff members during the onsite audit, and both confirmed that inmates are continually reassessed based on information that is received from other staff, inmates or through incident reports. During interviews with 26 random inmates, 24 of the inmates stated they recalled being asked follow-up questions by Classification staff. The auditor reviewed the Department's sexual abuse investigation files from the 12 months prior to the audit and was able to confirm that following the allegation of sexual abuse, the Classification staff met with the victim and completed a reassessment screening. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* in the PAQ. The order states that inmates are not to be disciplined for refusing to answer questions or disclosing information related to the sexual abuse screening.

During the onsite audit, the auditor interviewed two Classification staff members. Both stated that inmates will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. Agency policy does not allow that, and it is the inmate's decision to not disclose the information. The auditor was told that staff attempt to encourage the inmate to answer the questions by reminding the inmate 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.

During the onsite phase of the audit, the auditor interviewed two staff members from Classification. Both staff members 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 she stated that screening information is accessible by Classification staff only, but she can view the outcome showing if an inmate has been scored as a potential victim or potential predator. The auditor also interviewed the PREA coordinator, who stated that the vulnerability screening 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.

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1043 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA) Response</i> 2. OCCD No. IO.415 <i>Transgender & Intersex Inmates</i> 3. OCCD Form OP-105 <i>Interview & PREA Risk Assessment</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Specialized staff <p data-bbox="240 607 501 636">Findings (by provision):</p> <p data-bbox="240 665 1477 824">115.42(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “The Department shall use information from risk screening pursuant to standards 115.41 and 115.42 to make housing, bed, work, education, and program assignments with the goal of keeping separate high risk victims and abusers (<i>p. 14</i>).” The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.</p> <p data-bbox="240 857 1485 1151">During the onsite phase of the audit, the auditor interviewed a PREA compliance manager, who was asked how the agency utilizes the information from the risk screening. She stated that the scoring for risk of victimization and risk of being abusive is entered into the Classification system and that provides coding for victimization or abusiveness to ensure separation when placing inmates into housing units or work placements or programs. This ensures the required separation for safety. The auditor also interviewed two staff members from Classification. The Classification Staff also confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential 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 inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1180 1477 1308">115.42(b). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that housing decisions are individualized determinations made to ensure the safety of each inmate. The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.</p> <p data-bbox="240 1341 1477 1500">The auditor interviewed two staff members from Classification during the onsite phase of the audit. The Classification Staff confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential 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 inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1532 1477 1691">115.42(c). In the PAQ, the facility provided OCCD No. IO.415 <i>Transgender & Intersex Inmates</i>. The order states, “In deciding whether to assign a transgender or intersex (Adult and or Juvenile) inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems (<i>p. 8</i>).”</p> <p data-bbox="240 1722 1477 1917">During the onsite phase of the audit, the auditor interviewed a PREA compliance manager, who confirmed that transgender and intersex inmates are reviewed on a case-by-case basis, which is consistent with the policy. The review is completed during a case conference meeting prior to the inmate’s placement in housing. The auditor interviewed one inmate that identifies as transgender female during the onsite audit. The inmate told the auditor that she is currently housed in male open dormitory housing. She stated that she was asked specifically for her input regarding housing preference during the intake screening process. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1948 1477 2076">115.42(d). In the PAQ, the facility provided OCCD No. IO.415 <i>Transgender & Intersex Inmates</i>. The order requires that transgender and intersex inmates be assessed at least twice each year to ensure the safety of each inmate. Classification must conduct an interview and a review of the inmate’s housing, program, and work assignments to determine if there any necessary changes or threats to the inmate’s safety.</p> <p data-bbox="240 2107 1390 2136">The auditor interviewed two Classification Staff members during the onsite phase of the audit. They confirmed that</p> |

transgender inmates are reassessed twice per year to verify that the transgender inmate 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 coordinator, who confirmed that this reassessment for transgender inmates occurs every six months as part of the case conference review. The PREA coordinator provided the auditor with copies of the review for two transgender inmates who had already been released from the facility. There were no transgender inmates currently in custody who had been housed for more than six months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). In the PAQ, the facility provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, "A transgender or intersex inmate's views with respect to his or her own safety shall be given serious consideration (p. 14)."

During the onsite phase of the audit, the auditor interviewed one inmate who identifies as transgender female during the onsite audit. The inmate stated that she was asked specifically for her input regarding housing preference during the intake screening process. The auditor interviewed two staff members from Classification who stated that transgender inmates are asked about their housing preferences during the screening process. The auditor also interviewed the PREA coordinator, who also stated that transgender inmates are provided the opportunity to share their preferences for housing. Their view for 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 inmate population. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, "Transgender and intersex inmates shall be given the opportunity to shower separately."

During the onsite phase of the audit, the auditor interviewed one inmate who identifies as transgender female during the onsite audit. The inmate told the auditor that she can shower separately in her housing unit. The auditor interviewed two staff members from Classification. They stated that transgender inmates are given the opportunity to shower separately from other inmates in the housing unit. The auditor also interviewed the PREA coordinator during the onsite audit. The PREA coordinator stated that this opportunity for separate showering is noted in the policy. Officers in the housing units are instructed to provide times for transgender inmates to shower after lockdown when other inmates cannot watch the transgender inmate in the shower. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

The auditor interviewed four inmates that identified as gay, lesbian, or transgender during the onsite audit. All four inmates told the auditor they were housed in general population in regular housing units and they were not confined in special housing units for gay and transgender inmates. The auditor interviewed a PREA compliance manager who told the auditor that the facility is not under any consent decree or court order that requires them or allows them to house gay and transgender inmates in a specific unit. The auditor also interviewed the PREA coordinator who confirmed that there is no consent decree and that inmates are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

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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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA) Response</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 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 OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made.” In the PAQ, the agency states that there have been zero inmates 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 screening records for several inmates who were assessed to be at a high risk for victimization. None of the inmates were housed in a segregated housing, except for two inmates who had expressly requested that housing for their own safety. The auditor interviewed the Chief of Corrections during the onsite audit and the Chief stated that involuntary segregation is only used as a means to protect those inmates that are at risk for victimization, but only as a last resort when there is no other safe housing available. If segregation is utilized, it would be used for the least time period necessary, until an alternative housing is made available. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43(b). During the onsite phase of the audit, the auditor walked through administrative and disciplinary segregated housing units. The auditor talked to several inmates that were in these units and all inmates had full access to the telephone, medical and mental health care, inmate requests, grievance forms, and programs. The auditor confirmed this information by speaking with officers that worked in these units. Even though inmates were held in confinement, they still had access to all of this, as much as possible. This confirmed that if the agency saw the need to confine an inmate due to the high risk for victimization, they could still provide the inmate with access to programs and privileges, consistent with this provision. The auditor interviewed two officers assigned to segregated housing and they confirmed the access to programming and privileges in confinement. The auditor interviewed one inmate who housed in confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to his own concern for his safety. He was not placed in confinement involuntarily. He confirmed, however, that he was able to access programming, telephone, grievances, and healthcare. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43(c). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made.” In the PAQ, the agency states that there have been zero inmates placed in involuntary segregation more than 30 days 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 interviewed the Chief of Corrections who stated that the facility had not placed any inmates in involuntary segregation over the last 12 months. The auditor interviewed two officers that work in confinement and they stated that no inmates have been housed in confinement due to high risk of victimization. The auditor interviewed one inmate who housed in confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to his own concern for his safety. He was not placed in confinement involuntarily. He confirmed, however, that he was able to access programming, telephone, grievances, and healthcare. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.43(d). The auditor reviewed records of several inmates that were found to be at high risk for sexual victimization. None of these inmates was held in segregation during their confinement. Also, through the review of the facility's sexual abuse allegations, the auditor found that none of the alleged victims were placed in involuntary segregation following the allegation and was not in segregation prior to the incident. 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 OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “The facility shall afford such inmates a review every thirty (30) days to determine whether there is a continuing need for</p> | |

separation from the general population (p. 15).”

During the onsite phase of the audit, the auditor interviewed two officers that work in confinement and they stated that no inmates have been housed in confinement due to high risk of victimization. Although, there are no inmates currently in segregation for this reason, all inmates in segregation are reviewed every week to confirm their stay in segregation and any limitations to their rights and privileges. The auditor interviewed one inmate who housed in confinement due to his high risk for victimization. The inmate made it clear that housing here was his choice due to his own concern for his safety. He was not placed in confinement involuntarily. The inmate was aware that his case was routinely reviewed but he was not sure at what time interval. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 970 678" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Initial Intake Education – <i>Zero Tolerance Policy</i> 3. Orange County Corrections Department <i>Inmate Handbook</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff 2. PREA compliance manager 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 707 501 734">Findings (by provision):</p> <p data-bbox="240 763 1473 958">115.51(a). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. This order states that the Department provides inmates multiple ways to report incidents of sexual abuse or harassment, retaliation, or staff neglect that leads to such incidents. These ways include a written grievance, internal hotline, external hotline, and verbal reporting to a staff member. The auditor was provided a copy of OCCD Initial Intake Education – <i>Zero Tolerance Policy</i>, which is provided to all inmates as their initial PREA education. This document lists the multiple ways that inmates can report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 987 1473 1216">During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in each housing unit. The signs all include the ways listed in the policy. The auditor interviewed 26 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All 26 inmates mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The auditor interviewed 26 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1245 1485 1543">115.51(b). The Department lists three different PREA hotlines in inmate communications. The first is an internal hotline that is answered by staff in the Main Facility Central Control Room. The second number is for Central Florida CrimeLine, which is clearly advertised as CrimeLine. The last is the PREA hotline that is answered by staff at the Victim Service Center of Central Florida (VSC). The Department has a contract with the VSC to provide several services, including for staff at the VSC to answer hotline telephone calls from inmates at the facility. Under the agreement, the staff at the VSC are to take the call information and immediately notify the administrative staff at the facility for follow-up. The information regarding the hotline is readily available to inmates on signs posted in each of housing units, on the <i>Zero Tolerance Policy</i> handout, and in the <i>Inmate Handbook</i>. The auditor saw the signs posted during the facility site review. The Department does not house inmates solely for civil immigration, so Orange County does not have to comply with this part of this provision.</p> <p data-bbox="240 1572 1473 1834">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 a PREA compliance manager and asked about the outside reporting entity. She explained that the agency provides two hotline numbers. One is an internal hotline, but the second is the required source outside the agency, answered by the Victim Service Center. The information is posted on all the signs and is in the handbook provided to all inmates at intake. The auditor interviewed 26 random inmates and all 26 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.</p> <p data-bbox="240 1863 1485 1957">115.51(c). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. This order states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.”</p> <p data-bbox="240 1986 1473 2148">During the onsite phase of the audit, the auditor interviewed 26 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one staff member that reported having received a verbal allegation from an inmate. Each of the 26 random inmates 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.</p> |

115.51(d). In the PAQ, the auditor was provided with OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order provides staff with multiple ways to privately report incidents of sexual abuse or sexual harassment. Those include contacting a supervisor, the office Internal Affairs, or through the Department's website.

The auditor interviewed 26 random staff members. All 26 explained to the auditor that they could talk to any supervisor to privately report incidents of sexual abuse and sexual harassment or contact internal affairs. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 970 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.403 <i>Inmate Grievances</i> 2. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 3. Orange County Corrections Department <i>Inmate Handbook</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 633 1469 723">115.52(a). The Orange County Corrections Department is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 757 1490 1048">115.52(b). The agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ for the auditor to review. This order states that the Department may not impose a time limit on when an inmate may submit a grievance regarding alleged sexual abuse. The agency also provided OCCD No. IO.403 <i>Inmate Grievances</i> in the PAQ. This order provides a time limitation for the submission of inmate grievances in all other situations. This is consistent with this provision. Although the order does encourage inmates to resolve grievances informally, the order states that inmates are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. The auditor was provided a copy of the Orange County Corrections Department <i>Inmate Handbook</i>. In the Handbook, inmates are provided the agency's grievance procedures that include the provisions required under the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1081 1481 1238">115.52(c). The agency provided OCCD No. IO.403 <i>Inmate Grievances</i> in the PAQ for the auditor to review. The order states, "Inmates who are alleging sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint." The order also states that the investigation will not be conducted by staff named or involved in the request, but by a supervisor of a least one (1) rank higher than the involved staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1272 1481 1429">115.52(d). The agency provided OCCD No. IO.403 <i>Inmate Grievances</i> in the PAQ for the auditor to review. The order states that grievances will be investigated, and a written response should be provided to the inmate within thirty (30) days of the original complaint. Agency policy does not allow for an extension as this provision of the standard allows. In the PAQ, the agency states there have been no grievances filed in the 12 months prior to the audit and, therefore, no responses that were filed more than 30 days after the grievance was filed.</p> <p data-bbox="240 1462 1481 1585">During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. None of the four inmates had filed a grievance in reference to the outcome of the investigation of their sexual abuse allegation. All four of the inmates were aware of their right to file a grievance. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1619 1490 1877">115.52(e). The agency provided OCCD No. IO.403 <i>Inmate Grievances</i> in the PAQ for the auditor to review. Under the Third Party Assistance section, the order states, "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist an inmate in filing requests for administrative remedies related to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If a third party files such a request on behalf on an inmate, the alleged victim must agree to have the request filed on his or her behalf. In addition, the alleged victim will be required to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the inmate's decision will be documented." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1910 1490 2134">115.52(f). The agency provided OCCD No. IO.403 <i>Inmate Grievances</i> in the PAQ for the auditor to review. The order provides for the handling of an emergency grievance alleging sexual abuse or imminent risk of sexual victimization. The order states the staff member receiving the inmate request or grievance alleging the substantial risk of imminent sexual abuse must take immediate action to protect the inmate. The order goes on to state that the grievance must be handled as any other allegation, providing immediate action and a response to the inmate within forty-eight (48) hours and a final agency decision within five (5) calendar days. 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.</p> |

115.52(g). In the PAQ, the facility provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, “A report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred shall not constitute falsely reporting or lying (p. 22).” Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.53 | Inmate access to outside confidential support services |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1337 680" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Orange County Corrections Department <i>Inmate Handbook</i> 3. Contract between Orange County Corrections and Victim Service Center of Central Florida, Inc. 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 707 501 734">Findings (by provision):</p> <p data-bbox="240 766 1493 994">115.53(a). The facility provided information from OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states that the Department shall provide inmates with access to outside victim advocates for emotional support service related to sexual abuse via telephone numbers and mailing addresses. The auditor was also provided the Orange County Corrections Department <i>Inmate Handbook</i> in the PAQ. On page 20, the auditor located the <i>Confidential Emotional Support Services</i> section, which provides inmates the complete information where they can call or write to contact an advocate for emotional support. The agency does not house persons detained solely for civil immigration purposes, so this provision does not apply.</p> <p data-bbox="240 1025 1493 1285">During the onsite phase of the audit, the auditor interviewed 26 random inmates. 20 of the 26 inmates 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 in the Handbook. They did not know the phone number or address but knew it was in the Handbook. None of the inmates had used the services. The other six inmates were not aware of those services. The auditor interviewed four inmates who had reported sexual abuse. All four inmates 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.</p> <p data-bbox="240 1317 1461 1509">115.53(b). The auditor was also provided the Orange County Corrections Department <i>Inmate Handbook</i> in the PAQ. On page 20, the auditor located the <i>Confidential Emotional Support Services</i> section, which provides inmates the complete information where they can call or write to contact an advocate for emotional support. In the Handbook, the inmates are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the inmate intends to harm himself or someone else. The inmate is also advised that if the inmate is asking the advocate to report the PREA allegation, the inmate must sign a release of information first.</p> <p data-bbox="240 1541 1493 1733">During the onsite phase of the audit, the auditor interviewed 26 random inmates. 20 of the 26 inmates interviewed could explain to the auditor the available support and advocacy services. Those inmates were aware of the confidentiality because they read it in the Handbook. The other six inmates were not aware of those services. The auditor interviewed four inmates who had reported sexual abuse. All four inmates 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. They were not aware of the level of confidentiality. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1765 1453 1926">115.53(c). In the PAQ, the agency provided the auditor a copy of the Contract between Orange County Corrections and Victim Service Center of Central Florida, Inc. The contract provides for the Victim Service Center (VSC) to provide victim advocate services to those inmates at the Orange County facility that may require such services. These services may be through contact over the telephone, through mailed communication, or in person at the corrections facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="277 349 1102 412" style="list-style-type: none"> <li data-bbox="277 349 895 376">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="341 383 1102 412" style="list-style-type: none"> <li data-bbox="341 383 1102 412">1. Orange County Corrections Department Website PREA Reporting Form <p data-bbox="244 443 501 470">Findings (by provision):</p> <p data-bbox="244 499 1469 757">115.54(a). In the PAQ, the auditor was directed to the Orange County Corrections Department website, www.bestjail.com. On the website, there is a link to a page specific for the agency's PREA information. On this page the agency provides a link for a third-party reporting form. The auditor reviewed the form and the web page and confirmed that it meets the requirements of this provision. The auditor utilized the form to file a test complaint and was notified by the PREA coordinator the next morning that the complaint had been received and was submitted for investigation. The web page can be found at https://netapps.ocfl.net/BestJail/Home/PREA. Inmates are informed through signage and the inmate 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> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 510" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff <p data-bbox="240 539 501 566">Findings (by provision):</p> <p data-bbox="240 595 1484 692">115.61(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Staff will immediately report according to Department policy any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation, or staff neglect of responsibilities (<i>p. 17</i>).”</p> <p data-bbox="240 721 1469 882">During the onsite phase of the audit, the auditor interviewed 26 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 facility. Each staff member knew that it was a requirement for all staff to immediately report all knowledge or suspicion of sexual abuse of an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 911 1484 1039">115.61(b). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The order 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 (<i>p. 17</i>).</p> <p data-bbox="240 1068 1469 1196">During the onsite phase of the audit, the auditor interviewed 26 random staff members. All 26 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.</p> <p data-bbox="240 1225 1493 1388">115.61(c). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>, included in the PAQ, stated that medical and mental health practitioners shall inform inmates of the practitioner’s duty to report, and the limitation of confidentiality, at the initiation of services to the inmate. 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 Orange County Corrections Department are required to immediately report all incidents.</p> <p data-bbox="240 1417 1481 1545">During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. They both confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and the limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1574 1469 1738">115.61(d). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>, provided to the auditor in the PAQ, includes the statement that if the alleged victim is under the age of 18 or considered a vulnerable adult, the allegation will be reported to the Department of Children and Families in accordance with mandatory reporting laws. 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).</p> <p data-bbox="240 1767 1493 1962">The auditor interviewed the Chief of Corrections during the onsite phase of the audit. The Chief stated that immediate action would be taken to ensure the inmate’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 Orange County Sheriff’s Office would be notified, and the agency’s Internal Affairs Unit would be notified. The auditor also interviewed the PREA coordinator who stated that for individuals under the age of 18, the agency would contact outside law enforcement and report the incident to DCF per Florida Statute. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1991 1433 2054">115.61(e). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> states that all allegations of sexual abuse or sexual harassment shall be investigated by the Department’s investigators and local law enforcement agency.</p> <p data-bbox="240 2083 1452 2145">The auditor interviewed the Chief of Corrections during the onsite phase of the audit. The Chief was clear that each and every allegation of sexual abuse and sexual harassment is investigated at the institution. They take every allegation very</p> |

seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Orange County Sheriff's Office and the Deputy Chief of Corrections. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 510" style="list-style-type: none"> <li data-bbox="276 349 938 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 938 409" style="list-style-type: none"> <li data-bbox="339 383 938 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="276 416 938 443">2. Interviews: <ol data-bbox="339 450 938 510" style="list-style-type: none"> <li data-bbox="339 450 938 477">1. Specialized staff <li data-bbox="339 483 938 510">2. Random staff <p data-bbox="240 539 501 566">Findings (by provision):</p> <p data-bbox="240 595 1490 790">115.62(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "When the Department learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate, to include placing the inmate on protective custody status, if appropriate (<i>p. 17-18</i>)." In the PAQ, the agency included information that there were two (2) inmates found to be in substantial risk of imminent sexual abuse during the 12 months prior to the audit. The auditor reviewed the incident reports written and the actions taken by the Department at the time of the notification to confirm that immediate action was taken to protect the inmates.</p> <p data-bbox="240 819 1490 1050">During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief told the auditor that they would take immediate action to separate the inmate from the potential abuser as soon as staff was notified. Staff would take a full report of the inmate's concern and then take action to rehouse the inmate in a safer situation. The auditor interviewed 26 random staff members during the onsite audit. All 26 officers stated that they would take immediate action to remove the inmate from the situation, including rehousing the inmate to another housing unit or building or potentially placing the inmate in protective custody if the situation warranted such action. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | 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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Form OP-108 <i>Notification of Sexual Abuse Allegation to Another Facility</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Specialized staff <p>Findings (by provision):</p> <p>115.63(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order requires that if staff receive an allegation that an inmate was sexually abused in care, custody, or control of another agency, the Department is to complete a notification form and forward the form to the PREA Coordinator. In the PAQ, the agency noted seven (7) such notifications during the 12 months prior to the audit. The auditor reviewed several of the completed notification forms and confirmed the timely completion and notification to the other agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(b). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order requires that if staff at the agency receive information that sexual abuse occurred at another institution, the agency head shall notify that agency within 72 hours of receiving the allegation.</p> <p>115.63(c). In the PAQ, the agency noted seven (7) such notifications during the 12 months prior to the audit. The auditor reviewed several of the completed notification forms and confirmed the timely completion and notification to the other agency. The notification contained the inmate's information, the summary of the incident, and a note whether the allegation had previously been reported to the facility. The form includes a space for documentation of the date and time of the notification to the agency. Each of the forms reviewed showed notification within the required 72-hour time requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(d). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that if the agency receives notification from another agency, the allegation will be immediately referred to the OCCD Internal Affairs Unit for review and disposition. The auditor was notified in the PAQ that there were no such notifications during the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief confirmed that any notification from another agency would be investigated to the extent possible. He was not aware of any such incident occurring over the previous 12 months. 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 |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 951 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD No. IO.403 <i>Attempted/Sexual Battery Complaints</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Specialized staff 3. Random staff <p data-bbox="242 607 501 633">Findings (by provision):</p> <p data-bbox="242 665 1484 1025">115.64(a). The facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. In the section entitled <i>Official Response Following an Inmate Report</i>, the agency outlines the responsibilities for staff members to properly to respond to allegations of sexual abuse. The order states, "Upon learning of an allegation that an inmate was sexually abused the first security staff member to respond shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene and the victim until steps can be taken to collect any evidence; If the abuse occurred within a time period that allows for the collection of physical evidence, the alleged victim and abuser will be instructed not to take any actions that could destroy physical evidence (washing, brushing teeth, and using the bathroom, eating or drinking) (p. 18)." The agency also provided OCCD No. IO.403 <i>Attempted/Sexual Battery Complaints</i>. This order includes the same first responder provisions as the PREA order. In the PAQ, the agency stated there were 18 allegations of sexual abuse reported over the previous 12 months, where the security staff member took action to separate the alleged victim from the alleged abuser. Of those, there were none reported within a time period that allowed for the collection of physical evidence.</p> <p data-bbox="242 1057 1492 1249">The auditor interviewed three staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. All three staff members identified the proper steps to take as a first responder. All three told the auditor that their allegation was reported after the time frame to properly collect evidence. The auditor interviewed four inmates who reported sexual abuse during the onsite audit. The four inmates told the auditor that they were immediately removed from other inmates and taken to see staff in medical. All four inmates stated they were asked to preserve evidence while awaiting an interview from law enforcement. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1281 1465 1473">115.64(b). The facility provided OCCD No. IO.403 <i>Attempted/Sexual Battery Complaints</i> in the PAQ. The order requires non-security staff members to take action if they are the first responder to an allegation of sexual abuse. The non-security staff member is required to request the alleged victim not take any action that could destroy physical evidence, and then notify security staff. In the PAQ, the agency provided the auditor information showing ten allegations during the 12 months prior to the audit where the incident was first reported by a non-security staff member. In each case, the non-security staff member properly notified security staff and requested the inmate take actions to preserve evidence.</p> <p data-bbox="242 1505 1476 1697">During the onsite phase of the audit, the auditor interviewed three staff members who were first responders to incidents of sexual abuse. All three told the auditor that a non-security staff member would immediately notify a corrections officer. The auditor interviewed 26 random staff members during the onsite audit. All 26 staff members 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. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="276 349 911 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li data-bbox="339 383 951 409">1. OCCD No. IO.403 <i>Attempted/Sexual Battery Complaints</i> <li data-bbox="276 416 427 443">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="339 450 517 477">1. Agency head <p data-bbox="240 506 501 533">Findings (by provision):</p> <p data-bbox="240 566 1485 824">115.65(a). The agency provided OCCD No. IO.403 <i>Attempted/Sexual Battery Complaints</i> in the PAQ. The order outlines the responsibilities of the first responder, including the steps to ensure the preservation of evidence, and the writing of an initial incident report. The next step is the notification of the appropriate agency supervisors and law enforcement agencies, who will ensure the victim is escorted to medical and the investigation is initiated. The document outlines the rest of the Supervisor's responsibilities, which include notifications to the chain of command and to the OCCD Internal Affairs Unit. The document then outlines the responsibilities for medical and mental health personnel and forensic evidence collection technicians, as well as the forensic medical examination, if needed. The PREA Coordinator is included in the document as well, for follow-up and collection of reports and preservation of case information.</p> <p data-bbox="240 857 1490 981">During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Chief of Corrections. The Chief made it clear that having this document in place makes it easy for staff at the Department to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | 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. Agreement – Orange County Corrections Department and The Fraternal Order of Police Lodge #86 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.66(a). The agency provided the auditor with a copy of the executed agreement between the Orange County Corrections Department and The Fraternal Order of Police Lodge #86. The auditor reviewed the document and found no provision that prevented the Department from disciplining a corrections officer covered under the bargaining agreement for committing an offense of sexual misconduct.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief stated that the agency would properly discipline any staff member who was found to be responsible in an incident of sexual abuse or sexual harassment. The Department does not tolerate such behavior and the agreement with the union does not prevent the Department from issuing such discipline that would be warranted relative to the behavior performed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 577" style="list-style-type: none"> <li data-bbox="276 349 938 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 938 443" style="list-style-type: none"> <li data-bbox="339 383 938 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="339 416 938 443">2. OCCD Form OP-111 <i>Inmate Monitoring Form</i> <li data-bbox="276 450 938 477">2. Interviews: <ol data-bbox="339 483 938 577" style="list-style-type: none"> <li data-bbox="339 483 938 510">1. Targeted inmates <li data-bbox="339 517 938 544">2. Agency head <li data-bbox="339 551 938 577">3. Specialized staff <p data-bbox="240 607 501 633">Findings (by provision):</p> <p data-bbox="240 663 1445 824">115.67(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. This order includes requirements for staff to monitor for retaliation. The order requires staff to protect all staff and inmates who report sexual abuse and sexual harassment from retaliation. The PREA Coordinator is charged with monitoring suspected, reported, and/or known retaliation against staff and inmates. The agency uses OCCD Form OP-111 <i>Inmate Monitoring Form</i> to document such monitoring of individuals.</p> <p data-bbox="240 853 1430 947">During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed her responsibility to complete monitoring of staff and inmates that were reporters, victims, or witnesses of allegations of sexual abuse at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 976 1490 1406">115.67(b). During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who stated that the Department uses many ways to protect inmates from retaliation, including housing changes, transferring the inmate to another building, and providing the inmate information about available emotional support services. The auditor interviewed the PREA coordinator, who is responsible for the retaliation monitoring. She told the auditor that she visits with victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. She tells them to contact her if they have a problem and offer assistance and provides them with information about the outside emotional support services. She visits the inmate periodically, every 30 days, and documents their meeting. This monitoring lasts for 90 days following the report of the allegation. If problems arise, she reports it immediately and can offer a transfer to another building or locate a new work assignment, if needed. The auditor interviewed four inmates who had reported sexual abuse. All four inmates discussed having someone talk with them about possible retaliation. None of the inmates reported problems with retaliation but did talk with someone and report they were having no problems. They could not recall how long that lasted. The auditor was provided retaliation monitoring reports and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1435 1490 1563">115.67(c). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. This order includes requirements for staff to monitor for retaliation. The order states that monitoring of the alleged victim shall continue for at least 90 days, to include periodic status checks. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1592 1490 1921">During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who was asked about steps that would be taken if retaliation of a victim was suspected. The Chief 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 Chief may authorize the transfer of the inmate to another building or housing unit or to protective custody for protective purposes. The auditor interviewed the retaliation monitor, the PREA Coordinator, who stated that she would review incident reports and housing assignments. She would also review medical information to attempt to determine if the inmate were having problems that were unreported. If necessary, the inmate would be separated to provide an opportunity for the inmate to speak freely to staff to 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 inmate's behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1951 1490 2078">115.67(d). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. This order includes requirements for staff to monitor for retaliation. The order states that monitoring of the alleged victim shall continue for at least 90 days, to include periodic status checks. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 2107 1465 2134">During the onsite phase of the audit, the auditor interviewed the retaliation monitor, the PREA Coordinator, who stated that</p> |

she would review incident reports and housing assignments. She stated that her periodic checks are performed every 30 days. She can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. She continues to monitor every day by reviewing records from her office but will only meet with the inmate every 30 days. She stated that monitoring can be continued if there appears to be a need based on the statements from the victim or from other indications. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who was asked about steps that would be taken if retaliation of any person who cooperated in an investigation was suspected. The Chief stated the individual would be interviewed and provided the opportunity to tell staff what problems might be occurring. The agency would take immediate action to protect the individual. 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.

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| 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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing <p>Findings (by provision):</p> <p>115.68(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "Inmate victims of sexual abuse and/or sexual harassment shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made." In the PAQ the agency stated there were two inmates involuntarily segregated following the report of a sexual abuse allegation over the last 12 months. Those inmates were placed in segregation for only one day.</p> <p>During the onsite review, the auditor interviewed the Chief of Corrections about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that the Department does not see the need to utilize confinement to keep inmates safe. If it were to become necessary to place an inmate in segregation, it would only be done until another alternative safe housing became available. The auditor interviewed four inmates who had been the victim of sexual abuse. None of the four inmates had been placed in segregated housing following their allegation. The auditor also interviewed two staff members that work in segregated housing who confirmed that inmates are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. Those inmates remain in general population. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 544" style="list-style-type: none"> <li data-bbox="276 349 938 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 938 477" style="list-style-type: none"> <li data-bbox="339 383 938 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="339 416 938 443">2. OCCD No. HR.201 <i>Internal Investigations</i> <li data-bbox="339 450 938 477">3. Investigation files <li data-bbox="276 483 938 510">2. Interviews: <ol data-bbox="339 517 938 544" style="list-style-type: none"> <li data-bbox="339 517 938 544">1. Specialized staff <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 629 1477 790">115.71(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "Allegations shall be investigated promptly, thoroughly and objectively, including third-party and anonymous reports (<i>p. 19</i>)." The auditor was also provided OCCD No. HR.201 <i>Internal Investigations</i> in the PAQ. This order states that the Internal Affairs Unit will investigate all PREA allegations involving sexual harassment and sexual abuse in accordance with OCCD Order IO.414 <i>Prison Rape Elimination Act</i>.</p> <p data-bbox="240 819 1489 1048">During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that the IAU investigates all allegations of sexual abuse and sexual harassment. The unit is notified immediately upon the agency learning of the allegation and 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. The auditor reviewed the 58 sexual abuse investigation files from the previous 12 months prior to the audit and was able to confirm the investigative process. The referral to the IAU was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1077 1473 1140">115.71(b). The agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states that investigators must complete specialized training in addition to the general PREA education.</p> <p data-bbox="240 1169 1434 1299">During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that the IAU investigators had all taken the required specialized investigations course. 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.</p> <p data-bbox="240 1328 1485 1556">115.71(c). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that the IAU investigates all PREA allegations just as they would all other cases. They coordinate efforts with the Orange County Sheriff's Office, who would collect the evidence. The investigation would include everything expected in this provision of the standard. She explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. They would also take statements from the victim and all available witnesses. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1585 1481 1715">115.71(d). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator stated that the unit does not conduct compelled interviews during the investigation. They would only utilize compelled interviews after any criminal investigation is completed and information was needed to conduct the administrative investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1744 1477 1973">115.71(e). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator stated that the IAU would not utilize polygraph examinations or other truth-telling devices as a means of determining whether to move forward with a PREA investigation. All cases and the credibility of subjects and witnesses is determined on an individual basis regardless of their status as an inmate. The auditor interviewed four inmates who had reported sexual abuse. All four inmates told the auditor they had not been asked to take a polygraph examination and were given the opportunity to fully explain their allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2002 1493 2132">115.71(f). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that the IAU 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 inmate or staff member to violate rules and commit an act of sexual misconduct. Based on this analysis, the auditor finds the facility in</p> |

compliance with this provision.

115.71(g). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that the IAU investigators complete an investigative report to include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator would attach the evidence and submit the full report to the Unit Manager for review. The auditor reviewed the 58 sexual abuse investigations files from the previous 12 months prior to the audit. Each of the files included a full and complete investigative report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). During the onsite phase of the audit, the auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator confirmed that any allegations where criminal charges were possible would be referred for prosecution as is required under the standard. The auditor reviewed the 58 sexual abuse investigations files from the previous 12 months prior to the audit. There were four substantiated allegations. Two of those for sexual harassment, which were not referred for criminal charges. There was one substantiated inmate-on-inmate abusive sexual contact and one substantiated inmate-on-inmate nonconsensual sexual act. In both cases, although there was a finding that the incident had occurred, the victim told the law enforcement agency they declined to press charges, and, therefore, no criminal charges were filed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The auditor was provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* in the PAQ. The order states that all criminal and administrative investigation reports will be retained by the agency as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

During the onsite audit, the auditor was shown storage of the investigation files in the Internal Affairs Unit. The files are stored in a secured cabinet and are marked for a retention period to ensure proper retention to meet the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The auditor was provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* in the PAQ. The order states, "Criminal and administrative Department investigations shall be conducted pursuant to PREA standard 115.71 which requires the investigation to continue regardless of the employment status of the subject."

The auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator stated that agency procedure and PREA standards require that investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from the facility 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 she was not sure it had not 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 Orange County Sheriff's Office or the Orlando Police Department will complete the criminal investigations for the agency.

During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who stated that the Internal Affairs Unit works in conjunction with the Sheriff's Office to promptly complete the PREA investigations. They cooperate to provide the investigators access to the facility and share all information necessary. The auditor also interviewed an investigator with the Internal Affairs Unit. She stated that the Sheriff's Office deputies will respond to sexual abuse allegations and take statements from the victim and witnesses. They will then provide reports and evidence reports to the Internal Affairs Unit so they can complete their investigative reports. The auditor interviewed the PREA coordinator and was told all investigations are performed cooperatively with the Sheriff's Office and the Internal Affairs Unit. They work well together to complete the investigations as promptly as possible. 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 |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 510" style="list-style-type: none"> <li data-bbox="276 349 938 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 938 443" style="list-style-type: none"> <li data-bbox="339 383 938 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="339 416 560 443">2. Investigation files <li data-bbox="276 450 432 477">2. Interviews: <ol data-bbox="339 483 552 510" style="list-style-type: none"> <li data-bbox="339 483 552 510">1. Specialized staff <p data-bbox="240 539 501 566">Findings (by provision):</p> <p data-bbox="240 595 1485 692">115.72(a). The auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, "The Department shall impose no standard higher than a preponderance of evidence to determine whether allegations of sexual abuse or sexual harassment are substantiated (<i>p. 20</i>)."</p> <p data-bbox="240 721 1485 848">The auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator stated that the standard of proof for investigations is a preponderance of the evidence. The auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the audit and the determination in each investigative memo is the preponderance of the evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 633 1477 824">115.73(a). The auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, "Following an investigation into an inmate's allegation that he or she suffered sexual abuse the Department shall inform the inmate as to the status of any criminal charges and whether the allegation has been determined to be substantiated, unsubstantiated or unfounded (<i>p. 20</i>)." In the PAQ, the agency stated that there were 25 criminal or administrative investigations of sexual abuse completed by the agency investigators. Of those 25, 21 had received notification of the outcome of the investigation, since four of the inmates had been released prior to the completion of the investigation.</p> <p data-bbox="240 857 1477 1216">During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. All four of the inmates reported to the auditor they had received written notification of the completion of the investigation. The auditor interviewed an investigator from the Internal Affairs Unit (IAU). The investigator stated that following the completion of the investigation, the inmate is notified of the outcome of the investigation as required by the standard, and the inmate's signature is received to indicate receipt of the notification. The auditor also interviewed the Chief of Corrections during the onsite audit. The Chief stated that all inmates are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. The auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation that is addressed to the inmate. There was also a copy of that document in each file, with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p data-bbox="240 1249 1477 1373">115.73(b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. Although the Orange County Sheriff's Office or Orlando Police Department respond to assist with the criminal investigation, the investigation is completed by the agency's Internal Affairs Unit. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p data-bbox="240 1406 1477 1529">115.73(c). The auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order requires that inmates be notified, unless the allegation was 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.</p> <p data-bbox="240 1563 1477 1753">During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. None of the allegations were filed against a staff member. The auditor reviewed 58 sexual abuse investigation files from the 12 months prior to the audit. The auditor noted ten files where the alleged abuser was a staff member, and the outcome of the investigation was substantiated or unsubstantiated. In each of the ten files the auditor located documentation provided to the inmate victim regarding the staff member's status. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1787 1477 1888">115.73(d). The auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order 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.</p> <p data-bbox="240 1921 1477 2045">During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. The auditor reviewed 58 sexual abuse investigation files from the 12 months prior to the audit. Although there were two substantiated allegations, criminal charges were not filed, so there was no documentation filed of notifications to inmate victims. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2078 1477 2134">115.73(e). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that the Department's obligation to report under PREA standard 115.73 will be documented.</p> |

During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation that is addressed to the inmate. There was also a copy of that document in each file, with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility is in compliance with this provision.

115.73(f). In the PAQ, the auditor was provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, "The Department's obligation to report to/inform the inmate shall terminate if the inmate is released from custody (p. 21)."

The auditor is not required to audit this provision.

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| 115.76 | Disciplinary sanctions for staff |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 936 479" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized interviews <p data-bbox="242 508 501 537">Findings (by provision):</p> <p data-bbox="242 566 1484 692">115.76(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, and termination shall be the presumptive disciplinary sanction for staff substantiated/sustained for engaging in sexual abuse (<i>p. 21</i>).”</p> <p data-bbox="242 721 1477 846">During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last two years. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 880 1484 1039">115.76(b). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, and termination shall be the presumptive disciplinary sanction for staff substantiated/sustained for engaging in sexual abuse (<i>p. 21</i>).” In the PAQ, the agency stated there were no terminations or resignations of staff members related to staff sexual abuse allegations over the 12 months prior to the audit.</p> <p data-bbox="242 1072 1469 1164">The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last two years. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1196 1497 1321">115.76(c). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Disciplinary action shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by other staff with similar work histories (<i>p. 21</i>).” In the PAQ, the agency stated the were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="242 1352 1465 1478">During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. There were no records of any staff member who had resigned or had been terminated. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1512 1485 1637">115.76(d). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Resignations occurring while the subject is under investigation will be forwarded to the F.D.L.E. pursuant to Florida statute... (<i>p. 21</i>).” In the PAQ, the agency stated the were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="242 1668 1457 1794">During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the previous 12 months prior to the 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.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 510" style="list-style-type: none"> <li data-bbox="276 349 938 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 938 443" style="list-style-type: none"> <li data-bbox="339 383 938 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="339 416 560 443">2. Investigation files <li data-bbox="276 450 432 477">2. Interviews: <ol data-bbox="339 483 520 510" style="list-style-type: none"> <li data-bbox="339 483 520 510">1. Agency head <p data-bbox="242 539 501 566">Findings (by provision):</p> <p data-bbox="242 595 1485 757">115.77(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with the inmate pending a review, inquiry, and/or investigation. The incident shall be reported to local law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (<i>p. 21-22</i>).” In the PAQ, the agency stated that there were no such reports to licensing bodies or to law enforcement over the last 12 months prior to the audit.</p> <p data-bbox="242 786 1477 882">During the onsite phase of the audit, the auditor reviewed the 58 sexual abuse investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 911 1482 1005">115.77(b). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that the facility would take appropriate remedial measures and consider prohibiting further contact with inmates for contractors or volunteers who had other violations that were not to the level of sexual abuse.</p> <p data-bbox="242 1034 1485 1196">The auditor interviewed the Chief of Corrections during the onsite phase of the audit. The Chief stated that although such remedial measures were certainly an option, the agency would review each situation independently, and make a decision whether to allow the individual to remain providing services in the facility or to permanently terminate them. The Chief stated there were no such cases in the past 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 936 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD <i>Inmate Handbook</i> 3. Investigation Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="242 573 501 602">Findings (by provision):</p> <p data-bbox="242 631 1493 790">115.78(a). In the PAQ, the agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order outlines disciplinary action for inmates and states, "Inmates accused of engaging in sexual abuse and / or sexual harassment will face a full disciplinary process pursuant to Orange County Administrative Order IO.200 <i>Inmate Discipline</i>, and as a result may have disciplinary sanctions imposed against them (p. 22)." The agency stated in the PAQ that there were no inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.</p> <p data-bbox="242 822 1493 949">During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. The auditor reviewed 58 investigations from the previous 12 months prior to the audit. There were two substantiated investigations against the accused inmate, but no administrative disciplinary sanctions were filed against the accused inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 981 1477 1108">115.78(b). During the onsite phase of the audit, the auditor interviewed the Chief of Corrections, who confirmed that inmate discipline would be consistent with the level and type of offense committed. The penalty assigned would be consistent for comparable offenses and consistent for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1140 1473 1267">115.78(c). During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief stated that any disciplinary process would take into account the inmate's mental disability or mental illness if it were noted by mental health staff. This would definitely be taken into account when considering disciplinary sanctions to be imposed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1299 1461 1453">115.78(d). During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health staff. The Health Services Administrator and a mental health clinician were interviewed, and they both stated that since the county jail was population was transient, they did not offer sexual offender therapy or counseling. Therefore, the facility was not able to offer such interventions for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1485 1493 1612">115.78(e). The agency has provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states that an inmate may be disciplined for sexual contact with a staff member only if it was determined the staff member did not consent to the contact with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1644 1473 1771">115.78(f). The agency has provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "A report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred shall not constitute falsely reporting or lying (p. 22)." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1803 1485 1957">115.78(g). The agency has provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order is clear that sexual activity between inmates considered not to be coercive will not be considered to be sexual abuse. In the PAQ, the auditor was also provided the OCCD <i>Inmate Handbook</i>. In the <i>Sexual Assault Awareness</i> section, the agency informs inmates that all sexual activity, even consensual sex, is prohibited in the facility. 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 |
| | <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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p>Findings (by provision):</p> <p>115.81(a). This provision is for prisons and does not apply to the Orange County Corrections Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(b). This provision is for prisons and does not apply to the Orange County Corrections Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(c). The agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, “When screening indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the inmate is offered a follow-up meeting with Health Services within fourteen (14) days of the intake screening (<i>p. 22</i>).” In the PAQ, the agency indicated that all of the inmates who reported prior sexual abuse during the intake screening had received the required follow-up medical or mental health meeting.</p> <p>During the onsite phase of the audit, the auditor interviewed three inmates who reported prior sexual victimization on their risk screening. All three inmates told the auditor that they were provided the opportunity to meet with someone from mental health. They all told the auditor that initial meeting happened while they were still housed in orientation housing in BRC. The auditor also interviewed two staff members from Classification, who performed the intake risk screening. Both confirmed that if an inmate reported prior victimization, the inmate would be provided the opportunity to see medical or mental health. Those scheduled visits were tracked on a log, which was provided to the auditor for his review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(d). The agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order 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.</p> <p>During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates and how to access the screening information in the computer. The auditor was told they were unable to access that information in the computer. The auditor asked three officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the Classification Supervisor and PREA Coordinator that access to the screening tool’s data was restricted to staff that required access to the information. Medical and mental health information is secured in the agency’s medical records system and is not accessible by other Department staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.81(e). The agency provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, “Health Services staff shall obtain informed consent before reporting prior sexual victimization, not occurring in an institutional setting, unless the inmate is under the age eighteen (18).”</p> <p>During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health staff. Both explained that obtaining informed consent is a regular part of the Department’s process prior to engaging in services with inmates. Upon learning of an inmate’s sexual assault history and prior to contacting security staff, the clinician will remind the inmate about the consent form and clinician’s mandatory reporting requirements. For inmates under the age of 18 this was not a requirement, due to State law. 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 |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 935 510" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 539 501 568">Findings (by provision):</p> <p data-bbox="240 598 1485 790">115.82(a). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "Individuals who become victims of sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment, crisis intervention testing for sexually transmitted infections and pregnancy-related medical services, if applicable, without financial costs (p. 23)." The auditor was provided access to medical records for several inmates who had reported incidents of sexual abuse over the 12 months prior to the audit. The auditor was able to verify the immediate medical response and evaluation of the inmate victim.</p> <p data-bbox="240 822 1485 1182">During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. The Health Services Administrator and a mental health clinician were interviewed, and they both confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the inmate for injuries and the urgent need for 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 the facility and there would be no waiting for care from a medical professional. The auditor also interviewed four inmates who reported sexual abuse. All four inmates told the auditor they were taken to medical immediately after reporting the incident and were seen by medical. 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.</p> <p data-bbox="240 1214 1485 1440">115.82(b). The auditor interviewed three staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. All three understood the immediate need to provide the inmate with 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. Although mental health staff is not on duty 24-hours a day, appointments are scheduled for an immediate meeting with a mental health practitioner, which would normally occur the following day. If staff believe there is an urgent need for the inmate victim to see mental health, a mental health staff member can be called for an immediate response to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1471 1485 1697">115.82(c). In the PAQ, the auditor was provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "Individuals who become victims of sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment, crisis intervention testing for sexually transmitted infections and pregnancy-related medical services, if applicable, without financial costs (p. 23)." The auditor was provided access to medical records for several inmates who had reported incidents of sexual abuse over the 12 months prior to the audit. The auditor was able to verify the immediate medical response and evaluation of the inmate victim. None of the victims had been assaulted to the level that required such testing or pregnancy services.</p> <p data-bbox="240 1729 1485 2056">During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. The Health Services Administrator and a mental health clinician were interviewed, and they both confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. Testing and treatment for sexually-transmitted infections would be coordinated through a follow-up treatment plan provided by the SANE at the Victim Service Center. This is true for pregnancy-related services as well. The Administrator stated that there were none during the last year, as there were no sexual assaults that required forensic examinations or sexual contact that would have required such testing. The auditor interviewed four inmates who had reported sexual abuse. None of the four inmates had physical contact that required follow-up testing and prophylactic medications or pregnancy services. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2087 1485 2148">115.82(d). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states, "Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the</p> |

abuser or cooperates with any investigation arising out of the incident (p. 23).” Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | 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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p>Findings (by provision):</p> <p>115.83(a). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states, "The Department shall offer ongoing medical and mental health evaluation and treatment, if appropriate to inmates who have been victimized by sexual abuse while in custody and these services will be consistent with the level of care available in the community (p. 23)." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(b). During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. The Health Services Administrator and a mental health clinician were interviewed, and both confirmed for the auditor that the facility would provide a full treatment plan for all inmates, especially for inmates who have been sexually abused. The treatment plan would include information from the Victim Service Center if the victim had received a forensic examination. The auditor also interviewed four inmates who reported sexual abuse. All four inmates reported receiving care from medical and mental health. None were provided testing and prophylactic medications, as their assaults were not to the level that required such testing or follow-up or ongoing care. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(c). During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. The Health Services Administrator and a mental health clinician were interviewed, and both confirmed that all services provided to the facility's inmates are 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.</p> <p>115.83(d). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states that the Department would provide pregnancy-related services to inmates who are sexually victimized while incarcerated in the facility.</p> <p>During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. Only one of the inmates was a female and she was not penetrated vaginally, so pregnancy-related services were not necessary. The auditor had reviewed 58 sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(e). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states that the Department would provide pregnancy-related services to inmates who are sexually victimized while incarcerated in the facility.</p> <p>During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. Only one of the inmates was a female and she was not penetrated vaginally, so pregnancy-related services were not necessary. The auditor had reviewed 58 sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.83(f). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states that the Department would provide testing for sexually transmitted infections to inmates who are sexually victimized while incarcerated in the facility.</p> <p>During the onsite phase of the audit, the auditor interviewed four inmates who reported sexual abuse. All four inmates reported receiving care from medical and mental health. None were provided testing and prophylactic medications, as their assaults were not to the level that required such testing or follow-up or ongoing care. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

115.83(g). OCCD No. IO.414 *Prison Rape Elimination Act (PREA)* was provided to the auditor in the PAQ. The order states, "Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 23)."

The auditor interviewed four inmates who reported sexual abuse during the onsite phase of the audit. All four inmates reported receiving care from medical and mental health. All four inmates 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). This provision is for prisons and does not apply to the Orange County Corrections Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 967 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD Form OP-106 <i>Sexual Abuse Incident Review Form</i> 3. Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 629 1493 790">115.86(a). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. In the <i>Data Collection and Review</i> section, the order provides for a sexual abuse incident review to be conducted within thirty days of the conclusion of the investigation by completing the OCCD Form OP-106 <i>Sexual Abuse Incident Review Form</i> (p. 23). In the PAQ, the agency reported there were 17 such incident review meetings completed following sexual abuse investigations over the last 12 months prior to the audit.</p> <p data-bbox="240 819 1481 913">During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in each of the files where the investigation outcome was not unfounded or still pending. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 943 1471 1104">115.86(b). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. In the <i>Data Collection and Review</i> section, the order provides for a sexual abuse incident review to be conducted within thirty days of the conclusion of the investigation by completing the <i>Sexual Abuse Incident Review Form</i> (p. 23). The auditor was provided copies of three completed incident review forms in the PAQ. In each case, the auditor was able to verify completion of the incident review within thirty days of the completion of the investigation.</p> <p data-bbox="240 1133 1481 1263">During the onsite phase of the audit, the auditor reviewed 58 sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in each of the files where the investigation outcome was not unfounded or still pending. Each of the completed reviews were done within the thirty-day time period. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1292 1474 1453">115.86(c). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. In the <i>Data Collection and Review</i> section, the order states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners (p. 24)." The auditor reviewed completed incident review forms that were provided in the PAQ and noted two Captains and the Health Services Administrator in attendance in the incident review meeting.</p> <p data-bbox="240 1482 1493 1747">During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity perpetrate sexual abuse within the facility. Involving the correct administrative staff as well as shift personnel ensures the agency receives a complete picture of exactly what happened during the incident. The auditor reviewed 58 completed sexual abuse investigations from the 12 months prior to the onsite audit. In files where the completed sexual abuse incident review document was included, the auditor was able to see a full review to verify the Chief's statement. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1776 1477 2040">115.86(d). In the PAQ, the facility provided OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i>. The order states, "The review at a minimum shall use standard 115.86 criteria to evaluate the incident and make recommendations for improvement, which shall be implemented, or the reason for not doing so will be documented (p. 24)." The auditor was provided a copy of OCCD Form OP-106 <i>Sexual Abuse Incident Review Form</i> in the PAQ. The form is populated with the five items of consideration that are listed in this Standard as a reminder to each of the incident review team members that they are to review these specific items. The last point noted on the Form is the sixth point in the Standard, to prepare the report of the review team's findings. This allows them to easily consider these items and provide a determination in the incident review report and action plan.</p> <p data-bbox="240 2069 1474 2130">During the onsite phase of the audit, the auditor interviewed two staff members who participate in the sexual abuse incident reviews. They both confirmed for the auditor that each incident review includes a review of all the items listed in this</p> |

provision. One said that without this full review, the agency would not continue to improve and provide an atmosphere of sexual safety. The auditor interviewed a PREA compliance manager as well. She made it clear that these incident reviews are important for the facility to not just say that sexual safety is important, but to show to staff and all of administration that it is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Chief of Corrections about the sexual abuse incident reviews. The Chief explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity perpetrate sexual abuse within the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). In the PAQ, the facility provided OCCD No. IO.414 *Prison Rape Elimination Act (PREA)*. The order states, "The review at a minimum shall use standard 115.86 criteria to evaluate the incident and make recommendations for improvement, which shall be implemented, or the reason for not doing so will be documented (p. 24)."

The auditor interviewed the Chief of Corrections about the sexual abuse incident reviews during the onsite phase of the audit. The Chief explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity perpetrate sexual abuse within the facility. If for some reason the decision is made to not institute the recommendations made in the incident review report, administration would document the reasons why and maintain that documentation. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1059 443" style="list-style-type: none"> <li data-bbox="276 349 911 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 1059 443" style="list-style-type: none"> <li data-bbox="339 383 935 409">1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> <li data-bbox="339 416 1059 443">2. OCCD <i>Prison Rape Elimination Act Annual Report (2019 and 2020)</i> <p data-bbox="242 472 501 499">Findings (by provision):</p> <p data-bbox="242 530 1477 689">115.87(a). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order includes a section entitled <i>Data Collection and Review</i>. The order states “The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident based data shall be aggregated annually (<i>p. 24</i>).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 721 1477 947">115.87(b). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order includes a section entitled <i>Data Collection and Review</i>. The order states “The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident based data shall be aggregated annually (<i>p. 24</i>).” The agency provided the auditor with a copy of the <i>OCCD Prison Rape Elimination Act Annual Report</i> for 2019 and 2020. The auditor reviewed the reports and noted the annual data aggregated on each report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 978 1490 1137">115.87(c). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order requires that the incident based data, at a minimum, include information needed to answer questions from the Bureau of Justice Statistics form <i>SSV-2 Survey of Sexual Victimization</i>. The auditor’s review of the agency’s annual reports included verification of the presence of the <i>SSV-2</i> definitions in the report, as well as the data included with those definitions. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1169 1490 1294">115.87(d). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, “The Department shall maintain, review, and collect data as needed from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (<i>p. 24</i>).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1326 1422 1420">115.87(e). The Department does not contract with any facility or contracted agency for the confinement of its inmates. Therefore, this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1451 1490 1512">115.87(f). The agency completes the <i>Survey of Sexual Violence (SSV)</i> when the request is received from the Department of Justice. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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| 115.88 | Data review for corrective action |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1059 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD <i>Prison Rape Elimination Act Annual Report (2019 and 2020)</i> 3. Orange County Corrections Department Webpage 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="242 573 501 602">Findings (by provision):</p> <p data-bbox="242 631 1484 893">115.88(a). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order includes a section entitled <i>Data Collection and Review</i>. The order states, “The Department shall review data collected and aggregated pursuant to standard 115.87 to improve its sexual abuse prevention, detection, and response policies, and training, in order to: a. Identify problem areas, and take corrective action on an ongoing basis. b. Prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole (p. 25).” The agency provided the auditor with a copy of the OCCD <i>Prison Rape Elimination Act Annual Report</i> for 2019 and 2020. The auditor reviewed the reports and noted the report’s review of the annual data and discussion of the agency’s findings and concerns related to the allegations and outcomes in the facility. The report also included a corrective action plan.</p> <p data-bbox="242 922 1493 1184">The auditor interviewed the Chief of Corrections during the onsite phase of the audit and discussed the agency’s annual report. He stated the report is prepared by the PREA Coordinator utilizing the agency’s annual data and then submitted to him for review and approval. The report includes a corrective action plan based on indications found in the annual data. The auditor interviewed the PREA coordinator who confirmed the annual data collection. She stated she reviews the outcomes of the sexual abuse investigations as well as the locations of the incidents. She looks for patterns of behavior or common trends. All issues are reviewed, and actions are taken for prevention of future incidents, which may require training and education. This information is then written into the annual corrective action plan. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1214 1474 1408">115.88(b). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order includes a section entitled <i>Data Collection and Review</i>. The order states that the annual report will include a comparison of the current year’s data and corrective actions with those from prior years. The report will also provide an assessment of the Department’s progress in addressing sexual abuse and providing greater sexual safety for inmates. The auditor noted this comparison in the provided agency annual reports from 2019 and 2020. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1438 1465 1601">115.88(c). The agency provided the auditor with OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The order states, “The Department’s annual report of its findings and corrective actions shall be approved by the Chief of Corrections and made readily available to the public through the website (p. 25).” The auditor accessed the Department’s webpage and went to the PREA page and located the agency’s <i>Annual Report</i> for 2019 and 2020 posted to the page, as required.</p> <p data-bbox="242 1630 1489 1727">During the onsite phase of the audit, the auditor interviewed the Chief of Corrections. The Chief stated the report is prepared by the PREA Coordinator utilizing the agency’s annual data and then submitted to him for review and approval. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1756 1461 1883">115.88(d). During the onsite phase of the audit, the auditor interviewed the PREA coordinator who 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 webpage 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.</p> |

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| 115.89 | <p>Data storage, publication, and destruction</p> <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. OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> 2. OCCD <i>Prison Rape Elimination Act Annual Report</i> 3. Orange County Corrections Department Webpage 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.89(a). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states that the Department shall securely retain all data collected and will be maintained in accordance with the State of Florida Records Retention Schedule.</p> <p>The auditor interviewed the PREA coordinator during the onsite phase of the audit. The PREA coordinator confirmed that all of the data is maintained on the secure computer server or in a locked cabinet in the secure Policy and Accreditation Unit (PACU). Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(b). The agency posts the annual report to the agency webpage. The auditor located the OCCD <i>Prison Rape Elimination Act Annual Report</i> on the agency webpage. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(c). The auditor interviewed the PREA coordinator who 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 webpage 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.</p> <p>115.89(d). OCCD No. IO.414 <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The order states that the Department shall securely retain all data collected and will be maintained in accordance with the State of Florida Records Retention Schedule. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| 115.401 | <p>Frequency and scope of audits</p> <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. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.401(a). This was the second audit completed by the Orange County Corrections Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(b). This is the second year of the third PREA audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>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 inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>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.</p> <p>115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 49 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>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 building. 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.</p> |
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| 115.403 | Audit contents and findings |
| | 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. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.403(f). This was the second audit completed by the Orange County Corrections Department. The prior audit report is posted to the Orange County Corrections Department webpage as required by this provision and the auditor understands that this audit report will be posted properly after the agency receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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

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

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| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | yes |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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 facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

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

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

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

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

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

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| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | 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? | no |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | no |

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| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | no |

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

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | 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 screening instrument? | yes |

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

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

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

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

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

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

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

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

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

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

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

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

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| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | no |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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

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

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

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

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