

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 17, 2020

Auditor Information

Name: Cynthia Swier Email: swierconsultants@gmail.com

Company Name: Swier Correctional Consultants, LLC.

Mailing Address: P.O. Box 145 City, State, Zip: Telogia, FL 32360

Telephone: (850) 643-7037 Date of Facility Visit: June 8-10, 2020

Agency Information

Name of Agency: Santa Rosa County Sheriff's Office

Governing Authority or Parent Agency (If Applicable): Board of County Commissioners

Physical Address: 5755 East Milton Road City, State, Zip: Milton, Florida 32583

Mailing Address: 5755 East Milton Road City, State, Zip: Milton, Florida 32583

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.santarosasheriff.org

Agency Chief Executive Officer

Name: Sheriff Bob Johnson

Email: rjohnson@srsos.net Telephone: (850) 983-1214

Agency-Wide PREA Coordinator

Name: Sgt. Wilda McWilliams

Email: wmcwilliams@srsos.net Telephone: (850) 983- 1155

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator:
Detention Colonel 1

Facility Information

Name of Facility: Santa Rosa County Sheriff's Office (Detention Division)

Physical Address: 5755 East Milton Road

City, State, Zip: Milton, FL 32583

Mailing Address (if different from above):
same

City, State, Zip: same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.santarosasheriff.org

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: FCAC)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
FMJS, USM, FBOP

Warden/Jail Administrator/Sheriff/Director

Name: Colonel Randy Tift

Email: rtift@srsso.net

Telephone: (850) 983 - 1209

Facility PREA Compliance Manager

Name: Capt. Brian Lewis

Email: blewis@srsso.net

Telephone: (850) 983 - 1271

Facility Health Service Administrator N/A

Name: Michelle Lucas

Email: mlucas@srsso.net

Telephone: (850) 983 - 1132

Facility Characteristics

Designated Facility Capacity:

734

Current Population of Facility:

502

Average daily population for the past 12 months:	701	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-73	
Average length of stay or time under supervision:	29 days	
Facility security levels/inmate custody levels:	Minimum through close management, USM, FBOP & Military	
Number of inmates admitted to facility during the past 12 months:	6712	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	3421	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1699	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. 0	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	235	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	70	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	70	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	45
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	23
Number of single cell housing units:	6
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	13
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	42
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	3
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: SRSO – Major Crimes) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

Pre-Onsite Audit Phase

In preparation for the PREA audit, the Santa Rosa Sheriff's Office (SRCO) contracted with Swier Correctional Consultants to conduct a PREA audit of the facility. Department of Justice (DOJ) certified PREA auditor Cynthia Swier conducted the audit as an independent auditor. The agency requested June 8-10, 2020 as the dates for the onsite audit for the Santa Rosa Sheriff's Office Detention Division in Milton, FL. The auditor and facility confirmed services and dates through an executed contract. This will be the third PREA audit for the SRCO. The last audit was completed in June, 2017. This facility is operated by the Santa Rosa County Sheriff's Office.

The auditor conducted a kickoff meeting by telephone with the PREA Coordinator for the facility regarding the upcoming audit. Sergeant Wilda McWilliams was assigned as the PREA Coordinator for SRCO and was the liaison between the auditor and the facility during the audit. The auditor provided Sgt. McWilliams with the audit process map for review by the facility staff and initiated the audit with the PREA Resource Center. The SRCO does not utilize the PREA Resource Center Online Audit System (OAS). The facility will be utilizing the Paper Audit System for Adult Prisons and Jails. The auditor requested the facility to complete the Pre Audit Questionnaire (PAQ) and it was provided to her on May 15, 2020. A copy of the required audit notice in English and in Spanish was provided to the PREA Coordinator and it was explained the need to have it posted throughout the institution and in all housing areas. The Auditor also explained to the facility, the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The facility agreed to send photos of the audit notice to the auditor.

During the pre-onsite phase of the audit, the auditor explained that an issue log would be provided to the PREA Coordinator as soon as the review of the documentation was complete. The issue log would identify any missing information or gaps in the documentation. This would provide the facility an opportunity to respond to any issues found in the document review prior to the onsite audit.

The auditor began the review of the uploaded documentation of the PAQ on May 15, 2020. On May 15, 2020, the PREA Coordinator also submitted photos showing the posted audit notice which was printed in both English and Spanish. The auditor confirmed the posting of the notice during the onsite review. The facility provided in the PAQ that any correspondence going from the facility which is addressed to the auditor, will be handled in accordance with the same process as legal mail, which is privileged and forwarded to the noted recipient without being read by staff and without delay.

On May 26, 2020, the auditor completed the review of the PAQ and documentation and provided the PREA Coordinator with the PREA checklist of documentation, checklist for review of inmate files, checklist for review of employee files and checklist for review of investigation files. These checklists will assist the SRCO with preparation for the auditor to review documents during the onsite phase of the audit.

The auditor also requested the following documentation:

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.

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

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

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

1. Warden or designee
2. PREA Compliance Manager
3. Human Resource staff

The PREA Coordinator provided the auditor the interview responses for the following agency staff prior to the onsite phase of the audit:

1. Agency Head
2. Agency PREA Coordinator
3. Agency Contract Administrator
4. Facility Administrator

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

1. Intermediate or higher-level staff
2. Medical and mental health staff
3. SANE = Sexual Assault Nurse Examiners
4. Investigative staff
5. Sexual abuse incident review team members

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

The auditor performed an internet search of the SRCSO. There were no stories or articles found to be related to sexual abuse, sexual assault or sexual harassment. The auditor also found no documentation of any pending or final civil court cases related to the facility. The auditor located the 2017 PREA Audit on the agency's public website.

The agency website includes a link to a page for Sexual Abuse Prevention where the agency has posted information regarding their zero tolerance policy against sexual abuse. The webpage also includes information regarding how to report allegations of sexual abuse with specific addresses for inmate abuse of other inmates and staff abuse of inmates. In addition to this information, the webpage includes the Annual PREA Report (CY 2019), the Sexually Abusive Behavior Prevention and Intervention Program (General Order O-123), a link to the National Prison Rape Elimination Act Resource Center and a link for the public to voice any inmate concerns they may have.

The facility provided the auditor information regarding mandatory reporting. The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Chapter 39 of the Florida Statutes.

The auditor was informed that forensic examinations for the facility were being performed at Santa Rosa Medical Center. The auditor contacted the Santa Rosa Medical Center and spoke with an administrative staff member. She confirmed that forensic rape examinations for the SRCSO are performed at their facility. When inmates are brought into this medical center from SRCSO, an on-duty or on-call SAFE/SANE would perform the examination, collect evidence, perform an initial sexually transmitted infection and pregnancy testing, provide prophylactic medications for sexually transmitted infections and provide a treatment plan for additional follow-up.

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

There were no barriers to completing this audit.

Onsite Audit Phase

The auditor arrived at the facility on June 8, 2020 and attended a short entrance briefing with the Sheriff, Chief Deputy, Assistant Chief Deputy, Colonel, the Health Services Administrator, the Director of Nursing, PREA Coordinator and various supervisory and line staff. The PREA Coordinator was assigned to the auditor to provide audit support throughout the audit. She provided security, conducted the site review and facilitated random interviews with inmates and staff. In addition, she provided all documentation as requested by the auditor.

At the briefing on the first day of the audit, the auditor was provided with a packet which contained the facility floor plan and layout, as well as a complete roster of inmates, listed by housing unit and the staff rosters for the week. The auditor randomly selected staff members from each shift. Inmates were selected randomly by housing unit. The auditor supplied staff with the list of inmates in order to prepare for the scheduling of interviews the next day. The auditor was notified that the inmate count of the first day of the audit was 539.

The SRCSO Detention Division has 23 housing units, which include 13 open bay dorms and 10 secure cell dorms. The rated facility capacity is 734.

Site Review:

Housing units:

The auditor conducted a site review of the facility which included all housing units, classrooms, front lobby, intake / booking vestibule, fingerprint and change out rooms, video courtroom, recreation areas, laundry, medical, showers / restrooms and control / video monitoring room. There were multiple cameras throughout the facility which provided adequate coverage of the areas where inmates are routinely present. The shower / restroom areas provided privacy yet security for the inmate population. The search area allowed for privacy and cameras were not able to view directly into the rooms.

During the tour, the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. Throughout the facility, the auditor observed numerous cameras as well as sufficient staff coverage. Closet doors were locked and not accessible to inmates without staff authorization. There were no noted blind spots in the areas visited. There were telephones in each housing unit with PREA informational posters present as well as information regarding advocacy services and the PREA Audit announcement notices in English and Spanish.

The facility tour concluded with the Central Control Room. This room has multiple displays of video from the cameras throughout the facility. The staff working in this area showed the auditor the viewing capabilities of the cameras which included zoom and rotation technology. The video retention for the facility cameras is 30 days. The auditor had the staff check selected areas to view for viewing access to toilets and showers. There was no noted direct view of toilets or showers, but there was sufficient view for security purposes. The staff confirmed that the cameras are monitored 24 hours a day.

The PREA Zero Tolerance poster was observed throughout the facility. This poster identifies how an inmate can report sexual abuse / harassment: by reporting to a staff member, filing an administrative remedy, by electronic message to staff via the kiosk and by calling the posted hotline phone number. A notice was also posted in various locations throughout the facility which specifies services and contact information for victim advocacy services. A test call was made to this number and the auditor was able to reach a person at Lakeview Victim Advocacy. This person explained that they occasionally receive calls from inmates at SRCSO Detention Division who are seeking services. Inmates are also provided information in this posting that they can contact mental health staff at SRCSO for supportive psychological services.

The auditor spoke with staff at SRCSO who explained the intake process and that the inmates are given orientation the day of their arrival or sometimes the following day, depending on the time of the day of the initial arrival. During this orientation, inmates are given PREA orientation which included a video, an inmate handbook with PREA information and a PREA informational pamphlet. Inmates entering the facility complete the intake screening process / social interview conducted by a staff

member before being released to general population. The PREA Inmate Objective Screening Instrument is utilized to complete an initial assessment of an inmate's risk of sexual victimization / abusiveness. The results of the screening are documented and the intake staff will determine whether an inmate meets the criteria for referral to mental health. This referral is forwarded to a staff member in mental health for further assessment. Subsequent review of an inmate's risk of sexual victimization / abusiveness is conducted within the first 30 days of arrival. The auditor was provided copies of these screenings and referrals with corresponding dates which showed arrival of the inmate and the date of screening / assessment and referral as well as follow up assessment.

The auditor also spoke with several staff who stated that inmates are able to report sexual abuse or harassment to staff and the PREA Coordinator through the kiosk email account or through legal mail procedures. The auditor was explained how an inmate can access the email system on terminals in the common areas of the housing units.

The staff informed the auditor during the on-site facility tour that the grievances can be submitted by inmates via the kiosk system. Grievances are not responded to by the person who is the subject of the complaint. The facility has had no grievances alleging sexual harassment or abuse in the past 12 months.

Inmate Interviews:

The auditor began inmate interviews the first day of the audit and continued the second day. Based on the inmate population of 539 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted inmate interviews are required. In this audit, additional interviews with random inmates allowed for the satisfactory completion of the total required inmate interviews. The PREA Coordinator facilitated the auditor with interviews of all inmates in a private setting. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates	Interviews Conducted
Random Inmates (Total)	19
Targeted Inmates (Total)	11
Total Inmates Interviewed	30
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0
• Inmates with a physical disability	2
• Inmates who are blind, deaf or hard of hearing	0
• Inmates who are LEP	0
• Inmates with a cognitive disability	0
• Inmates who identify as lesbian, gay, or bisexual	1
• Inmates who identify as transgender or intersex	2
• Inmates in segregated housing for high risk of sexual victimization / suffered prior abuse	1
• Inmates who reported sexual abuse	3

• Inmates who reported sexual abuse during risk screening	2
• Total number of targeted interviews	11

The PREA Coordinator provided the auditor with a complete list of inmates by housing unit and a list of inmates who might meet a targeted category for an interview. There were no youthful inmates housed at this facility. There were no blind, deaf or hard of hearing inmates identified as such on any housing run. The auditor asked the PREA Coordinator if there were any inmates who were blind, deaf or hard of hearing and she indicated that there were not any inmates that had been identified as such by medical staff. The facility also did not have any inmates identified as having a cognitive disability.

The auditor randomly selected inmates to interview from the lists provided by the PREA Coordinator to meet the targeted areas. For random interviews, the auditor selected the inmates randomly from each of the facility housing areas from the lists provided by the PREA Coordinator.

Staff Interviews:

The auditor received responses to the interview questions from agency leadership and are not counted in the totals below:

Bob Johnson, Sheriff – Agency Head

Brian Lewis, Captain – PREA Compliance Manager

Brian Lewis, Captain – Contract Administrator

Randy Tifft, Colonel - Warden

Scott Assmann, Detective – Investigator

Wilda McWilliams, Sergeant – PREA Coordinator

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

Category of Staff	Interviews Conducted
Random Staff (Total)	4
Specialized Staff (Total)	23
Total Staff Interviewed	27
Breakdown of Specialized Staff Interviews:	
• Intermediate or higher level staff	2
• Medical and mental health staff	1
• Non-medical staff involved in cross-gender strip searches	0
• Human Resource staff	1
• SANE staff	
• Volunteers and contractors who have contact with inmates	1

• Investigative staff	1
• Victim advocates	1
• Staff who perform screening for risk of victimization	2
• Staff who supervise inmates in segregated housing	2
• Incident review team	1
• Designated staff member charged with monitoring retaliation	1
• First responder, security staff	6
• First responder, non-security staff	0
• Line staff who supervise youthful inmates	0
• Education and program staff who work with youthful inmates	0
• Intake staff	4
• Food service staff	0
• Maintenance	0
• Grievance coordinator	0
• Chaplain	0
Total Specialized Interviews	23

The PREA Coordinator supplied the auditor with a list of staff names which were then chosen by the auditor to participate in the specialized staff interviews. Some staff members fill multiple duties in the facility and were interviewed for multiple specialized staff positions. The auditor interviewed two contracted medical staff and one contracted civilian staff as part of the specialized interviews. There were no volunteers or program staff for the auditor to interview due to the current COVID pandemic restrictions. For random staff interviews, the auditor selected staff from various shifts and positions within the facility. All staff interviews were conducted in a private setting in the administrative offices and in offices throughout the facility. The specialized staff interviews were conducted in the same manner.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files and records. In order to ensure that a representative sample of documents were selected for review, the auditor started the document sampling process with a comprehensive list of inmates, staff and relevant records. These documents included inmate files, personnel files, training files, intake screening files, documents of inmate education, investigative files, a list of contractors and volunteers, and grievances filed in the previous 12 months.

There were no grievances from the previous year related to sexual harassment or sexual abuse. The allegations of sexual abuse / harassment were in the form of a written Inmate Request to Staff, and verbal reports to staff. The auditor verified that all of these allegations were included in the investigative files. From the information provided by the facility, the auditor selected a variety of files,

records and documents summarized in the table below.

Name of Record	Number Reviewed
Employee Files	15
Volunteer / Contractor Files	4
Inmate Files	20
Investigation files	4
Total Files	43

Employee Files: The auditor was provided fifteen (15) employee records that included hiring information and training records.

Logs and documentation of unannounced security rounds was also reviewed by the auditor.

Inmate Files: The auditor reviewed twenty (20) of the inmate files that were randomly selected. These records were reviewed for inmates in each housing unit. These records included inmates that responded with yes answers on the sexual violence screening tool. A review of these records included risk screenings, intake records, and PREA education documentation.

Medical and mental health files of these inmates were also reviewed for documentation of assessments, exams, referrals and follow-up services. For those inmates who filed a complaint of sexual abuse / sexual harassment, a review was conducted of the inmate investigative file for documentation of notification.

Investigation Files: During the previous 12 months, there were a total of 4 allegations of PREA related misconduct at the facility and investigations were completed and closed. The auditor reviewed the investigation records, including medical and mental health records for the alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There were no substantiated allegations.

Three of the allegations were referred to the Major Crimes Unit. None of the alleged victims required a forensic exam. The Major Crimes Unit declined to proceed with a referral for prosecution. The auditor also reviewed the subsequent After-Action Incident Review as well as the Retaliation Monitoring documentation. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded
Inmate-on-inmate sexual abuse	0	2	0
Inmate-on-inmate sexual harassment	0	0	0
Staff-on-inmate sexual abuse	0	0	1
Staff-on-inmate sexual harassment	0	0	1
Total Allegations	0	2	2

Included in the above list of documents reviewed by the auditor were those that were identified by “following the document trail”. Examples of this are: inmates are required to have a screening record in his/her file. In cases where the screening record indicated that the inmate disclosed prior

victimization, the auditor reviewed further records to determine whether the facility provided appropriate medical and/or mental health follow-up as required by PREA standards and whether the facility provided appropriate housing and programming assignments pursuant to PREA standards. Another example of “following the trail” is that in cases where there was an allegation of sexual abuse / sexual harassment (as voiced by inmates during interviews), the auditor subsequently verified if there was an investigation and what the investigation entailed, if there was an After-Action Incident Review, notification to the inmate and retaliation monitoring. Lastly, in cases where an inmate relayed to the auditor that he/she had never received PREA orientation, a review of their inmate file was subsequently conducted to determine if there was any documentation of PREA education and corresponding signature of receipt.

The auditor observed the use of kiosk email system, and made calls to the community advocate providers and community SAFE/SANE (SAFE = Sexual Assault Forensic Examiners / SANE = Sexual Assault Nurse Examiners). The auditor strived to verify if policies of protecting inmates from sexual abuse and sexual harassment were “institutionalized” by reading policies, interviewing staff, inmates, volunteers, contractors and community providers as well as observing practices and processes in action.

On the last day of the audit, the auditor held an exit meeting with the Sheriff, Chief Deputy, Assistant Chief, Colonel, the PREA Compliance Manager, the PREA Coordinator and various facility leadership and other staff. The auditor provided these staff with an overview of the positive points found during the onsite phase of the audit. The auditor informed staff that there was still documentation to review before making final determinations, although it appeared that there were not going to be any non-compliant findings. It was determined that the auditor will provide communication during the upcoming weeks through the PREA Coordinator for questions and/or needed additional documentation.

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

Facility Characteristics

The Santa Rosa County Sheriff’s Office Detention Division is a county jail located at 5575 East Milton Road in Milton, Florida. The facility is located in the northwestern portion of Florida. Santa Rosa County is approximately 1174 square miles. As of the 2019, the population of the county was 184,313. Milton is the county seat of Santa Rosa County and lies in the geographic center of the county. The Board of County Commissioners serves as the legislative and policy setting body of Santa Rosa County as established under Section 125 of the Florida Statutes. The Board enacts all legislation and authorizes programs and expenditures within the county.

Sheriff Bob Johnson has been a member of the Santa Rosa County Sheriff’s Office since 1993 and was elected as Sheriff in 2016. The Detention Division has 235 staff. The Santa Rosa County Sheriff’s Office is accredited by the Commission for Florida Law Enforcement Accreditation, Inc. (CFA) and the Florida Corrections Accreditation Commission Inc. (FCAC). The Detention Division was also the first county jail in the country to receive PREA compliance.

The facility operates with civilian support staff, sworn Detention Deputies, contract medical and kitchen staff. The facility has a max capacity of 734 inmates with 23 dorm housing units as well as a medical unit, admission,

classification and release (ACR). The facility is a podular style indirect supervision facility that opened in August 1997. The facility houses all custody levels of pretrial and sentenced inmates. Inmates are housed based on their custody level as determined by our Objective Jail Classification System.

The facility offers several programs for inmates which include Alcoholics Anonymous, Narcotics Anonymous, GED testing, parenting, substance abuse, domestic violence counseling, and Anger Management.

The Sheriff's Office houses Federal and FBOP inmates by contract with the United States Marshal's Service.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.17, 115.33, 115.64

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**115.11 (a)**

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (0-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019)*
 - b. Santa Rosa Sheriff's Office Detention Division Organizational Chart
2. Interviews:

PREA Coordinator

PREA Compliance Manager

Findings (by provision):

115.11(a). The Santa Rosa County Sheriff's Office Detention Division (SRCSO) has adopted a comprehensive policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The SRCSO provided their General Order (0-123) – *Prison Rape Elimination Act of 2003 (PREA)* which contains the bulk of the agency's sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The agency's policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards.

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

115.11(b). The agency has designated a facility wide PREA Coordinator, who is assigned these duties along with other operational compliance duties in the facility. The facility's organizational chart was provided for review. The chart shows the PREA Coordinator position as reporting directly to the facility Captain who is designated as the facility PREA Compliance Manager. The auditor interviewed the PREA Compliance Manager and confirmed that he has other responsibilities, but has ample time to oversee the agency's efforts to comply with the PREA standards. He also confirmed that he has direct access to the Colonel in his chain of command, and will report PREA issues directly to him. Based on this interview and my contact with the PREA Compliance Manager and PREA Coordinator during the time span of this audit, the auditor believes both staff have both the time and authority necessary.

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

115.11(c). The agency operates one facility and has a PREA Compliance Manager as well as a PREA Coordinator. The PREA Compliance Manager is directly supervised by the Colonel who is the agency head of the facility. Through an interview with the PREA Compliance Manager and the PREA Coordinator, it was clear that they both understand their role and are well educated on the PREA standards. The PREA Coordinator conducts retaliation monitoring and monitoring of vulnerable inmates.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (0-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019)*
 - b. U.S. Marshal’s Contract
 - c. Eglin Air Force Base Contract
 - d. Hurlbert Field Contract
2. Interviews:
 - a. Agency Contract Administrator

Findings (by provision):

115.12(a) The agency has entered into three contracts for the confinement of inmates. The facility houses federal inmates for the U.S. Marshalls and military inmates for Eglin Air Force Base and Hurlbert Field. The agency PREA policies have been reviewed and are applicable to the inmates housed under these contracts.

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

115.12(b) The inmates housed at SRCISO under the contracts are subject to all rules and regulations, including the PREA standards.

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA
- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (O-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019)*
 - b. SRCSO Staffing Plan
 - c. Annual Reviews
 - d. Documentation of Unannounced Rounds
2. Interviews: -
 - a. PREA Compliance Manager
 - b. Random staff
 - c. Specialized staff – Intermediate or higher-level facility staff
3. Site Review Observations:
 - a. Control rooms

- b. Programs area
- c. Housing units
- d. Food service
- e. Intake

115.13(a). The facility provided the SRCSO Detention Division Staffing Plan. The document is well written and provides a wide view of the activities and staffing in the facility. The plan includes a review of the inmate population, the programs and activities available for inmates, the medical and mental health care available, video monitoring, physical plant and the coverage plan for staff. The plan was updated this year (2020).

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 SRCSO is audited and accredited by the Florida Corrections Accreditation Commission Inc. (FCAC), and has complete two previous PREA compliance reviews. These reviews include standards to ensure proper staffing for the safety of the inmates and staff.
2. Provision 115.13 (a)(2) – Any judicial findings of inadequacy – the SRCSO states that there are no such findings.
3. Provision 115.13 (a)(3) – Any findings of inadequacy from Federal investigative agencies. – SRCSO states that there are no such findings.
4. Provision 115.13 (a)(4) - Any findings of inadequacy from internal or external oversight bodies – SRCSO is audited and accredited by the FCAC and PREA. The agency has standards to ensure proper staffing for the safety of the inmates and staff.
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) – SRCSO addresses this in the staffing plan.
6. Provision 115.13(a)(6) – The composition of the inmate population – The SRCSO houses male and female adult inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation or age.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – SRCSO addresses the placement of supervisors for the proper supervision of staff and safety of the inmates.
8. Provision 115.13(a)(8) – Facility programs occurring on a particular shift – SRCSO addresses the various inmate programs and religious activities that are available to inmates. They established a full unit of staff members that are available to supervise inmates to ensure the proper safety and security (*Staffing Reports*). These staffing levels allow the facility to continue with programming even if staffing in other areas is at a minimum.
9. Provision 115.13(a)(9) – Any applicable state or local laws, regulations, or standards – the facility must meet the FCAC Standards, and PREA Standards for Adult Prisons and Jails in order to maintain compliance.
10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – the plan addresses the periodic review of incidents of sexual abuse that are reported to the facility. This review has not highlighted any need for significant changes to the staffing plan.

11. Provision 115.13(a)(11) – Any other relevant factors – the plan indicates that SRCISO has determined there are no other relevant factors at this time that would affect the plan.

The overall staffing of the facility is consistent with accepted practices and standards of the FCAC Standards and PREA.

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

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

The auditor spent time during the onsite visit and talked with the security officers, contracted staff and other civilian staff. The staff provide sufficient coverage to ensure inmates have an opportunity to participate in the programs in order to be successful. This clearly supports the statements in the staffing plan.

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

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

115.13(b). SRCISO did not have any documentation related to deviations from the staffing plan. The auditor interviewed the Colonel, who stated that the facility utilizes a system for overtime that allows them to avoid deviation from the plan. He could not recall any time during the previous 12 months that facility activities had to be limited due to short staffing. The PREA Coordinator also stated that there are no instances where the facility is in non-compliance with the staffing plan. Shift supervisors utilize the standing overtime list to fill open positions on the shift due to sick and vacation leave or leaves of absence.

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

115.13(c). At SRCISO, the required factors of the staffing plan are reviewed. The facility's deployment of video monitoring systems as well as other monitoring systems and the resources the facility has available, ensure adherence to the staffing plan.

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

115.13(d). The auditor was provided General Order (0-123) – *Prison Rape Elimination Act of 2003* in the PAQ. This policy states, "Supervisors will conduct unannounced supervisor rounds of the Jail daily to identify and deter staff sexual abuse and sexual harassment" (p. 6).

During interviews with 30 random inmates, each inmate stated that they see supervisors come in the housing units often. During interviews with random staff members, staff stated that supervisors perform rounds daily and at different times. Supervisors interviewed indicated that rounds are performed at all times of the day and night. These staff stated that rounds are entered in the shift log in the computer with comments. These staff also stated that they prevent staff from alerting other staff that they are conducting unannounced rounds by varying rounds and not conducting the rounds at the same time every shift.

The facility supplied several copies of event logs, which showed various upper level supervisors logging in PREA rounds throughout the facility. These rounds showed rounds at all times of the day and night. The auditor could see from these logs that the facility has included in their practice the logging of these rounds at all times throughout the day and night.

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

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

SRCSO has not housed Youthful Offenders in the past 12 months.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Pre-Audit Questionnaire
- b. General Order (0-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019)*
- c. PREA Training Curriculum
- d. Staff Training Records

2. Interviews:

- a. Random Staff
- b. Random Inmates
- c. Transgender/Intersex Inmates

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings (By Provision):

115.15 (a). General Order (0-123) p.6, prohibits staff from conducting cross gender strip searches and cross gender body cavity searches. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches in general. The PREA training curriculum also indicated that these searches were not permitted. Interviews with staff and inmates indicated that female staff strip search female inmates and male staff strip search male inmates.

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

115.15 (b). General Order (0-123) p. 6, prohibits cross gender pat searches of female inmates. It also indicates that the facility will not restrict female inmate access to regularly available programming or other out of cell opportunities to comply with this provision. The PAQ indicated that there have been no instances of female pat searches conducted by male staff. Interviews with female inmates as well as a random sample of staff indicated that cross gender pat searches do not occur. Interviews indicated that male staff are prohibited from working within female housing units without a female staff member, and as such there are no circumstances where males would need to pat search female inmates. Additionally, female staff escort female inmates from point A to point B. During the facility tour, the auditor observed that all female housing units were staffed by female officers and that male officers had little to no contact with female inmates.

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

115.15 (c). General Order (0-123) p. 7, indicates that the facility is required to document all cross-gender strip searches, all cross gender visual body cavity searches and all cross-gender pat searches of females. The PAQ indicated that none of these searches had occurred and as such no documentation was available.

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

115.15 (d). General Order (0-123) p. 7, indicates that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, the policy requires staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with a random sample of inmates and interview with a random sample of staff indicated that inmates have privacy when showering, using the restroom and changing clothes. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit. The auditor observed that the housing units all had showers and toilets which provided privacy yet security.

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

115.15 (e). General Order (0-123) p. 7, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. A list of inmates during the on-site audit indicated that there were currently no identified transgender or intersex inmates at the facility. Interviews with a random sample of staff indicated that these searches would not be done and that the inmate would be taken to medical to handle this type of situation.

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

115.15 (f). The PREA training curriculum for staff included the instruction for pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The facility does not allow cross gender searches. The PAQ indicated that 100% of security staff had received this training. A review of a random sample of training records indicated that staff had received the PREA training, which included this instruction. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner.

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

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?
 Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (O-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019).*
 - b. SOP 15.77 – *Disabled Intakes (effective December 9, 2019).*
 - c. Sexual Assault Pamphlet (English and Spanish).
 - d. Inmate Handbook (English and Spanish).
 - e. PREA Inmate Orientation (English and Spanish).
2. Interviews:
 - a. Targeted inmates –
 1. Inmates with disabilities
 2. Inmates who are limited English proficient
 - b. Random inmates
3. Site Review Observations:
 - a. Postings in housing units
 - b. Medical housing
 - c. Inmate educational materials in intake

Findings (by provision):

115.16 (a). The auditor was provided General Order (0-123) *Prison Rape Elimination Act of 2003*. The agency provides in this policy that inmates who do not speak English will have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse through the use of the institution contract for the interpreter telephone system. Inmates with disabilities are provided with assistance to include communication for those who are deaf, hard of hearing, providing access to interpreters. Inmates are provided an informational orientation handbook which is in both English and Spanish. This handbook can also be interpreted into other languages using Google Translate.

When interviewed, the Colonel stated that the PREA Coordinator reaches out to disability assistance offices in the local community as a resource for facility staff in providing effective communication accommodations when a need for such an accommodation exists. Additionally, the facility utilizes the Guardian system which can translate for those inmates who speak a language other than English.

During the audit tour, the auditor did observe informational materials posted for inmates in both English and Spanish.

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

115.16 (b). The auditor was provided General Order (O-123) *Prison Rape Elimination Act of 2003*. The policy states that inmate education regarding PREA and orientation information is provided to inmates orally, and in writing, in a language clearly understood by the inmate. The policy directs staff to utilize inmate education materials in different languages to assist inmates that are not proficient in English, are blind or deaf, or require other interpretation services to understand the information provided. The *Inmate Handbook* is provided in English and Spanish. This handbook includes the initial PREA education for inmates.

The auditor interviewed one inmate with a physical disability, however there were no inmates at the facility during the onsite visit who were limited English proficient. It was explained by both staff and inmates to the auditor that the inmates who are limited English proficient have multiple materials available to them in other languages and staff can utilize the Guardian system to translate, if needed. There were signs clearly posted in each of the housing units in English and Spanish. There were no inmates at the facility at the time of the onsite review, who were classified as blind, deaf or hard of hearing so the auditor was not able to confirm access to educational information, however, the PREA Coordinator reported that in these circumstances, a staff reader would be provided to a blind inmate and reading materials would be provided for deaf inmates.

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

115.16 (c). During the onsite phase of the audit, the auditor spoke with random staff members and 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 inmates to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (O-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019).*
 - b. General Order (D-017) – *Promotional Procedures (effective July 6, 2014).*
 - c. General Order (D-019) – *Selection Process (effective March 21, 2020).*
 - d. General Order (D-011) – *Personnel Management (effective March 28, 2015).*
 - e. Employment Application Sworn / Certified Positions
 - f. Background Investigation Waiver – Authority for Release of Information
 - g. Employment Records
 - h. NCIC/FCIC Information Request
 - i. Personal History Questionnaire (PHQ)
2. Interviews:
 - a. Specialized staff

1. Human Resource staff

Findings (by provision):

115.17(a). The auditor was provided General Order (O-123) – *Prison Rape Elimination Act of 2003*. The document includes the hiring policies for all sworn and certified positions and civilian positions within the facility as well as guidelines for background checks and the selection process for hiring. The hiring process for all positions includes a criminal background check, searching records locally and nationally. This report will locate an individual criminal history report in the state of Florida, arrests from other states and federal arrests. It will also include any outstanding arrest warrants and domestic violence injunctions. The agency completes a Level 2 background check for those seeking employment as a certified correctional officer in this agency. The PREA policy states that before hiring new employees who may have contact with inmates, the agency shall perform a criminal background check (p. 8). The policy also states that the agency shall not hire or promote 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; 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; or has been civilly or administratively adjudicated to have engaged in the activity described in this section (p. 8).

The agency's employment application requires that the applicant answer affirmatively regarding any prior arrests for all felony charges, specifically sexual abuse related offenses. The criminal background check will verify that this information is correct. The applicant then must take a local, state and federal criminal records check, a personal and employment background investigation and written and oral psychological examination.

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

During the onsite phase of the audit, the auditor met with the Human Resource Manager. She provided the auditor with complete copies of the agency's applications and discussed the full hiring and review process. The auditor reviewed several staff employment records, and was able to see results for background checks, interview results and final decision by the agency. Each of the reviewed records contained the proper application questions and supportive documentation. The Human Resource Manager confirmed that the background check for volunteers, contractors and staff members must be completed and approved by the administration prior to any person being granted entry into the facility. The auditor was provided a list of approved volunteers and contractors which is prepared by a Human Resource staff member and distributed to central control. Security staff at the central control will then review this list prior to granting entry to all volunteers and contractors.

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

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

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

During interviews, the Human Resource Manager confirmed that sexual harassment allegations are taken into consideration during the approval for hiring and promotion process for all individuals.

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

115.17(c). As discussed in 115.17(a) above, the agency completes a criminal background check for all individuals

during the hiring process. The agency also completes an employment history check for all individuals during the hiring process.

During the interview with the Human Resource Manager, this requirement was discussed. The agency will not hire an individual who has a negative employment history check. This includes asking prior corrections employers if the individual had a substantiated sexual abuse allegation or resigned during an investigation of sexual abuse. The agency hired 29 persons in the past 12 months. The auditor reviewed the employment files of 15 employees and confirmed that criminal history record checks were conducted. The agency was not able to provide any proof of denying employment based on this evaluation because it had not occurred.

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

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

During the auditor's interview with a Human Resource staff member, she confirmed that background checks are completed before any individual is approved for entry into the secured facility. Once the background is completed, the application must be approved by administration before the individual's name is entered on the approved list. This process is completed for anyone who will volunteer with inmate programs and with anyone who is contracted staff such as certain medical staff. The auditor reviewed documentation in 3 contractor employment files and 1 volunteer file, all of which contained documentation of criminal history background checks conducted.

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

115.17(e). The auditor was provided General Order (O-123) – *Prison Rape Elimination Act of 2003*. The policy states that the facility shall also perform a criminal background records check 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 (p. 8).

During the onsite phase of the audit, the auditor interviewed the Human Resource Manager who confirmed that it is part of their normal procedure. For employees and contractors who have contact with inmates, the agency requires that background checks are performed on these individuals at least once every five years. A review of 15 employee files and 3 contractor employment files confirmed that background records checks of current employees and contractors are conducted at five-year intervals.

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

115.17(f). The auditor was provided General Order (O-123) – *Prison Rape Elimination Act of 2003*. The policy states that the facility shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such conduct (p.8).

During the auditor's interview with the Human Resource Manager, 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 auditor was provided General Order (O-123) – *Prison Rape Elimination Act of 2003* (p. 8). A copy of the agency's employment application was also provided to the auditor during the onsite phase of the audit. The application

clearly provides the applicant with the wording that “all statements on the application are true and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.”

During the interview with the Human Resource Manager, the auditor confirmed the termination process for omission of facts 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). The auditor was provided General Order (O-123) – *Prison Rape Elimination Act of 2003*. During the onsite phase of the audit, the auditor was provided with an application which includes a statement regarding Florida law and the disclosure of employment information to potential new employers.

During the auditor’s interview with the Human Resource Manager, it was confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee’s sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that Florida law does not prohibit providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (O-123) – *Prison Rape Elimination Act of 2003 (PREA) (effective April 27, 2019).*
2. Interviews:
 - a. Specialized staff
 1. Colonel
 2. PREA Coordinator

Findings (by provision):

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

During interviews with the Colonel and the PREA Coordinator, the auditor confirmed that there have been no design changes in the facility and no new acquisitions. Both confirmed, however, that the PREA Coordinator would be part of any future agency growth to consider how the design, acquisition, expansion, or modification would affect the agency’s ability to protect inmates from sexual abuse.

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

115.18(b). In the PAQ, the facility provided the SRCSO Staffing Plan. This plan specifies that SRCSO began the process of upgrading the cameras within its facilities in 2013, with consideration given to PREA. The PREA Coordinator was an active part of this project and continues to be involved in the monitoring of technology for future needs to update the video monitoring system based on a review of how it would affect the agency’s ability to protect inmates from sexual abuse.

During the onsite portion of the audit, the auditor was able to view the camera and video monitoring system which is extensive throughout the facility. The auditor also interviewed the Colonel as well as the PREA Compliance Manager. Both staff members described to the auditor how the agency constantly evaluates the possible need to improve and expand their technology as it relates to protecting inmates from sexual abuse. The facility currently has installed 39 additional cameras during this audit cycle totaling 248 cameras throughout the facility.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order (O-123) – *Prison Rape Elimination Act of 2003 (effective April 27, 2019)(p. 9).*
 - b. General Order (S-001) – *Collecting, Processing and Preserving Evidence (effective July 24, 2014).*
 - c. Licensure for Psychology Staff
 - d. MOU – Santa Rosa Medical Center
 - e. MOU – Lakeview Center, Inc.
 - f. Investigation files
2. Interviews:
 - a. Specialized staff
 1. SAFE / SANE staff
 2. PREA Coordinator
 - b. Random staff
 - c. Targeted inmates

1. Inmates who reported a sexual abuse
3. Site Review Observations:
 - a. Medical services

Findings (by provision):

115.21(a). The auditor was provided several documents in the PAQ for review under this standard. The PREA policy requires the agency to investigate allegations of sexual abuse and to follow a uniform protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy also states that the investigations of sexual abuse and sexual harassment allegations are performed by the Major Crimes Unit who are trained PREA investigators. These staff are to conduct an investigation to ascertain the validity of any allegation and the need to refer for prosecution.

During the onsite portion of the audit, the auditor interviewed a facility investigator. The investigator confirmed that all investigations of sexual abuse are performed in the facility. He stated that the investigators would collect and process evidence under the same protocols that are utilized at all crime scenes. These protocols are used for all evidence collection related to any criminal and administrative investigation in the country and are consistent with the *National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*.

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

115.21(b). SRCSO does not house youthful inmates. This provision is N/A.

115.21 (c). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003 (p. 9)*. This policy states that SRCSO shall offer all victims of sexual abuse access to forensic medical examinations and that they be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at an outside facility and without financial cost to the victim. Additionally, the policy states that the SRCSO shall document efforts to secure services from rape crisis centers. The Memorandum of Understanding (MOU) between SRCSO and the Santa Rosa Medical Center was also provided in the PAQ. This document indicates a voluntary agreement to provide SANE services for victims who are sexually abused while in custody of SRCSO. Santa Rosa Medical Center will provide these services in accordance with Prison Rape Elimination Act of 2003.

During the onsite phase of the audit, the auditor interviewed a PREA investigator who confirmed that all forensic examinations for sexual abuse victims at SRCSO are performed at Santa Rosa Medical Center. He stated to the auditor that there is always a SAFE/SANE on call and will respond to the facility, if not already on duty. The auditor contacted Santa Rosa Medical Center and spoke with a representative who confirmed that forensic examinations for SRCSO sexual assault victims are performed there. There have been 3 forensic examinations performed at Santa Rosa Medical Center for inmate victims in the past 12 months. This exam was performed by a SAFE / SANE staff member who is a qualified medical practitioner. The PREA Coordinator as well as staff contacted at Santa Rosa Medical Center confirmed that there is no cost to the inmate victim for these forensic examinations. The auditor reviewed investigations files and the use of Santa Rosa Medical Center for forensic examinations was verified.

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

115.21 (d). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003 (p. 9)*. The facility also provided in the PAQ a Memorandum of Understanding (MOU) between SRCSO and Lakeview Center, Inc. General Order O-123 states that SRCSO shall attempt to make available to the victim a victim advocate. If a rape crisis center advocate is not available to provide victim services, SRCSO shall make available a qualified staff member from a community-based organization, or a qualified agency staff member. The policy further states that SRCSO shall document efforts to secure services from rape crisis centers (p. 9). The MOU agreement states that the Lakeview Center, Inc. will provide inmates who report sexual abuse while in the custody of SRCSO with appropriate evaluation, advocacy, support

and treatment. The agreement further states that all victims, if they choose, shall receive appropriate sexual assault crisis advocacy services.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted to respond to SRCSO if the forensic examination is required. The auditor interviewed a staff member at Lakeview Inc. and she confirmed that there is an automatic call for response to all sexual assault investigations. The advocates will respond to the SRCSO or to Santa Rosa Medical Center to support the victim during the forensic examination. She also stated that victims will have access of up to three individual counseling sessions by phone or in person when a victim advocate is requested. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate and had received services.

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

115.21(e). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003* (p. 9). The facility also provided in the PAQ a Memorandum of Understanding (MOU) between SRCSO and Lakeview Center, Inc. Santa Rosa Medical Center, the hospital where PREA victims are sent for outside treatment, utilizes rape crisis advocates provided by the Lakeview Center. These individuals are notified by the hospital when an inmate is transferred from SRCSO to the hospital for completion of a forensic evidence kit. Psychology staff at SRCSO provide on-site rape crisis services during the initial phases of the investigation and treatment procedures. An agreement with Lakeview Center, Inc., has been established and is in effect. The staff at this center are trained and are provided entrance in the facility should the need arise for additional support services to a sexual assault victim.

Facility psychology staff perform advocacy services and conduct initial clinical interviews during the investigative phase of the PREA Response Protocol. Identified services are also offered to the inmate and are provided by facility psychology staff unless otherwise determined to be inappropriate.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. The investigator confirmed that a victim advocate would always be contacted by SRCSO or Santa Rosa Medical Center respond. During the onsite phase of the audit, the auditor also interviewed inmates who reported a sexual abuse. The inmates who were interviewed verified that they had been in contact with the victim advocate from Lakeview Center and had received services.

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

115.21 (f). The Major Crimes Unit is responsible for investigating criminal allegations and adheres to all steps associated with 115.21 (a-e). The Major Crimes Unit utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 10).*
 - b. General Order M-020 – *Sexual Battery Investigations (effective August 20, 2016).*
2. Interviews:
 - a. Random Staff
 - b. Specialized Staff
 1. Agency head

2. PREA Compliance Manager
3. Investigative staff

Findings (by provision):

115.22(a). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003*. This policy clearly outlines the agency’s requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The policy states that the SRCSO requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Staff shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators. The policy also states that SRCSO investigates all allegations of sexual abuse and harassment thoroughly and objectively. The Major Crimes Unit will initiate an investigation and will collect evidence in accordance with standard operating procedures.

During the onsite phase of the audit, the auditor reviewed the facility’s incident reports and grievances from the previous 12 months. There were a total of 4 allegations of PREA related misconduct at the facility. One of these resulted in an administrative investigation and 3 were referred to Major Crimes for criminal investigation. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not properly investigated. There were 3 allegations for sexual abuse and 1 allegation for sexual harassment. These allegations originated from reports by inmates to staff. All of these allegations were documented and investigated. The auditor reviewed all of the sexual abuse and sexual harassment investigations at the same time. This review included a review of both the reports of sexual abuse and harassment and the documentation of the investigations, including the full investigative reports with findings. There were 4 allegations that were properly investigated. The auditor interviewed the investigator, PREA Coordinator and the Warden (Colonel). They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The agency head (Sheriff) was interviewed by the auditor and the agency head stated that the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He stated that this is completed by the Major Crimes Unit. The PREA Coordinator receives notification of the investigation by the Major Crimes Unit. The PREA Compliance Manager was interviewed and he stated the Major Crimes Unit investigates all allegations of sexual abuse and sexual harassment. A facility investigator was interviewed and also stated that the facility is focused on ensuring that each allegation of sexual abuse or sexual harassment is thoroughly investigated.

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

115.22(b). The auditor was provided General Order O-123 *Prison Rape Elimination Act of 2003*. This policy clearly outlines the agency’s requirement to perform either a criminal or administrative investigation for all allegations of sexual abuse and sexual harassment. The Major Crimes Unit will initiate an investigation and will collect evidence in accordance with standard operating procedures. The Santa Rosa County Sheriff’s Office is a law enforcement agency with the legal authority to conduct criminal investigations. The agency’s PREA policy is clearly posted on the SRCSO website, located at: <https://santarosasheriff.org/prison-rape-elimination-act/>.

During the onsite phase of the audit, the auditor interviewed an investigator, PREA Coordinator, the Colonel and the Sheriff. They all confirmed that the agency investigates all allegations of sexual abuse and sexual harassment. The auditor interviewed investigative facility staff who stated that the investigators receive specialized training in the investigation of PREA allegations. The auditor reviewed the facility’s incident reports and grievances from the previous 12 months. There were 4 total allegations reported (1 sexual harassment and 3 sexual abuse). There were no allegations of sexual abuse or harassment that were not investigated. The auditor reviewed all 4 allegations and corresponding investigations.

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

115.22(c). SRCSO conducts their own criminal investigations and does not refer their investigations to an outside entity.

This provision is N/A.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019).*
 - b. General Order I-002 – *Training (effective October 26, 2018).*
 - c. PREA Lesson Plan
 - d. Employee Training Records
 - e. Quarterly Training Bulletin
 - f. New Hire Training Memo
2. Interviews:
 - a. PREA Compliance Manager
 - b. Random staff

Findings (by provision):

115.31 (a). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003*. The policy requires that all staff members shall receive documented training in regard to PREA and this training will be provided as a refresher to all employees annually and quarterly (*p. 11*). This training includes information related to sexual abuse/assault

awareness, prevention, response, and reporting procedures under PREA. The auditor was provided the lesson plan for staff training on sexual abuse and sexual harassment and this plan does include the ten points required under this standard. Training logs provided show completion of the annual and quarterly training related to sexual abuse and sexual harassment and the date it was completed.

During the onsite phase of the audit, the auditor interviewed 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 prior to the first PREA audit, if they were employed at that time. Each person interviewed confirmed training included the ten points required under this standard. The auditor reviewed training records provided by the PREA Coordinator. The auditor selected fifteen (15) random records and located written verification that employee orientation or annual PREA training had been completed.

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

115.31 (b). SRCSO houses both male and female inmates. Training for staff, therefore, is consistent and there is no need to provide additional training related to a specific gender. The facility, however, has provided a copy of the PREA training lesson plan. The lesson plan includes two sections which are specific to male inmate responses to sexual victimization and female inmate responses to sexual victimization. This training is delivered to all staff who supervise inmates.

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

115.31 (c). The SRCSO was previously audited by a certified PREA auditor in 2017. All staff that were employed in 2017 would have received the required PREA training and education at that time. General Order O-123 – *Prison Rape Elimination Act of 2003* requires that all staff receive refresher training annually as well as quarterly to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. The PREA policy requires refresher training for staff every 24 months. Employees and contractors are also issued a quick reference PREA Pocket Guide, mandatory to retain on their person which outlines their responsibilities as first responders and how to secure a crime scene (p. 11). The SRCSO training practices exceed the PREA standard requirement.

Training logs provided to the auditor confirm that all staff complete this every year. This was confirmed by reviewing random training records. The auditor also viewed a training log for each year since the previous audit. The complete training record log shows the completion of training for all staff members. Each of the staff members interviewed by the auditor confirmed that they have received PREA training and refresher training.

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

115.31 (d). General Order O-123 – *Prison Rape Elimination Act of 2003* requires that SRCSO shall document, through employee signature or electronic verification that employees understand the training they have received (p. 12).

The auditor reviewed the random training records during the post onsite phase of the audit. The records show acknowledgement of completion of 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.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 12).*
 - b. General Order O-011 – *Detention Training (effective April 5, 2018).*
 - c. Prison Rape Elimination Act Training Lesson Plan
 - d. Evidence Collection Training Lesson Plan
 - e. Contract Staff Training Roster
 - f. Volunteer Training Roster
 - g. Wellpath Continuing Education
 - h. PREA Card Quick Reference Guide
2. Interviews:
 - a. Specialized staff
 - a. Volunteers and Contractors who have contact with inmates

Findings (by provision):

115.31 (a). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003 (p. 12)*. This policy requires that all volunteers and contractors receive documented orientation and training prior to assuming their duties in the facility. This training includes information related to sexual abuse / harassment awareness, prevention, response, and reporting procedures under PREA. The policy also requires volunteers and contractors receive training on sexual abuse and sexual harassment. The Volunteer Orientation and Refresher Training curriculum was provided in the PAQ as well as documentation of both contractors and volunteers training records.

During the onsite phase of the audit, the auditor interviewed contracted staff. All of these staff confirmed completion of the orientation program prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with inmates. The auditor reviewed training records for these individuals and other random records. The facility reports that all volunteers and contractors in the past year have received training.

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

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

During the onsite phase of the audit, the auditor interviewed contracted staff. They all confirmed completion of the orientation prior to being granted access to the secure facility. They confirmed that the orientation included education on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The auditor reviewed training records for these individuals and other random records. All of this documentation showed that volunteers and contractors are receiving training as required. There were no volunteers available to interview during the onsite phase of the audit due to the program suspension due to the COVID pandemic.

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

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

During the onsite phase of the audit, the auditor interviewed contracted staff. They all confirmed that they had completed the orientation prior to being granted access to the secure facility. The orientation included education on sexual abuse and sexual harassment, how to report incidents of abuse and rules to avoid physical contact with inmates. The auditor reviewed training records for these individuals.

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

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 12).*
 - b. General Order O-001 – *Adult Admission and Processing (effective August 2, 2019).*
 - c. Inmate Admission and Orientation Handbook (English and Spanish)
 - d. Inmate PREA Informational Pamphlet (English and Spanish)
 - e. Kiosk online inmate email system
 - f. Inmate intake records – Initial PREA Education / 30 day Re-Classification Acknowledgement
 - g. PREA posters
 - h. Log of inmate education
 - i. Notification of Detainees with Immigration Hold
 - j. Notification for Foreign Nationals
 - k. Inmate Information
 1. Victim to Survivor
 2. Step out of the shadows
 3. Sexual Abuse Hotline Contacts
 4. Sexual Battery – your rights and services
 5. Sexual Assault is Violence
 - l. Video with PREA information
2. Interviews:
 - a. Specialized staff
 - b. Random Staff
3. Site Review Observations:
 - a. Housing units

115.32 (a). The facility provided a statement in the PAQ to confirm that all inmates receive basic PREA information when they arrive to the facility. The auditor observed during the onsite phase of the audit that this information is given during intake upon the inmate’s arrival at the facility. Intake staff provided copies of

completed forms to provide documentation that the inmates have signed that they have been provided orientation information regarding PREA. During the booking process, the auditor interviewed intake staff and was informed that they provide an Inmate Handbook to each inmate which contains information about what PREA is and how to report incidents of sexual abuse and harassment. This information is provided on pages 5-7 of the Inmate Handbook. The facility also provided a form which documents the inmates' signature for receipt of the basic PREA information.

During the onsite phase of the audit, the auditor observed that there were signs at various locations throughout the facility in English and in Spanish, which provide inmates with the basic PREA information. These signs are in locations where they are readily visible by inmates and were printed in large, bold font. While speaking with staff members, staff explained that they inform inmates of the policy in the inmate handbook, in the informational PREA pamphlet and in various informational pamphlets. PREA information and related victim advocacy services and hotline number information is also provided in the inmate Kiosk as well as a PREA informational video which plays twice each day for continuous education.

The auditor interviewed random inmates during the onsite phase of the audit. All inmates confirmed that they understood the PREA information and how to ask for help or file a report. All of the inmates confirmed receiving the PREA education. Some of the inmates stated they knew already what PREA was from previous incarcerations. All inmates referred to the information on the PREA posters on the walls around the intake area and throughout the facility. The facility provided the auditor with signed / dated acknowledgments of receipt of PREA orientation from all inmates which were interviewed by the auditor.

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

115.33 (b). There were 6,712 inmates admitted to the facility during the past 12 months who were given this information at intake. There were 1,699 whose length of stay was 30 days or more and received comprehensive PREA education. In the onsite portion of the audit, the facility provided documentation of inmate orientation logs from classification to show inmate attendance at the comprehensive inmate orientation as well as orientation acknowledgement forms which were signed by the inmates.

The auditor interviewed random inmates during the onsite phase of the audit. Of the random inmates interviewed, all inmates confirmed that they had received comprehensive PREA training and were aware of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The inmates who had been housed at the facility for at least 30 days responded that they had received comprehensive training. What they know about PREA, some stated that they knew from the PREA posters, and others stated they knew about PREA from a staff member specifically providing the information. The auditor interviewed staff from intake in formal and informal interviews, who stated that the PREA information given at intake was in the form of pamphlets and basic information. The classification staff conduct comprehensive PREA education to inmates within two weeks of their arrival. The auditor interviewed inmates which had been in the facility for 30 or more days. The response by the inmates was affirmative stating they had received the comprehensive PREA education. Each of these inmates interviewed had signed a form with PREA information, acknowledging their receipt of PREA education.

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

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The PREA Coordinator stated that all inmates received initial education at intake and then are given the comprehensive PREA education by classification within 2 weeks of arrival at the facility. This is documented by inmate's signature on an acknowledgement form. The SRCISO encompasses one facility and all inmates are given PREA education at this one facility.

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

115.33(d). The auditor was provided information on this provision in the PAQ, which included the General Order O-123 – *Prison Rape Elimination Act of 2003* (pp.12-13). This policy states that PREA information shall be provided to the inmates in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During the onsite phase of the audit, the auditor observed PREA posters in each of the housing units and in several other locations. The posters are in English and in Spanish and 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. The auditor interviewed random staff as well as intake staff during the onsite phase of the audit. These staff members provided consistent information that if an inmate is visually impaired or cannot read, orientation materials are read to the inmate by staff or provided through the use of audio or video recordings. For those inmates who do not speak English or are hearing impaired, interpretive services are provided.

Inmates also receive the SRCSO – *Sexual Assault / Abuse Awareness* (English and Spanish). When asked, the PREA Coordinator stated that she or another staff member could read a blind inmate the required PREA education if it was necessary. The auditor was not able to interview any non-English speaking inmates during the on-site phase of the audit due to there not being any who fit this criteria.

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

115.33 (e). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003*. This policy states that the agency maintains documentation of inmate education sessions (p. 13).

During the onsite portion of the audit, the auditor requested copies of signed documentation of inmate education. The facility provided signed documentation of receipt of basic PREA information upon intake as well as signed documentation of comprehensive PREA education. The facility provided the form (SRCJ 13-034) which contains documentation by inmate signatures that they received the inmate education during the previous 12 months prior to the audit. These forms are sufficient to document that inmates receive the required PREA education.

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

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units, there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number. During orientation, the inmates are given a copy of the inmate handbook with information about PREA, have access to a grievance to complete, if needed, and a pamphlet available with information for a local rape crisis center. The handbooks are available in the housing units. The auditor spoke with several inmates during the site review portion of the audit. All of the inmates interviewed were aware of the information for PREA provided on the posters which are throughout the facility.

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003(p. 13)*
 - b. Training certificates
 - c. National Institute of Corrections (NIC) Specialized Training

2. Interviews:
 - a. Specialized staff
 - a. Investigative staff

Findings (by provision):

115.34 (a). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003*. The policy includes a provision that requires agency investigators to be trained on the thorough investigation of sexual abuse cases inside the corrections facility. Also included in the PAQ were copies of certificates received by investigators as well as the NIC specialized training record of completion.

The auditor interviewed a PREA investigator during the onsite phase of the audit. The investigator confirmed that he had taken the certification course and had received a certificate. The auditor reviewed the training records and verified that the other facility investigators had taken the specialized training, as well.

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

115.34 (b). The facility provided in the PAQ several copies of certificates received by investigations staff for completion of the investigations specialized training. The training includes modules related to the techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor confirmed through an interview with a PREA investigator that the training included information on the four points in this provision of the standard. All investigators receive this training.

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

115.34 (c). The Human Resources Department maintains a file with the written proof that investigators in the facility have completed the specialized investigations training. This information is entered into the individual staff member's Training File. Certificates were also included in the PAQ. There are 3 facility investigators at SRCO who have all received and completed this training.

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 No NA
- 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 No NA

- 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 No NA
- 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 No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 Yes No NA

115.35 (c)

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

115.35 (d)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

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

- a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019)*(p. 13).
 - b. Wellpath Policy HCD-100_F-06 – *Response to Sexual Abuse – Santa Rosa, FL (effective May, 22, 2019)*.
 - c. Training logs
2. Interviews:
- a. Specialized staff
 - a. Medical staff
 - b. Mental Health staff

Findings (by provision):

115.35 (a). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003*. The policy requires that all staff in medical and mental health receive training on PREA that includes the four points noted in this provision of the standard. The facility included information on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

During the onsite phase of the audit, the auditor spoke with medical and mental health staff. Each staff member confirmed that they had taken the PREA training which included the four points required under this provision of the standard. The auditor also interviewed a nursing supervisor who confirmed that the training is required for all of the unit's staff members.

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

115.35 (b). Medical staff at the facility do not perform forensic examinations. Any inmate who would require the forensic examination due to a sexual assault will be taken to Santa Rosa Medical Center per policy, therefore, the medical staff do not receive training related to these exams.

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

115.35 (c). The facility maintains a file with the written proof that all medical and mental health care staff have completed the required PREA training. The auditor viewed the list and confirmed that all current medical staff members had documented completion of the class.

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

115.35 (d). Medical and mental health care staff at SRCISO are contracted staff. Per policy, as stated in standard 115.31, all new staff members are required to complete the employee orientation, which includes the required basic PREA training.

Through interviews with medical and mental staff, the auditor learned that all staff in the medical unit receive the PREA training during orientation. Logs and training records were also provided to the auditor during the post-onsite phase of the audit which includes signed documentation that medical, mental health and dental staff have received PREA training.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- 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 No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2009) (pp. 13-15).*
 - b. General Order O-001 – *Adult Admission and Processing (effective August 02, 2019).*
 - c. General Order O-002 – *Classification –Adult Inmate (effective February 2, 2018).*
 - d. Standard Operating Procedure 15.36 – *Security / Medical Screening (effective September 17, 2017).*
 - e. PREA Sexual Violence Screening Form – SRCJ 13-034
 - f. 30 Day Re-classification / PREA Education Acknowledgement Form – SRCJ 13-040
2. Interviews:
 - a. Specialized staff
 1. Staff responsible for risk screening
 2. PREA Coordinator
 - b. Random inmates
3. Site Review Observations:
 - a. Intake / booking
 - b. Classification

Findings (by provision):

115.41 (a). The auditor was provided a copy of General Order O-123- *Prison Rape Elimination Act of 2003* in the PAQ. This policy states that all inmates will be interviewed as soon as possible following admission to the facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This interview is to be documented on the *PREA Sexual Violence Screening and Education Form*. The classification staff assess the individual for special problems and initiate appropriate referrals, as necessary. The auditor was provided copies of completed screening forms for random inmates. During the onsite phase of the audit, the auditor met with staff who explained the initial screening of inmates. It was confirmed by intake staff and medical that this screening is completed for all new inmates when they enter the facility. The auditor interviewed random inmates and each inmate could recall being asked specific questions during the intake process.

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

115.41 (b). The auditor was provided a copy of General Order O-123 – *Prison Rape Elimination Act of 2003* (p. 13) in the PAQ. In the *Screening for Risk of Victimization and Abusiveness* section, the policy states that staff conduct intake screening utilizing the PREA Intake Objective Screening Instrument on all new arrived inmates. In the event an intake cannot be completed upon arrival, inmates are screened within 72 hours of their arrival. There

were 3,421 inmates admitted to the facility with a length of stay of 72 hours or more during the previous 12 months prior to the audit. The classification screening was included for all inmates listed.

During the onsite phase of the audit, the auditor reviewed 15 inmate files which all included the screening form. Each of the forms reviewed were completed on the first and second day of the inmate's arrival in the facility. During interviews with classification staff, it was confirmed that the screening of all inmates is done beginning with the inmate's arrival and is completed in the first two days. Also, the auditor interviewed random inmates and each inmate related that they spoke with classification on the first or second day after arrival in the facility.

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

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

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

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

During the onsite phase of the audit, the auditor spoke with staff from classification, mental health and medical. Classification staff administer the risk screening tool. Medical and mental health staff also administer a second screening tool. Staff explained that they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate.

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

115.41 (e). The screening tool provided to the auditor includes a section for the screener to note prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. These items are included to enable the screener to review those responses during the evaluation process. The screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate's potential for vulnerability. The tool asks the inmate his or her feeling of safety while incarcerated. The objective screening tool includes all the required items listed in the standard.

The auditor interviewed staff members who administer the screening tool during the onsite phase of the audit. These 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. It was explained to the auditor that the screening process begins at intake. The staff complete the screening in person with each inmate. The auditor was told that this is necessary to verify that inmates with a potential to be a predator will not be housed with inmates with a potential to be a victim.

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

115.41 (f). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003 (p.14)* in the PAQ. This policy includes a requirement that inmates are reassessed within 30 days from the inmate’s arrival at SRCSO.

During the onsite phase of the audit, the auditor interviewed a classification staff member who stated that inmates are routinely re-assessed. There were 1699 inmates admitted to the facility during the previous 12 months whose length of stay was 30 days or more. Records provided to the auditor showed the reassessment of all inmates within the 30 day time frame. During interviews with random inmates, the auditor asked if they were asked additional follow-up questions by medical and classification staff and of the inmates interviewed, the majority responded that they had been asked the re-assessment questions at after the initial assessment at intake.

The facility was able to provide documentation of reassessment for risk of victimization or abusiveness for these inmates.

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

115.41 (g). The auditor was provided General Order O-123- *Prison Rape Elimination Act of 2003 (p. 14)*. The policy includes a requirement that inmates are reassessed when warranted. The policy states, “An inmate’s risk level shall be reassessed at any time and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

During interviews with classification staff and medical staff, they stated that they will reassess an inmate at any time based on information that is received from other staff, inmates or through incident reports. During interviews with random inmates, some of the inmates stated they were not familiar with this process and did not recall being asked follow-up questions by staff. The auditor reviewed 20 documents of reassessment – both initial and reassessment during the post-onsite phase of the audit. The files reviewed showed documentation of a reassessment or referral for reassessment. The SRCSO PREA Screening Tool indicates that mental health is to reassess both the victim and the perpetrator following an allegation of sexual abuse and sexual harassment.

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

115.41 (h). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003* in the PAQ. The policy states, “Inmates will not be disciplined for refusing to answer, or for not disclosing information in response to questions asked during screening related to the following questions: about disabilities; Gay, Lesbian, Bisexual, Transgender, Intersex (GLBTI) status; gender nonconformance; previous sexual victimization; and the inmate’s self-perception of vulnerability.” (p. 14).

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

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

115.41 (i). The auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003 (p. 15)*. The policy states, “The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to inmate screening, in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.”

During the onsite phase of the audit, the auditor spoke with the PREA Coordinator, medical and classification staff. All confirmed that the information in the screening tool was only available for review by staff with the corresponding computer profile to access the information. The classification staff stated that other staff may see

the result of the inmate's vulnerability or predatory status, but they do not have access to view the supporting information for the decision. During the site review, the auditor asked several random staff members how this information was stored and it was relayed to the auditor that the information is on a computer database in which only certain staff members such as classification staff can access with their security computer profile. Classification staff also stated that hard copies are kept in a locked cabinet in their office which is also locked.

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

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

- a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019)*.
- b. General Order O-008 – *PREA (Prison Rape Elimination Act) LGBTI (Lesbian, Gay, Transgender, Bisexual, Intersex Inmates) (effective July 8, 2015)*.
- c. General Order O-074 – *Inmate Rights (effective September 22, 2016)*.
- d. *Screening for Risk of Victimization and Abusiveness*
- e. Screening records

2. Interviews:

- a. Specialized staff
 1. PREA compliance manager
 2. Staff responsible for risk screening
- b. Targeted inmates
 1. Transgender inmate
 2. Gay / lesbian inmates

Findings (by provision):

115.42 (a). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003 (p. 15)*. The policy includes language regarding the use of the screening information. The policy states that information from the risk screening will be used to determine housing, bed, work, education, and program assignments to prevent inmates with the high risk of being sexually victimized from those at the risk of being sexually abusive. These options may include: changes in housing units, cell assignments, work assignments, and/or education assignments. The facility provided several copies of completed inmate screening forms. Each were completed for inmates that identified risk factors for victimization and some that were identified with risk factors as potential predators.

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

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

115.42(b). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003 (p. 15)* which states that the SRCSO shall make individualized determinations about how to ensure the safety of each inmate.

The auditor interviewed staff from classification during the onsite phase of the audit. Classification staff related to the auditor that they review each inmate individually to determine the best housing and classification assignments to provide the safest housing possible.

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

115.42 (c). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003 (p. 15)* which states that the agency makes housing and program assignments for lesbian, gay, bisexual, transgender, or intersex inmates on a

case-by-case basis to ensure the inmates' health and safety and whether the placement would present management or security problems.

During the onsite phase of the audit, the auditor interviewed several staff members regarding the housing of transgender and intersex inmates. The PREA Coordinator confirmed that inmates are reviewed on a case by case basis, which is consistent with the policy. It was evident in interviews with random staff that the facility would not house transgender inmates simply based on anatomy.

A transgender inmate was interviewed who stated they were interviewed by the facility's mental health and medical staff prior to being assigned housing. The inmate stated that they felt they were treated with dignity and their safety was considered in the housing decision. The inmate further stated that they were not housed in administrative confinement for the purpose of determining housing.

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

115.42 (d). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. The auditor was also provided O-008 – *PREA – LGBTI Inmates*, which states that placement and programming assignments of transgender or intersex inmates are assessed by at least twice each year to review any threats to the inmates' safety.

The auditor interviewed medical, classification and security staff and the PREA Coordinator during the onsite phase of the audit. Staff confirmed that this review would be performed at least twice per year for the safety of the inmate, regardless of the inmate's sexual orientation or status as a transgender person or intersex. The auditor also interviewed a staff member who is responsible for risk screening and this person also confirmed that intersex and transgender inmates would be reassessed every 6 months during their time at the facility.

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

115.42 (e). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003* (p. 15). This policy states that a transgender or intersex inmates' own views with respect to his or her own safety shall be given serious consideration.

During the onsite phase of the audit, the auditor interviewed staff from classification and security, and they confirmed that this question is asked prior to making a decision on safe housing. The PREA Coordinator was interviewed and also stated that transgender and intersex inmates are asked their opinion of their safety in population before a decision is made regarding a housing assignment. The auditor interviewed a transgender inmate while onsite and the inmate indicated that they felt staff gave the inmate's own views about their personal safety consideration in housing assignments, although they did not remember being specifically asked questions of this nature.

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

115.42 (f). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003* and O-008 – *PREA (Prison Rape Elimination Act) LGTBI (Lesbian, Gay, Transgender, Bisexual, Intersex Inmates)*. The policies clearly state that these inmates will be given the opportunity to shower separately from other inmates.

A transgender inmate was interviewed by the auditor during the onsite phase of the audit. The inmate indicated that they were able to shower by themselves which made them feel comfortable. The PREA Coordinator was interviewed by the auditor and was asked about showers and he confirmed that transgender and intersex inmates are provided the opportunity to shower separately from other inmates.

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

115.42 (g). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003* and O-008 – *PREA (Prison*

Rape Elimination Act) LGTBI (Lesbian, Gay, Transgender, Bisexual, Intersex Inmates). The policies state that the facility will not place lesbian, gay, bisexual, transgender or intersex (LGBTI) inmates in dedicated housing units solely on the basis of such identification or status.

The auditor interviewed an inmate who identified as bisexual and an inmate who is transgender during the onsite phase of the audit. Both inmates were housed in general population and stated that they were not housed based on their sexual orientation and not housed in a specific location with other bisexual, transgender or gay/lesbian inmates. The PREA Coordinator confirmed that the facility does not house inmates based on their identification as LGBT, and there are no such units in the facility. The auditor reviewed the housing rosters and could not identify a housing unit classified as a LGBT unit.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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 No NA
- If the facility restricts any 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 No NA

- If the facility restricts any 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 No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population every 30 days? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp.15 – 16).*
 - b. General Order O-002 – *Classification – Adult Inmate (effective February 5, 2018).*
 - c. General Order O-074 – *Inmate Rights (effective September 22, 2016).*
 - d. Screening records
2. Interviews:
 - a. Specialized staff
 1. Colonel

2. Staff who supervise inmates in segregated housing
 - b. Targeted inmates
 1. Inmates in segregated housing (for risk of sexual victimization / who allege to have suffered sexual abuse)
 - c. Site review observations
 1. Segregated housing units

Findings (by provision):

115.43 (a). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003* and O-002 – *Adult Classification*. The policy states that inmates at high risk for sexual victimization will not be placed 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 (p. 15).

During the onsite phase of the audit, the auditor reviewed housing logs for the segregation housing units. It did not appear that there were inmates housed in segregation due to their high risk for sexual victimization. The auditor interviewed the Colonel and a security officer. Both confirmed that the facility would not place inmates in involuntary segregation. The auditor was told that administrative confinement is used to house inmates that are at risk, but this use of segregation is documented. It was also explained that these housing assignments are routinely completed within the first 24 hours of an inmate’s incarceration.

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

115.43 (b). The policy provides a clear description of the services, programs, access and rights for all inmates held in segregation at the facility. The policy states that inmates must be provided the same access to programs, privileges, education, and work opportunities to the extent possible. If SRCSO restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

During the onsite phase of the audit, the auditor interviewed staff members that work in the segregated housing units. It was confirmed that the facility provides segregated inmates full access to programs and services, just as any other inmate. The auditor spoke with inmates that were housed in segregation and learned that inmates can receive mail, have visitation, go to programs and receive commissary. There were no inmates currently in custody who had been placed in involuntary segregation based on their high risk for sexual victimization. There were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting alternative assessment. During the onsite review, the auditor walked through segregated housing units and verified inmate access to telephones and mailboxes. The PREA Coordinator confirmed that use of segregation is limited and used as a last resort.

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

115.43 (c). The policy states that SRCSO shall assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Inmates in involuntary segregated housing will be reviewed at least every 30 days by Classification and the PREA Coordinator to determine whether there is a continuing need for separation from the general population (p. 16).

During the onsite phase of the audit, the auditor interviewed classification staff, the PREA Coordinator and the Colonel. All of these staff interviewed confirmed that inmates in segregation were reviewed at least once per month

to determine if they would remain in segregated housing or if other alternatives were available. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. A transgender inmate was interviewed and was able to confirm the housing decision process, access to programs and services or length of time in segregation. The auditor was provided with enough information to determine that this process is ongoing and part of the normal facility procedures.

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

115.43 (d). The requirement to document involuntary segregation is clear in O-123 – *Prison Rape Elimination Act of 2003* (p. 16). There were no instances in the past 12 months of inmates at risk of sexual victimization who were held in involuntary segregated housing, therefore, the auditor was not able to review any documentation of occurrences of this type. The PREA Coordinator also stated that there were no instances of involuntary segregation in the past 12 months.

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

115.43 (e). In the PAQ, the auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. This policy clearly states that reviews for all inmates held in segregation are to be reviewed at least every 30 days to determine if there is a continuing need for segregation from general population (p. 16).

At the time of the audit, there were no inmates held in involuntary segregation due to high risk of sexual victimization. The auditor was, therefore, unable to interview inmates to confirm the process. Interviews with classification staff and the PREA Coordinator verify that inmates in segregated housing are reviewed at least every 30 days to determine if there is a continued need for separation from the general population.

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order – O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 16-17)*.
 - b. Sexual Assault Brochure (English and Spanish)
 - c. Inmate Admission and Orientation handbook (English and Spanish)
 - d. PREA Posters
 - e. PREA Education and Acknowledgement (English and Spanish)
 - f. Memorandum of Agreement – Lakeview Center
2. Interviews:
 - a. Random staff

- b. Specialized staff
 - 1. PREA Coordinator
 - c. Random inmates
3. Site Review Observations
- a. Housing units

Findings (by provision):

115.51 (a). In the PAQ, the auditor was provided O-123 – Prison Rape Elimination Act of 2003. This policy clearly defines the multiple ways that inmates can file reports of sexual abuse, sexual harassment, retaliation for making such reports and reports of staff neglect or lack of responsibility. The policies mention that SRCSO provides at least one resource for inmates to report abuse or harassment to an outside public entity and allows the inmate to remain anonymous upon request. The policy also mentions that inmates can privately report sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents. SRCSO staff may report incidents verbally, in writing, anonymously and from third parties (*p. 17*).

During the onsite phase of the audit, the auditor completed a site review and visited the housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in an easy to read location near the telephones. The auditor interviewed 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 of the inmates interviewed mentioned the PREA posters and the kiosk email system or PREA hotline number as an avenue to report abuse. The PREA posters specify that inmates may tell any staff member, file an administrative remedy, and send an electronic message to staff via the kiosk email. The auditor interviewed random staff members. All staff could list at least four different ways that inmates could report sexual abuse.

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

115.51 (b). The agency provides the address to the Lakeview Rape Crisis Center as well as a hotline number to the center. Inmates are also provided the National Sexual Assault / Abuse Hotline which is toll free and non-recorded. This information is located on the PREA posters, kiosk system and in the Inmate Handbook. Inmates who are at SRCSO solely for civil immigration purposes are also provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. This information is in the Inmate Handbook (*p. 5*).

During the onsite phase of the audit, the auditor located signs throughout the facility with the various methods for inmates to report, which included the information for the Lakeview Center and the National Rape Crisis Hotline. The auditor interviewed random inmates while onsite at the facility and all referenced the information listed on the PREA posters as a method of reporting sexual abuse and sexual harassment.

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

115.51 (c). O-123 – *Prison Rape Elimination Act of 2003* was provided to the auditor in the PAQ. This policy states that staff must accept verbal reports of sexual abuse and sexual harassment from inmates and third parties and promptly document those reports (*p. 17*).

During the onsite phase of the audit, the auditor interviewed 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. Each of the random inmates interviewed were aware that they could report sexual abuse directly to any staff member.

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

115.51 (d). O-123 – *Prison Rape Elimination Act of 2003* was provided to the auditor in the PAQ. The policy states that staff can privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor (p. 17).

The auditor interviewed random staff members. All of the staff interviewed were able to explain their options for privately reporting and that they could privately make reports to their supervisors.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 17-18)*.
 - b. Screening records
 - c. Inmate Handbook
2. Interviews
 - a. Specialized staff
 1. PREA Coordinator
 - b. Targeted inmates
 1. Inmates who reported a sexual abuse

Findings (by provision):

115.52 (a). O-123 – *Prison Rape Elimination Act of 2003* provides administrative procedures for inmates to address inmate grievances regarding sexual abuse. The agency is not exempt from this standard.

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

115.52 (b). In the PAQ, the auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. This policy outlines the points in this provision (*p.13*). The policy does not impose a time limit for filing a grievance related to sexual abuse, but does apply a time limit for other grievances and there is no requirement for inmates to use other informal grievance processes before filing the grievance regarding sexual abuse. The facility provides inmates with the policy regarding grievances in the Inmate Handbook. The information provided in the inmate rules does not conflict with the information in the facility policy.

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

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

115.52 (c). O-123 – *Prison Rape Elimination Act of 2003* was provided to the auditor in the PAQ. The grievance policy states that SRCSO shall 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, and such grievances are not referred to a staff member who is the subject of the complaint (p. 17). The auditor confirmed through interviews with the PREA Coordinator that inmates may submit grievances directly to her. Interviews with random inmates indicated that inmates were aware that they could submit grievances in this fashion.

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

115.52 (d). O-123 – *Prison Rape Elimination Act of 2003*, the policy clearly identifies the required time limits for completion of the grievance response and the notifications to the inmate if an extension of time is necessary (p. 18). In the past 12 months, there were no grievances filed that alleged sexual abuse. The auditor was able to review the grievances and none were found to have been in relation to allegations of sexual abuse or harassment. Based on this, there were no grievances filed that involved extensions because the final decision was not reached within 90 days. The auditor also interviewed inmates who had reported sexual abuse and all of these inmates reported that they did not report the abuse via the grievance process, but by other options. The information relayed to the auditor by the inmates interviewed is that they use the kiosk email system or verbally report any issues they have.

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

115.52 (e). In General Order O-123 – *Prison Rape Elimination Act of 2003*, the auditor was able to verify that the facility will accept grievances and allegations of sexual abuse from third parties, including inmates, family, advocates and attorneys. The policies also allow for the inmate that is the alleged victim to decline the filing of the report (p. 18).

In the past 12 months, the facility received no reports from third parties.

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

115.52 (f). O-123 – *Prison Rape Elimination Act of 2003* includes a provision for an inmate who feels that he or she is subject to imminent substantial risk of sexual abuse to submit an emergency grievance. The provision includes a 48 hour time frame for the initial response and a requirement that a final agency decision will be made within five calendar days. The initial response and final agency decision is required to be documented and will contain the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

In the past 12 months preceding the audit, there were no emergency grievances filed alleging substantial risk of imminent sexual abuse. The auditor was, therefore, not able to confirm this process.

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

115.52 (g). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. In this policy, the facility addresses limitations on discipline for inmates (p. 18). The policy states that inmates will not be disciplined for filing a grievance related to alleged sexual abuse, however, the inmate may receive discipline when the agency demonstrates that the inmate filed the grievance in bad faith.

In the past 12 months preceding the audit, there were no incidents of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp.18-19).*
 - b. Sexual Assault Brochure (English and Spanish)
 - c. Memorandum of Understanding – Lakeview Center
 - d. PREA Posters
 - e. Inmate Handbook (English and Spanish)

2. Interviews:
 - a. Specialized staff
 1. Classification staff
 2. Intake staff
 3. Investigative staff
 - b. Random inmates
 - c. Targeted inmates
 1. Inmates who reported a sexual abuse
3. Site Review Observations
 - a. Housing Units

Findings (by provision):

115.53(a). The auditor was provided information from O-123 – *Prison Rape Elimination Act of 2003*. The policy specifies that an inmate can report sexual abuse and specifies the agency information related to outside victim advocates for emotional support services. The SRCSO provided a copy of a memorandum of understanding (MOU) with Lakeview Center. This MOU does state that Lakeview Center will provide victim advocacy services and victim services for the inmates. This agreement was signed 07/02/2018. The MOU states that Lakeview Center will provide victim advocates and counselors for the provision of emotional support services. The handout for inmates with their rules and regulations was reviewed and it also provides information for inmates regarding reporting sexual abuse and it addresses outside emotional support services.

During the onsite phase of the audit, the auditor interviewed random inmates. The majority of the inmates interviewed were aware that outside emotional support services were available. Twenty inmates stated that they were aware of the availability of outside emotional support services; two stated no, they were not aware and eight stated that they were unsure. Of those inmates who answered that they were aware of the availability of outside emotional support services, they also stated that the facility did allow communication with these providers confidentially. The auditor also interviewed inmates who had reported prior sexual abuse and these inmates answered affirmatively that they were provided access to emotional support services and were aware that it was available.

During the onsite review, the auditor talked with classification and medical staff who showed the auditor the victim advocate pamphlet which is given to inmates for informational purposes. This information is given to the inmates for them to keep. The pamphlet contains a phone number to the toll-free, 24-hour crisis hotline. The services provided are also stated in the pamphlet as free and confidential. The auditor spoke to staff at Lakeview Center who stated that confidential services are available for the inmate when they call the toll-free number. They further stated that the general public (inmate families) can see the address on the agency website. The PREA Coordinator also showed documentation in the PREA investigations of inmates offered emotional support services from the victim advocate.

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

115.53(b). The facility has provided information regarding the extent to which inmate communication with outside emotional support services will be monitored. The PREA Coordinator stated that inmates can call the National PREA hotline number and the number for Lakeview Center, which is a local number, confidentially, at no cost. All other calls are recorded in the facility, however, a recording indicating this is given prior to the initiation of the connected call. The MOU with Lakeview Center indicates that persons in custody of the SRCSO shall have

reasonable access to confidential phone calls with a crisis counselor through the use of the Lakeview Center victim advocates 24 hour crisis line.

All inmates who report sexual abuse are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Through interviews with random inmates, the auditor learned that most of the inmates were aware of the available access to outside emotional support services. Some inmates stated that they were not aware and a few stated that they were unsure. Also, the auditor interviewed inmates who had reported sexual abuse. These inmates indicated that they had received services. Many of the random inmates interviewed were not aware if communication with outside emotional support services was monitored, although they admitted that they were advised by staff that communications were not monitored in these circumstances.

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

115.53 (c). In the PAQ, the auditor was provided a copy of a memorandum of understanding (MOU) between the SRC SO and the Lakeview Center. This MOU was signed by both parties on 07/02/18.

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 19).*
 - b. PREA posters with hotline phone number

Findings (by provision):

115.54 (a). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003* in the PAQ. This policy states that the SRCO has a zero-tolerance standard for all forms of sexual abuse / harassment in accordance with the Prison Rape Elimination Act of 2003 and the National Standards to Prevent, Detect and Respond to Prison Rape. On the agency website, there is information available regarding how to report an incident of sexual abuse or sexual harassment of an inmate. This information contains two phone numbers for family and friends to call. The PREA information posters are also visible in the lobby area for visitors to see. These posters with information regarding how to report, including through a third-party.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 19).*
2. Interviews:
 - a. Specialized staff
 1. Medical staff
 2. Mental Health staff
 3. Colonel
 4. PREA Coordinator
 - b. Random staff

Findings (by provision):

115.61 (a). The auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. This policy requires that all staff members promptly report any knowledge or suspicion of sexual assault or sexual harassment of an inmate (*p. 19*). This is true whether or not the abuse occurred in their facility. Staff are also to report any information regarding retaliation against inmates or staff due to their reporting allegations of sexual abuse and knowledge of staff neglect or lack of responsibility.

During the onsite phase of the audit, the auditor interviewed random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment.

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

115.61 (b). O-123 – *Prison Rape Elimination Act of 2003* also includes a prohibition on releasing any information related to a sexual abuse report to anyone other than to the extent necessary (*p.38*).

Random staff interviewed clearly understood the requirement to maintain confidentiality of sexual assault and sexual harassment cases. Each of the random staff members interviewed reported that they were only allowed to

discuss these cases with persons who needed to know the information for official business.

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

115.61 (c). The PREA Compliance Manual, pages 20-21, section e, indicates that medical and mental health are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services.

During the onsite phase of the audit, the auditor interviewed staff members from the medical department. All of these staff members confirmed that they are mandatory reporters of sexual abuse of inmates. Staff also confirmed that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate.

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

115.61 (d). The PREA Compliance Manual, pages 20-21 section e, indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the facility to report the allegation to the designated state or local service under applicable mandatory reporting laws. The auditor interviewed the Colonel and the PREA Coordinator during the onsite phase of the audit. They both confirmed that the Department of Children and Family Services would be immediately notified of any allegation of sexual abuse of a youthful offender.

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

115.61 (e). O-123 – *Prison Rape Elimination Act of 2003 (p. 19)* states that staff must report and respond to allegations of sexually abusive behavior, regardless of the source of the report (i.e., “third party”). The PREA Coordinator and the Colonel confirmed this practice.

During the onsite phase of the audit, the auditor interviewed the Colonel who confirmed that the facility investigates all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the facility investigator. The policy as well as the Colonel confirm that if the allegation involves criminal behavior, SRCISO will refer the allegation for investigation to their Major Crimes Unit. A review of the investigations reports indicates that all allegations are reported to investigators who will either investigate or refer the allegation to the Major Crimes Unit.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 19).*
2. Interviews:
 - a. Specialized staff
 1. Agency Head
 2. PREA Compliance Manager
 3. Colonel
 - b. Random staff

Findings (by provision):

115.62 (a). In the PAQ, the auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. This policy outlines prevention efforts employed to further the agency’s zero tolerance policy.

The auditor interviewed the Sheriff and the Colonel during the onsite phase of the audit as well as the PREA Compliance Manager. All of these staff members stated that all staff members are to immediately take action to protect any inmate if they become aware that he or she is in imminent danger of being abused. The auditor interviewed random staff members. All of these staff members stated that they always react immediately if they see someone in imminent danger. The auditor reviewed the sexual abuse investigations from the previous 12 months and each of the investigations were handled immediately upon learning of the allegation. In the past 12 months, there were no incidents of a time when the agency determined that any new intakes were deemed at substantial risk of imminent sexual abuse.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 19-20)*.
 - b. PREA Sexual Violence Screening Form
2. Interviews:
 - a. Agency Head
 - b. Colonel

Findings (by provision):

115.63 (a). In the PAQ, the auditor was provided the PREA policy which addresses investigations of allegations while the inmate was confined at another facility. If an inmate reports sexual abuse which occurred in another facility, the policy requires the facility to immediately notify the administrator of the other facility about the alleged violation (*p. 20*). This notification is to be done within 72 hours after the inmate discloses the allegation.

During the onsite phase of the audit, the auditor spoke with the PREA Coordinator and she stated that the facility does make these notifications. In the past 12 months, the facility has received five allegations that an inmate was abused while confined to another facility. In all of these cases, the facility where the allegation was said to have occurred was contacted and the notification documented within 72 hours. The auditor reviewed the incident reports during the onsite phase of the audit. Documentation in the record shows the written notification to the other agency.

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

115.63 (b). In the PAQ, the auditor was provided the policy which addresses investigations of allegations. If an inmate reports sexual abuse in another facility, the policy requires the facility to immediately notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within seventy-two (72) hours

of receiving the allegation and document notification (*p. 20*).

During the onsite phase of the audit, the auditor spoke with the PREA Coordinator and she confirmed that the facility would make these notifications immediately and always within 72 hours of learning of the allegation. In the past seven 12 months, the facility has received five allegations that an inmate was abused while confined to another facility. In all of these cases, the facility where the allegation was said to have occurred was contacted and the notification documented within 72 hours. The auditor reviewed the incident report during the onsite phase of the audit.

Documentation in the record shows the written notification to the other facility.

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

115.63 (c). In the PAQ, the auditor was provided the policy which requires that the agency shall document that it has provided notification of the allegation to the head of the facility or appropriate office of the agency where the allegation occurred.

The facility provided the auditor the incident reports of the allegations from the past year with documentation of the date the facility where the incident allegedly occurred was contacted. In all of the cases from the past 12 months, each facility was contacted and a date provided to the auditor.

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

115.63 (d). In the PAQ, the auditor was provided the policy which requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards (*p. 20*).

During the onsite audit, the Colonel was interviewed and he stated that he and the PREA Coordinator ensure that allegations received from other facilities are investigated in accordance with current PREA standards. The Colonel further stated that SRCISO had no reports from another facility of an allegation of sexual abusive behavior / harassment occurring at the facility in the past year.

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 20)*.
 - b. PREA Card for First Responder Duties
2. Interviews:
 - a. Targeted inmates
 1. Inmates who reported sexual abuse
 - b. Specialized staff
 1. Security staff first responders
 2. Non-security staff first responders
 - c. Random staff

Findings (by provision):

115.64 (a). In the PAQ, the auditor was provided the policy which outlines the responsibilities for staff members to provide safety for inmate victims and immediate response to ensure a proper investigation is performed. The policy includes each of the points specified in the provision of this standard.

The auditor interviewed random staff members during the onsite phase of the audit. Each person could easily provide the auditor with these initial first responder steps. The auditor interviewed a non-security staff first responder and who confirmed that the required steps that should be taken to protect the crime scene, separate the two inmates and preserve physical evidence. The auditor also interviewed a several security first responders who were all able to articulate the proper steps to take if they were to be a first responder to an incident of sexual abuse. The auditor interviewed inmates during the onsite phase of the audit who reported sexual abuse. All of these inmates interviewed reported that the facility responded immediately. The inmates reported that they were separated from

the alleged abuser and asked to avoid doing things to destroy potential evidence. The PREA Coordinator was able to provide information from the investigations files for these inmates to confirm the documentation of the steps taken following the inmate's allegations.

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

115.64 (b). In the PAQ, the auditor was provided the policy which requires that non-security staff first responders immediately request that the alleged victim not take any actions that could destroy physical evidence and then notify correctional services staff (p.40).

During the onsite phase of the audit, the auditor talked with several staff members during the site review. Every individual easily explained the initial steps to take as a first responder, including non-security staff members. The auditor interviewed random staff members and all staff knew the first response steps to ensure safety for inmates and proper investigations. There were 4 allegations that an inmate was sexually abused during the past 12 months. In all of these cases, the alleged victim was separated from the alleged abuser.

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

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes
 No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 22-24).*
2. Interviews:
 - a. Colonel

Findings (by provision):

115.65 (a). In the PAQ, the auditor was provided the policy which requires a coordinated response for actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff,

investigators and facility leadership. The plan includes definitions for prohibited behaviors. The coordinated response plan includes directives for medical and mental health practitioners, and provides steps to be taken for the investigation and evidence collection. Since these responsibilities are handled by staff members of the same agency, the facility is able to coordinate the activities, monitor for completion and document in the inmate records and investigation files.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan and confirmed that all areas of the facility work together in response to any incident, including sexual abuse allegations. The PREA Coordinator stated that the coordinated response plan is referenced for any response to a sexual abuse allegation. The auditor reviewed the sexual abuse investigations during the onsite phase of the audit. All of the investigation files contained a PREA checklist to cover the requirements of the policy. The facility also provided a Coordinated Response to a Sexual Assault Incident Plan which specifies the coordination of various staff in the facility in response to an inmate allegation of sexual abuse or harassment.

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2109) (p. 24).*
 - b. *Collective Bargaining Agreement – Fraternal Order of Police – Supervisor Contract*
 - c. *Collective Bargaining Agreement – Fraternal Order of Police – Deputy Contract*

2. Interviews:

a. Agency head

Findings (by provision):

115.66 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* and the Collective Bargaining Agreements for Supervisors and Detention Deputies were provided in the PAQ. This agreement does not 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.

During the onsite phase of the audit, the auditor interviewed the Sheriff who confirmed that this agreement does not limit their ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.

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

Standard 115.67: Agency protection against retaliation**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

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

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019)(p. 25).*
 - b. Sexual abuse investigations files
2. Interviews:

- a. Targeted inmates
 1. Inmates who reported a sexual abuse
 2. Inmates in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse
- b. Specialized staff
 1. Colonel
 2. Designated staff member charged with monitoring retaliation

Findings (by provision):

115.67 (a). The auditor was provided the policy which includes requirements for staff to monitor for retaliation. The policy states that SRCISO shall 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 (*p. 25*). The PREA Coordinator is assigned to perform the retaliation monitoring of staff and inmates.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator who confirmed that one of her assigned duties is to monitor inmates and staff for potential retaliation. She stated that she does this by meeting with inmates while she performs her rounds in the facility. Staff are monitored through periodic in-person meetings.

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

115.67 (b). The auditor was provided the policy which outlines the protection measures available for the facility to protect inmates or staff from retaliation (*p. 25*). The policy includes housing changes for inmates, removal of alleged staff or alleged abusers from contact with victims and emotional support services.

Through interviews with the PREA Coordinator, the auditor was able to confirm the use of these measures to protect inmates and staff from retaliation. The auditor reviewed retaliation forms during the onsite phase of the audit which are included in the investigative files and document the meetings between the retaliation monitor and the inmate. The auditor interviewed the Colonel who stated that they would take advantage of every opportunity to protect reporters of abuse from potential retaliation. The PREA Coordinator also stated that she would ensure that any inmate that expressed a fear of retaliation or reported retaliation was always protected. Interviews with inmates who had reported sexual abuse also relayed to the auditor that the retaliation monitor has followed up with them periodically to assess whether or not they were experiencing retaliation.

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

115.67 (c). The auditor was provided the agency PREA policy in the PAQ. This policy includes the required time frames for retaliation monitoring (*p. 25*).

During the onsite phase of the audit, the auditor interviewed staff members to confirm the policy was employed properly. The auditor interviewed the PREA Coordinator who stated that she meets with inmates while she performs rounds in the facility. She stated that she could not recall a time when an inmate expressed a concern regarding retaliation. The auditor reviewed the investigation files regarding sexual abuse and all of these files contained documentation of retaliation monitoring. The Colonel was also interviewed and confirmed that the agency monitors for retaliation for at least 90 days following a report of sexual abuse. The auditor also interviewed inmates who had reported sexual abuse and all could confirm that staff followed up with them to ask if they felt they were being retaliated against.

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

115.67 (d). The auditor was provided the agency PREA policy in the PAQ. The policy requires periodic checks of inmates, review of disciplinary reports, program changes or grievances pertaining to fear or concern of retaliation (p. 25).

The auditor was able to review the sexual abuse and sexual harassment investigations from the previous 12 months. In each file was documentation of retaliation monitoring. The PREA Coordinator stated that she checks with inmates during her rounds through the facility. She keeps records of dates she meets with inmates and a synopsis of the conversation with the inmates and places this documentation in each investigation file. The PREA Coordinator also maintains a retaliation monitoring log. The auditor was able to review this log, as well. The retaliation monitoring was maintained up until the point when the inmate leaves the facility or for up to 90 days.

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

115.67 (e). The auditor was provided the agency PREA policy in the PAQ. This policy states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect the individual against retaliation (p. 25).

During the onsite phase of the audit, the auditor interviewed the Sheriff and the Colonel who confirmed that the facility would take action against any inmate or staff member if it was proven they had retaliated against another person due to their participation in sexual abuse investigations.

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 25).*
2. Interviews:
 - a. Specialized staff
 1. Warden (Colonel)

2. Staff who supervise inmates in Segregated Housing

b. Targeted Inmates

1. Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse)

3. Site Review Observations:

a. Segregated housing

Findings (by provision):

115.68(a). In the PAQ, the auditor was provided General Order O-123 – *Prison Rape Elimination Act of 2003* (p. 25). The policy includes information on the use of protective custody and involuntary segregated housing. The policy states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of PREA standard 115.43 and 115.68.

During the onsite phase of the audit, the auditor interviewed the Colonel, staff who supervise inmates in segregated housing and inmates in segregated housing as well as inmates who had previously reported sexual abuse. Both staff and inmates verify that the facility does not utilize segregated housing to protect an inmate who is alleged to have suffered sexual abuse. In cases that arise, inmates are relocated to other alternative housing units. In the past 12 months, the facility has had no incidents of involuntary segregated housing of inmates who alleged to have suffered sexual abuse.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.71 (a)**

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 25-26).*
 - b. Investigator Training Certificates
 - c. Investigations files
 1. administrative reports
 2. substantiated allegations referred for prosecution
 3. criminal investigation reports
 - d. Record Retention Schedule
2. Interviews
 - a. Specialized staff
 1. Investigative staff
 2. Colonel
 3. PREA Coordinator
 - b. Targeted inmates

1. Inmates who reported a sexual abuse

115.71(a). In the PAQ, the auditor was provided O-123. This policy states that all investigations of sexual abuse allegations are to be performed promptly and investigated thoroughly and objectively, including third party and anonymous reports.

The auditor interviewed both the PREA Coordinator and investigative staff at SCRCSO. These staff explained the following process: investigative staff conduct investigations into allegations of sexual assault. This includes preservation of the crime scene and implementation of the evidence recovery protocol. In the event evidence suggests criminal prosecution is possible, the Major Crimes Unit is contacted and completes the criminal investigation. The Major Crimes Unit utilizes a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

During the onsite phase of the audit, the auditor interviewed a PREA investigator. He stated that the agency takes care to investigate all incidents inside the facility. The PREA Coordinator confirmed that the Major Crimes Unit is contacted for all allegations that are determined to be criminal in nature and that meet the threshold of reasonable articulable suspicion. Incidents of sexual abuse between a staff member and an inmate are investigated by the Major Crimes Unit. The auditor reviewed the facility's investigative logs submitted during the previous 12 months. This log classified allegations for sexual harassment and sexual abuse. The auditor also reviewed the 4 PREA investigative files from the previous 12 months. The auditor confirmed through this review that all allegations were investigated beginning the day of notification of the allegation of sexual abuse.

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

115.71(b). In the PAQ, the auditor was provided O-123 which requires that in addition to the general training provided to all employees, SRCO shall ensure that its investigators have received training in conducting sexual abuse and sexual harassment investigations in confinement settings (p. 25). The auditor was provided a training list of staff who have completed specialized investigator training.

During the onsite phase of the audit, the auditor met with an investigator for the facility. He confirmed that he had completed the required Specialized Investigator training. The facility documentation of the completion of the NIC "Investigating Sexual Abuse in a Confinement Setting" was provided to the auditor, as well as individual investigative staff certificates of completion.

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

115.71(c). In the PAQ, the auditor was provided O-123 which states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The duties are carried out by the appropriate investigative entity (Major Crimes Unit).

The auditor reviewed 4 investigative files from the previous 12 months. The record retention schedule was discussed with the PREA Coordinator who stated that investigative files are retained indefinitely. The 4 investigative files reviewed by the auditor contained case records detailing allegations of sexual abuse. The files also contained, statements from interviews with inmates (alleged victims and suspected perpetrators) and staff; medical examination documentation; documentation of video reviewed; and summaries of physical evidence obtained.

During the onsite phase of the audit, the auditor interviewed a PREA Investigator. He explained that for every investigation, he would interview the alleged victim and the alleged abuser, if known, and secure any physical evidence. He stated that he would review video from the facility's monitoring system, housing logs, phone records and emails from the kiosk system and interviews with staff and other inmates in the housing unit.

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

115.71(d). In the PAQ, the auditor was provided O-123 which states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

During the auditor's interview with the PREA Investigator, the auditor talked with the investigator about coordinating investigative efforts with the Major Crimes Unit if an investigation involves a staff member. He confirmed that this is something already done when investigating allegations. The PREA investigator will not conduct compelled interviews with staff. This is turned over to the Major Crimes Unit for conducting the interviews and investigation if the allegation involves a staff member.

During the post onsite phase of the audit, the auditor reviewed 4 investigative files. These files contained information related to the internal investigations conducted by SRCSO investigators. The SRCSO staff did not conduct compelled interviews in this case.

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

115.71(e). In the PAQ, the auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. This policy states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by a person's status as an inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

During the onsite phase of the audit, the auditor interviewed the PREA investigator. He explained to the auditor that the agency would never utilize truth-telling efforts to determine if any victim of sexual abuse was telling the truth. He stated that this is forbidden and is never done by any investigator. He also confirmed that the agency would always review evidence from their investigation on its own merit and not allow the victim's status as an inmate to affect the outcome of the investigation. The auditor interviewed inmates who had reported sexual abuse. All of the inmates confirmed that they were not asked or required to submit to a polygraph examination. The PREA investigator also explained to the auditor that the agency does not assess the credibility of an alleged victim, suspect or witness based on the person's status as a staff member.

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

115.71(f). In the PAQ, the auditor was provided O-123 – *Prison Rape Elimination Act of 2003*. The policy states that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings. Administrative investigations should also consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc., contributed to the abuse.

The PREA Investigator stated the training the investigators receive provides guidance for receiving and investigating complaints about facility employees. The investigator stated that one part of all such investigations includes a review to determine if there were any violations of policy and violations of law. In general administrative investigations, all aspects are reviewed and considered including whether staff actions or failure to act contributed to the abuse. He confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. He stated that all substantiated allegations would be referred to the Major Crimes Unit who would then determine if the case would be referred for prosecution.

The auditor reviewed the PREA investigations from the previous 12 months, which included no investigations

of staff misconduct. There were 4 sexual abuse/harassment investigations. The auditor reviewed all 4 of these investigations and noted the review of the staff members' actions or inactions in each of the incidents. The investigative reports included a description of the inmate interviews, staff interviews and physical evidence and how the investigator made the decision on his findings. There were no substantiated case during this 12-month period for sexual abuse or harassment.

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

115.71(g). In the PAQ, the auditor was provided O-123 which states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.

The PREA Investigator who was interviewed by the auditor confirmed that he is required to write a report at the completion of all investigations. The report will include the allegation, evidence collected and reviewed, summary of interviews and the reasoning behind his final determination. Each of the investigation files reviewed by the auditor contained a final report and evaluation of evidence, interviews and final determination. Any case determined to rise to the level of criminal conduct is referred to the Major Crimes Unit for further criminal investigation.

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

115.71(h). In the PAQ, the auditor was provided O-123 which states that substantiated allegations of conduct which appear to be criminal shall be referred for prosecution. The PREA Investigator also confirmed that all substantiated allegations of sexual abuse would be reviewed by the Major Crimes Unit to determine if criminal charges could be filed. Since the last PREA audit, there have been no substantiated allegations of conduct that were referred for prosecution. Investigative staff that were reviewed during the onsite phase of the audit, confirmed this information.

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

115.71(i). In the PAQ, the auditor was provided O-123 which states that the agency shall retain all written reports for criminal investigations and substantiated allegations referred for prosecution as well as administrative investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 26).

The PREA Compliance Manager confirmed that the facility maintains investigative files for the time frame required in this standard.

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

115.71(j). In the PAQ, the auditor was provided O-123 which states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation (p. 2).

The auditor interviewed the PREA Compliance Manager and a PREA Investigator during the onsite phase of the audit. The investigator stated that once an investigation was opened, the agency would continue with that investigation even if the alleged abuser or victim is no longer employed or housed in the facility. The investigator stated clearly that this is their normal procedure for any investigation, regardless of where it occurred. The PREA Compliance Manager stated that the facility would continue with the investigation and the Major Crimes Unit would determine prosecution referral, when possible, even if the individual was not employed or released from the facility.

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

115.71(k). This provision is N/A.

115.71(l). This provision is N/A.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 26).*
2. Interviews
 - a. Specialized staff
 1. Investigative staff
 2. PREA Coordinator

Findings (by provision):

115.72 (a). In the PAQ, the auditor was provided O-123 which states that the agency shall impose standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated (p. 26).

During the onsite phase of the audit, the auditor interviewed the PREA Compliance Manager as well as a facility investigator. Both of these staff members confirmed that the preponderance of evidence is the standard utilized for all sexual abuse and sexual harassment investigations in the facility. The auditor reviewed 4 investigations files from the previous 12 months. The investigative files contain a report which includes a section for the listing of evidence used in the outcome determination. It is apparent from review of the evidence listed that the facility uses the preponderance standard for all investigations.

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019)*. (pp. 26-27).
 - b. Inmate Notification
 - c. Investigation files
2. Interviews:
 - a. Specialized staff
 1. Colonel
 2. Investigative staff
 - b. Targeted inmates
 1. Inmates who Reported a Sexual Abuse

Findings (by provision):

115.73 (a). The auditor was provided O-123 which states that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (p. 26). The PREA Coordinator provides all notifications to inmates required under this section.

During the onsite phase of the audit, the auditor interviewed several staff members in reference to this standard. The Colonel agreed that notification to the inmate of the results of an investigation is standard procedure. The investigations staff who were interviewed by the auditor also stated that it is policy and practice for the inmate to be notified. The PREA Coordinator stated that the facility would always notify the inmate as the policy states. The auditor reviewed 4 investigation files from the previous 12 months and found that there were notification notices to the inmates in the investigation files. The signatures of the staff who delivered the notification as well as the witness were on these forms as acknowledgement of receipt of the information. The auditor also interviewed four inmates who had reported a sexual abuse and all remember receiving notification of the outcome of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73 (b). This provision is N/A. The agency is responsible for conducting administrative and criminal investigations.

115.73 (c). The auditor was provided O-123 which states that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency

has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 26). An assessment of whether actions described in this policy are warranted is made in accordance with standard 115.65 and may not be appropriate in all cases. Inmates are notified only if there is a nexus between the listed actions in this standard and an incident of sexual abuse. The timing of such notifications should not interfere with any pending criminal or administrative investigations.

During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. These inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at SRCSO. The auditor reviewed 4 investigative files and each contained information regarding separation of a victim from the alleged abuser. The auditor also interviewed the PREA Coordinator who informed the auditor that the hard copy of this notification is retained in the investigation file. A copy of the notification form was provided to the auditor for the 4 investigative files reviewed and contained the signature of the deputy and witness who delivered the notification.

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

115.73 (d). The auditor was provided O-123 which states that in cases of an inmate's allegation that another inmate has committed sexual abuse against the inmate, the agency shall subsequently inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or when the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (p. 26).

During the onsite phase of the audit, the auditor interviewed inmates who had filed an allegation of sexual abuse. These inmates stated that they were informed as to the outcome of the investigation. The allegations were made against inmates and not a staff member. In the previous 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate at SRCSO. The auditor reviewed 4 investigative files and each contained information regarding separation of a victim from the alleged abuser. The auditor also interviewed the PREA Coordinator who informed the auditor that the hard copy of this notification is retained in the investigation file. A copy of the notification form was provided to the auditor and the 4 investigative files reviewed and contained the deputy and witness' signature as acknowledgement of receipt of the information.

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

115.73 (e). The auditor was provided O-123 which states that the inmate shall be informed as to the provisions of this standard and all such notifications or attempted notifications shall be documented (p. 26). Documentation is retained in the investigative file.

In the past 12 months, there were 4 notifications provided to inmates regarding the status of their allegation investigations. During the onsite phase of the audit and the post-onsite phase of the audit, the auditor reviewed 4 investigation files from the previous 12 months. Notifications to the victim was present in each of these files.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 27-28).*
2. Interviews:
 - a. Specialized staff
 - a. PREA Compliance Manager
 - b. Human Resource Manager

Findings (by provision):

115.76 (a). O-123 was included in the PAQ which states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies (p. 27).

In the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies.

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

115.76 (b). O-123 was included in the PAQ which states that termination is the likely disciplinary sanction for staff who engage in sexual abuse (p. 27).

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies.

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

115.76 (c). O-123 was included in the PAQ which states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories (p. 27).

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies.

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

115.76 (d). O-123 was included in the PAQ which states that 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 27).

In the past 12 months, there have been no staff who have violated agency sexual abuse or sexual harassment policies. The auditor interviewed the PREA Compliance Manager who stated that in the past 12 months, there have been no staff that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies. The auditor also interview the Human Resource Manager who confirmed that there have not been any terminations or resignations for substantiated cases of staff sexual abuse allegations.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 27)*.
 - b. Investigative files
2. Interviews:
 - a. Specialized staff
 - a. PREA Coordinator
 - b. Colonel
 - c. Incident Review Team

Findings (by provision):

115.77 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was included in the PAQ which states that contractors and volunteers who engage in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. She confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor also interviewed the Colonel who confirmed this information. The auditor reviewed 4 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.

115.77 (b). O-123 was included in the PAQ which states that the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (p. 27). All confirmed allegations of sexual abuse/sexual harassment engaged in by a contractor or volunteer are taken seriously and would result in the removal of the individual from participation in activities with inmates at the facility.

During the onsite phase of the audit, the auditor interviewed the PREA Coordinator. She confirmed that there have been no cases of misconduct by a volunteer or contractor during the previous 12 months. The auditor also interviewed the Colonel who confirmed this information. The auditor reviewed 4 investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. The Warden also stated that the facility would take immediate action to remove any volunteer or contractor from inmate contact and restrict access to the secure facility.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 27-28).*
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - a. Colonel
 - b. Medical and mental health staff
 - c. PREA Coordinator

Findings (by provision):

115.78 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was included in the PAQ which outlines disciplinary action for inmates found guilty of sexual abuse or sexual harassment. This policy states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative findings that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse (*p.27*).

During the onsite phase of the audit, the auditor reviewed the investigation files from the previous 12 months. There were no administrative findings of inmate-on-inmate sexual abuse that occurred at the facility. There were also no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.

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

115.78 (b). O-123 was provided in the PAQ which states that sanctions for discipline shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed

for comparable offenses by other inmates with similar histories (p. 27).

During the onsite phase of the audit, the auditor confirmed through an interview with the Colonel that administrative sentences for inmates are based on the policy, the nature of the incident, inmate history and prior sanctions imposed for similar offenses. In the previous 12 months there was no inmates who were subject to either administrative sanctions for inmate-on-inmate sexual abuse.

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

115.78 (c). O-123 was included in the PAQ which authorizes the disciplinary hearing officer to consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed (p. 27).

The PREA Coordinator and the Colonel were interviewed on-site and confirmed that the facility would take into account the inmate's mental illness or mental disabilities before imposing any sanctions for sexual abuse or sexual harassment. The auditor also interviewed staff from medical who stated that they are consulted when determining sanctions for inmates with mental health issues.

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

115.78 (d). O-123 was included in the PAQ.

The facility does not offer therapy counseling or other interventions designed to address and correct the underlying reasons of motivations for abuse.

This provision is N/A.

115.78 (e). O-123 was provided in the PAQ which states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact (p. 28).

The PREA Coordinator was interviewed and stated that there have been no such incidents of sexual contact between staff and inmates. The auditor reviewed 4 of the sexual abuse allegations for the previous 12 months and there are no cases where the staff member did not consent to physical contact with the inmate.

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

115.78 (f). O-123 was included in the PAQ which states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation (p. 28).

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

115.78 (g). O-123 was provided in the PAQ which states that the SRCSO Detention Division prohibits all sexual activity between inmates. The agency will only deem such activity to constitute sexual abuse if it determines that the activity is coerced (p. 28).

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

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.81 (a)**

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 28).*
 - b. Wellpath Policy HCD-100_F-06 – *Response to Sexual Abuse (effective May 22, 2019).*
 - c. Medical Screening form
 - d. Release of Information Form
 - e. PREA Screening Log
2. Interviews:
 - a. Specialized staff
 1. Staff responsible for Risk Screening
 2. Medical and Mental Health staff
 - b. Targeted inmates
 1. Inmates who disclose sexual victimization at risk screening
3. Site Review Observations:
 - a. Computer systems
 - b. Medical services

Findings (by provision):

115.81 (a): General Order O-123 – *Prison Rape Elimination Act of 2003* was provided in the PAQ and states that if the risk assessment screening indicates that an inmate experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, SRCSO shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within fourteen days of the intake screening (*p.28*).

In the past 12 months, the facility reports that there have been all inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. The facility provided a roster by mental health which identifies inmates who have answered in the affirmative to one or more of the PREA questions on the receiving screening during the past 12 months. The facility also provided a staff referral form for mental health services for those inmates identified on this roster.

The auditor interviewed an inmate who had disclosed sexual victimization at risk screening. The inmate relayed to the auditor that they were asked at that time if they wanted to meet with a medical or mental health care practitioner. The inmate further told the auditor that the meeting occurred in about a week. Documentation provided by the facility on the screening form indicates the date the inmate was seen by a mental health practitioner. The auditor also interviewed a staff member during the onsite phase of the audit who is responsible for risk screening. This staff member stated that the inmate is immediately referred to medical and mental health when they answer affirmatively to the risk screening question that they have been previously sexually abused.

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

115.81 (b). SRCSO Detention Division is a jail. This provision is N/A.

115.81 (c). F-06 – *Response to Sexual Abuse* describes medical and mental health screenings related to sexual abuse. The policy states that inmates who indicate during the risk screening that they have experienced prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of screening.

The PAQ indicates that 100% of those inmates who reported prior victimization were seen within fourteen days by medical and mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for a sample of inmates who disclosed prior sexual victimization revealed that inmates were seen by mental health.

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

115.81 (d). O-123 as provided by the facility in the PAQ. The policy states, “any information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law.” (p. 28).

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. Security staff were aware that inmates were screened for victimization and stated that they were unable to access the information in the computer. The auditor also interviewed classification staff who conduct the risk screening. These staff all stated that the screening information is limited to those staff with the user profile to access the relevant computer screens.

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

115.81 (e). Wellpath policy F-06 – *Response to Sexual Abuse* was provided in the PAQ. The policy states, “Consent of the patient, 18 years of age or older, is required before reporting an incident of sexual abuse that occurred prior to incarceration, except when the incident occurred in another correctional institution or in the event that the patient is under 18 years of age, as permitted by law.” (p. 4).

During the onsite phase of the audit, the auditor interviewed medical staff. These staff stated that all medical and mental health staff obtain informed consent from inmates.

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 28).*
 - b. Wellpath F-06 *Response to Sexual Abuse*
 - c. Medical Screening Form
2. Interviews:
 - a. Specialized staff
 1. Medical and mental health staff
 2. Security staff and non-security staff first responders
 - b. Targeted inmates
 1. Inmates who reported a sexual abuse

Findings (by provision):

115.82 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was provided in the PAQ. The policy states, “Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services” (p. 28).

During the onsite phase of the audit, the auditor interviewed medical staff who provided information regarding the services available for sexual abuse victims. Because forensic exams are provided at the hospital, the policy for health care providers is to make every effort to avoid the loss of evidence. This includes not removing clothing of the inmate victim or placing their hands on the inmate victim unless there is a need to assess for injury. Each inmate, however, is immediately evaluated for the need to receive emergent medical care. The auditor reviewed 4 investigations from the previous 12 months. Each record included a notation that the inmate victim was seen by medical and cleared for any potential injury. Notes also show a referral to the mental health practitioner. Inmates who reported a sexual abuse were also interviewed by the auditor and indicated that they received medical treatment and referrals for mental health services.

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

115.82 (b). PS 5324.12 – *Sexually Abusive Behavior Prevention and Intervention Program* was provided in the PAQ. This policy states that medical and mental health staff will document the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported. Staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners (p. 28).

The auditor interviewed security and non-security staff during the onsite phase of the audit. These staff were questioned regarding the steps to take upon discovering or learning of a sexual assault on an inmate. Each staff member confirmed that the inmate would be evaluated by medical as soon as possible. The auditor also reviewed 4 investigations of sexual abuse / sexual harassment and each file contained documentation that medical and mental health staff were immediately notified.

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

115.82 (c). O-123 was provided in the PAQ. The policy states that SRCISO shall offer victims of sexual abuse appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis (p. 28).

The auditor reviewed 4 investigative files and there was documentation of medical care being given. The specifics of the medical care is not contained in the investigative file, however, medical staff who were interviewed stated that the requirements of this provision are provided. Inmates who reported sexual abuse were also interviewed by the auditor who all confirmed that they were offered medical care which included these requirements.

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

115.82 (d). O-123 was provided in the PAQ. This policy states that all inmates who are victims of sexual abuse or sexual assault in the facility will be provided medical and mental health services at no cost to the victim (p. 28). The policy does not require that the victim participate in the investigation.

Through the interviews with the PREA Coordinator, the auditor learned that all inmates will receive these services at no cost. Inmates who reported sexual abuse were interviewed by the auditor and all of these inmates indicated that they did not have to pay for any treatment related to the incident of sexual abuse.

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

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *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 No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 28-29)*.
 - b. Investigation files
 - c. PREA log
2. Interviews:
 - a. Specialized staff
 1. Medical and mental health staff
 - b. Targeted inmates
 1. Inmates who reported a sexual abuse

Findings (by provision):

115.83 (a). General Order O-123 was provided in the PAQ. This policy states that all inmates are screened for sexual victimization and assessed by medical or mental health staff. The facility, as appropriate, provides treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility (p. 28).

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

The auditor reviewed 4 investigative files from the previous 12 months. Each of these investigation files included notation of medical and mental health being provided.

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

115.83 (b). O-123 was provided in the PAQ. This policy states “the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement to other facilities, or their release from custody.” (p. 28).

The auditor interviewed medical staff during the onsite phase of the audit. These staff members confirmed that the facility works with community healthcare providers for follow-up and treatment of inmates upon release. The auditor also interviewed inmates who reported a sexual abuse. These inmates stated that they were given follow-up services. The investigation files also indicated that they were given follow-up services.

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

115.83 (c). O-123 was provided in the PAQ. The policy states that the facility shall provide such victims with medical and mental health services consistent with the community level of care (p. 29).

During the onsite phase of the audit, the medical staff all relayed to the auditor that all inmates do receive care and services that are consistent with what is available outside the facility.

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

115.83 (d). O-123 was provided in the PAQ. The policy states, “Female victims of sexual abuse while incarcerated are offered pregnancy tests.” (p. 29).

The auditor interviewed the medical staff during the onsite phase of the audit, who confirmed this policy. Inmates who reported a sexual abuse were interviewed, with two being female. None of the two female inmates needed pregnancy tests.

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

115.83 (e). O-123 was provided in the PAQ. The policy states that if pregnancy results from the conduct described in paragraph (d) of the policy, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services (p. 29).

During the onsite phase of the audit, the auditor interviewed medical staff and each staff member relayed to the auditor that these services would be provided as soon as medical staff were aware. The auditor also interviewed inmates who reported sexual abuse. This standard is not-applicable to these inmates since some were male and the female inmates were not pregnant.

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

115.83 (f). O-123 was provided in the PAQ. This policy requires that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (p. 29).

During the onsite phase of the audit, the auditor interviewed medical staff who stated that any inmate victim would be offered tests for sexually transmitted infections. Interviews were conducted by the auditor of inmates who reported sexual abuse. Some of these inmates reported abuse at a previous facility years ago. The other inmates interviewed stated that they were offered tests for sexually transmitted infections.

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

115.83 (g). O-123 was provided in the PAQ. The policy states that treatment services shall be 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 (p. 29).

The auditor confirmed with the medical staff during the onsite phase of the audit and the PREA Coordinator that

no inmate would ever be charged for these services. The inmates interviewed who reported sexual abuse stated that they were not charged for any treatment they have received.

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

115.83 (h). This facility is a jail, therefore, this provision is N/A.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 29).*
 - b. Incident Reviews
2. Interviews:
 - a. Specialized staff
 1. Colonel
 2. PREA Coordinator
 3. Incident Review Team

Findings (by provision):

115.86 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was provided in the PAQ. The policy authorizes that an incident review be completed for every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (*p. 29*).

The PREA Coordinator provided the auditor copies of the PREA Committee Review Report for the four sexual assault / abuse investigations in the past 12 months.

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

115.86 (b). O-123 was provided in the PAQ. The policy authorizes that an incident review be completed within 30 days of the completion of every sexual abuse or sexual harassment investigation, unless the allegation was unfounded (*p. 29*).

The PREA Coordinator provided the auditor copies of the PREA Committee Review Report which were

completed for all of the investigations in the past 12 months. There were four investigations and four subsequent reviews. Each of the reviews were conducted within 30 days of the conclusion of the investigation.

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

115.86 (c). O-123 was provided in the PAQ. The policy authorizes that the review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners (*p. 29*).

During the onsite phase of the audit, the auditor interviewed the Colonel, a Lieutenant, the PREA Coordinator and a medical supervisor. All of these are members of the PREA Review Committee and all confirmed that the facility takes all incidents of sexual abuse seriously and conducts the incident review at the conclusion of every investigation. The auditor reviewed 4 investigations of sexual abuse from the previous 12 months. Each file showed a completed sexual abuse incident review meeting document.

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

115.86 (d). O-123 was provided in the PAQ. The policy authorizes that the review team will consider six specific points: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its finds, including but not necessarily limited to the previous mentioned points, and any recommendations for improvement (*p. 29*).

The auditor was provided with copies of PREA Review Committee forms which were completed for the investigations during the past 12 months. These meeting minutes did consider monitoring technology, recommendations for operational improvements, review of the investigation itself, training needs, staffing improvement and recommendations for prevention of false allegations, recommendations for better documentation of disciplinary violations and better communication with disciplinary hearing officers, and reviews of inmates' sexual predator status. The auditor interviewed, while onsite, the Colonel, the PREA Coordinator and members of the review committee. All of these staff members indicated to the auditor that the team considers the six points of the provision in their reviews of each sexual abuse investigation.

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

115.86 (e). O-123 was provided in the PAQ. The policy states that the facility will implement the recommendations for improvement or document its reasons for not doing so (*p. 29*).

The auditor reviewed four PREA Review Committee forms for investigations from the previous 12 months which included a review for recommendations for improvement. None of the four reviews contained recommendations, however, this review was part of the consideration during the meetings.

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

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

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

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (pp. 29-30).*
 - b. Annual PREA Reports

Findings (by provision):

115.87 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was provided in the PAQ. The policy includes a section entitled *Data Collection*. This section contains the facility guidelines for collection of data from the facility’s sexual abuse and sexual harassment allegations (p. 29). The data collection is through a standardized instrument and set of definitions.

The auditor was provided a copy of the agency’s Annual PREA Report from 2019 which is available on the public website. The agency uses a standardized instrument and set of definitions for data collection which are in line with the definitions listed on the Survey of Sexual Violence conducted by the Department of Justice (DOJ).

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

115.87 (b). O-123 was provided in the PAQ. This policy states in the *Data Collection* section that the agency aggregates the incident-based sexual abuse data at least annually (p. 30).

The PREA Coordinator aggregates and reviews data from all sources annually. This report is published on the agency’s public website.

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

115.87 (c). O-123 was provided in the PAQ. The PREA Compliance Manual, page 32, section I, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include, at a minimum, data to answer questions on the Survey of Sexual Victimization.

A review of data collected by the agency confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from incident reports and maintained by the PREA Coordinator.

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

115.87 (d). O-123 was provided in the PAQ. This policy states that the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (p. 30).

A review of the PREA case log confirmed that information is obtained from incident reports and maintained by the PREA Coordinator.

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

115.87 (e). This provision is N/A. The agency does not contract for the confinement of its inmates.

115.87 (f). O-123 was provided in the PAQ. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30 (p. 30).

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?

 Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 30).*
 - b. Annual Reports
2. Interviews:
 - a. Specialized Staff

1. Colonel

- a. PREA Coordinator
- b. PREA Compliance Manager

Findings (by provision):

115.88 (a). General Order O-123 was provided in the PAQ. In the *Data Review for Corrective Action* section, the policy outlines the agency's annual data collection and review of the data (p. 30). The policy specifically requires that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action.

A review of the most recent annual report indicates the breakdown of collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, the report includes problem areas and corrective action.

The PREA Coordinator was interviewed and stated that the agency retains a hard copy of the data collected and retained. The Colonel was interviewed by the auditor and he stated that the data that is collected is used to further develop the focus on areas of sexual abuse occurrence. Officer supervision is used to review any trends that develop and identify predators as well as identify those inmates who are more vulnerable to abuse. The PREA Compliance Manager was also interviewed and he stated that data collected is used to identify trends as well as predators, hot spots, etc. The agency 2019 PREA annual report was provided to the auditor which was reviewed and contained information related to this provision.

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

115.88 (b). O-123 was provided in the PAQ. The auditor reviewed copies of the agency's annual report for 2019 and confirmed that the report contains information related to this provision. The report included a comparison of the current year's sexual abuse incident data and corrective actions with those from prior years.

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

115.88 (c). O-123 was provided in the PAQ. The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act.

The auditor interviewed the Sheriff who confirmed that he approves the agency's annual reports.

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

115.88 (d). O-123 was provided in the PAQ. The policy states that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility (p. 30).

The auditor reviewed the current annual report and did not identify any information that personally identified any inmate. The PREA Coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data. The nature of redactions of the material is indicated by the agency.

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. General Order O-123 – *Prison Rape Elimination Act of 2003 (effective April 27, 2019) (p. 30)*.
 - b. Investigation files
2. Interviews:
 - a. Specialized staff
 - a. PREA Coordinator

Findings (by provision):

115.89 (a). General Order O-123 – *Prison Rape Elimination Act of 2003* was provided in the PAQ. This policy states that the agency shall ensure that data collected are securely retained (*p. 30*).

The PREA Coordinator was interviewed and she confirmed that data is securely retained by the agency. The annual report does not contain identifying information.

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

115.89 (b). O-123 was provided in the PAQ. This policy states that the agency shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website removing personal identifiers (*p. 30*).

The auditor reviewed the agency's website and found the agency's annual report posted on the page dedicated to the Prison Rape Elimination Act.

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

115.89 (c). O-123 was provided in the PAQ. The policy requires that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available (*p. 30*).

The auditor reviewed the annual report posted on the public website and did not identify any information that personally identified any inmate. The PREA Coordinator confirmed that any reports written and posted to their website would only contain unidentified information regarding aggregated sexual abuse data.

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

115.89 (d). O-123 was provided in the PAQ. This policy states that the agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise (*p. 30*).

A review of the agency's website, annual reports and information obtained from interview with the PREA Coordinator, this standard appears to be compliant.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. Agency website
 - b. PREA Audit Report – (2017)
2. Interviews:
 - a. PREA Compliance Manager

Findings (by provision):

115.401 The auditor was provided information in the PAQ regarding the facility's first PREA audit. Their first audit was completed in June, 2014. Their second audit was completed in April, 2017. The second audit report is

posted on the agency's website and available for public review.

The auditor confirmed with the PREA Compliance Manager that the 2017 audit is their second completed PREA audit. The Santa Rosa County Sheriff's Office Detention Division is a stand-alone facility and does not have any other facilities that are operated by the agency. The facility is being audited in the first year of the current audit cycle. The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedures and documents; was permitted to conduct private interviews and was able to receive information / correspondence from inmates.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*policies, directives, forms, files, records, etc.*)
 - a. Agency website
 - b. PREA Audit: Auditor's Report (*June, 2017*)
2. Interviews:
 - a. PREA Compliance Manager

Findings (by provision):

115.403(a). The auditor was provided information regarding the facility's first PREA audit. Their first audit was completed June 2014. This was in the second year of the first PREA audit cycle. The auditor confirmed with the PREA Compliance Manager that the 2017 audit was their second completed PREA audit. The audit report is

published on the agency's public website.

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

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Cynthia Swier

June 25, 2020

Auditor Signature

Date