PREA Facility Audit Report: Final

Name of Facility: Santa Rosa County Jail
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 09/29/2023

Auditor Certification	
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.	■
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	■
Auditor Full Name as Signed: Cynthia K Swier	**Date of Signature:** 09/29/2023

AUDITOR INFORMATION	
Auditor name:	Swier, Cynthia
Email:	swierconsultants@gmail.com
Start Date of On-Site Audit:	08/14/2023
End Date of On-Site Audit:	08/16/2023

FACILITY INFORMATION	
Facility name:	Santa Rosa County Jail
Facility physical address:	5755 East Milton Road, Milton, Florida - 32583
Facility mailing address:	

Primary Contact	
Name:	Wilda W. McWilliams
Email Address:	wmcwilliams@srso.net
Telephone Number:	(850) 983-1155

Warden/Jail Administrator/Sheriff/Director	
Name:	Sheriff Bob Johnson
Email Address:	bjohnson@srso.net
Telephone Number:	(850)983-2114

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

Facility Health Service Administrator On-site	
Name:	Michelle Lucas
Email Address:	mlucas@wellpath.us
Telephone Number:	850-983-1132

Facility Characteristics	
Designed facility capacity:	810
Current population of facility:	709
Average daily population for the past 12 months:	674
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	18 - 75
Facility security levels/inmate custody levels:	Minimum, Medium, Med. Assaultive, Maximum, Close Management, Inmate Worker, FBOP, USM, Juvenile
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	138
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	59
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	29

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, Milton, Florida - 32583
Mailing Address:	5755 East Milton Road, Milton, Florida - 32583
Telephone number:	8509831155

Agency Chief Executive Officer Information:	
Name:	Bob Johnson
Email Address:	bjohnson@srso.net
Telephone Number:	8509832214

Agency-Wide PREA Coordinator Information

Name:	Wilda McWilliams	**Email Address:**	wmcwilliams@srso.net

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-14
2. End date of the onsite portion of the audit:	2023-08-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Gulf Coast Children's Advocacy Center Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	810
15. Average daily population for the past 12 months:	674
16. Number of inmate/resident/detainee housing units:	23
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	(●) Yes ( ) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	702
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	3
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	174
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	LGB inmates are not tracked due to there being no requirement that the inmates disclose this information. The auditor, however, was able to identify inmates in this group through questioning during random interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	138

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	29
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	59
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	N/A

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	24
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected the 6th inmate from each housing unit.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were 702 inmates at the facility as of the first day of the on-site audit. Based on the size of the population, the auditor was required to interview 30 total inmates, of which 15 random inmates were required to be interviewed and 15 targeted inmates were required to be interviewed. Due to some of the targeted categories of inmates not being present at the facility or a sufficient number of targeted inmates in some categories, the auditor interviewed additional random inmates to meet the required total per the auditor handbook.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees. ☐ The inmates/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ detainees).	Discussions with the PC and other staff as well as a review of the population listing as of the first day of the audit, indicated that there were no youthful inmates housed at the facility as of the dates of the on-site audit.
60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Discussions with the PC and medical staff as, indicated that there were no blind or low vision inmates housed at the facility as of the dates of the on-site audit.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Discussions with the PC and medical staff indicated that there were no deaf or hard of hearing inmates housed at the facility as of the dates of the on-site audit.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Discussions with the PC and other staff indicated that there were no Limited English Proficient inmates housed at the facility as of the dates of the on-site audit.
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no reports of sexual abuse in this facility in the previous 12 months. A review of the prior reported sexual abuse allegations indicated that the inmates involved were no longer housed at the facility.

68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no reports of sexual abuse at the facility in the previous 12 months. The inmates who disclosed sexual victimization during risk screening interview were not housed in segregation status. Two of the inmates interviewed voluntarily requested to be housed alone and were placed in a cell alone, however, this housing was not considered segregation.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	During the time frame of the on-site audit, there were some targeted categories of inmates which were not present at the facility (LEP, reported sexual abuse, youthful inmates, blind or low-vision and deaf or hard of hearing). The required interviews for these categories of targeted inmates were replaced with additional interviews of random inmates.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing staff interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
76. Were you able to interview the Agency Head?	◉ Yes ○ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☑ Food service ☐ Maintenance/construction ☑ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Four total contract staff were interviewed: medical, mental health, food service and canteen.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the on-site review, the auditor observed PREA signage, audit notices, and other informational materials specifying how to report a sexual abuse and who to report to. The auditor also observed the staffing and supervision practices which indicated sufficient coverage of staff. The auditor was able to observe the booking area and portions of the intake and risk screening processes. The auditor also observed the inmate education of PREA both verbally by staff to the inmates as well as the PREA informational video which was shown in multiple locations throughout the facility. The areas where searches are conducted was also observed and it was noted that these areas offer privacy from other staff and inmates. Multiple cameras and surveillance equipment was observed throughout the facility as well as convex mirrors. These cameras and mirrors were not in locations where strip searches are conducted or restroom / shower locations. The auditor observed the risk screening process during intake. The auditor tested the telephone numbers and operations to contact outside emotional support services and the inmate kiosk. Staff demonstrated to the auditor how the translation services on their "Guardian" devices work. Informal conversations with both staff and inmates were conducted during the site review regarding how to report a PREA incident. Inmates were also asked about the general safety and their own perception of their safety. Staff were questioned regarding their expected response in the event of a sexual abuse and the measures they would take to protect the alleged victim and preserve evidence. Video monitoring in the master control was also reviewed. Video footage of restroom and shower areas are blurred in the toilet and showers so as not to be able to be viewed by staff. The auditor conducted internet research of current and prior litigation specific to PREA. There were no such litigations or information found related to PREA.

	The auditor sent an inquiry email to Just Detention International requesting information on any correspondence they may have received from any source regarding the Santa Rosa Sheriff's Office Detention Division. The auditor has not received a response. A review of the Santa Rosa County Sheriff's Office, Detention Division website included a link for PREA information and Sexual Assault Awareness. The website contains information on the facility's zero tolerance policy and specifics on both the specifics of inmates' rights under PREA as well as how to report. The website includes a phone number to the facility for friends and family to call as well as a website link to the PREA Resource Center. The website includes guides for vendors, contractors and volunteers, the auditor summary report, the annual report. the LGBTI policy, the PREA policy in English and Spanish and the Sexual Abuse Hotline. There are multiple other informational material posted which include information for victims and emotional support services and forensic exam information, crisis response, the healing process and information on the Florida Council Against Sexual Violence (FCASV). The website has a link for Just Detention International and also gives the name and contact phone number for the facility PREA Coordinator. A review of the state mandatory reporting laws revealed that F.S. 794.027 requires that any person who observes a sexual battery and who has the ability to seek assistance for the victim without being exposed to a threat of physical violence must make a report. Any person who knows or has reasonable cause to suspect that a child is the victim of sexual abuse or juvenile sexual abuse must report such knowledge or suspicion to the central abuse hotline. There were no youthful inmates housed at Santa Rosa County Sheriff's Office Detention Division in the previous 12 months.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor requested and received documentation relevant to the inmates and staff interviewed on-site (risk screenings, intake forms, PREA education, background checks, certifications).

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reports of sexual harassment in the previous 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no reports of staff-on-inmate sexual harassment in the previous 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire (PAQ) 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Santa Rosa County Sheriff's Office, Detention Division Organizational Chart Interviews: 1. PREA Compliance Manager 2. PREA Coordinator

Findings (by provision):

115.11 (a): The Santa Rosa County Sheriff's Office Detention Division has a policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. Their General Order O-123 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 (p. 1 Section 1A). The agency's policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The facility policy addresses the requirement of "Preventing" by establishing a zero-tolerance policy for sexual misconduct. The facility also has also designated a PREA Coordinator who reports directly to the Admin Operations Lieutenant. In addition, the facility conducts criminal backgrounds of both staff, contractors and volunteers and provides PREA education for inmates both through written materials as well as through an information video and signage throughout the facility. The policy addresses the requirement of "Detecting" by requiring training for staff, volunteers and contractors and intake/risk screening of inmates. The policy addresses the requirement of "Responding" by mental health and medical services, investigations, disciplinary action against staff and inmates, sexual abuse and sexual harassment reporting, incident reviews following the investigation, and victim services such as provisions for emotional support during and after investigations. This policy provides for the requirements of the PREA standard and how the agency approaches sexual safety in the facility.

115.11(b): The agency has designated a facility wide PREA Coordinator (PC) who is assigned the duties indicated in the PREA policy along with other duties in the facility. The facility's organizational chart was provided for review. The chart shows the PC position as reporting directly to the Admin Operations Lieutenant. The auditor interviewed the PC and confirmed that she has other responsibilities but dedicates a majority of her time in oversight of the agency's efforts to comply with the PREA standards. She has direct access to the Jail Director in her chain of command and will report PREA issues directly to him. She stated in her interview, that when she encounters any issues that may come up which may put the facility in non-compliance with a PREA standard, she consults with the Jail Director and other administrators in the facility to formulate a corrective action plan in order to satisfy the standard.

115.11(c): The agency operates one facility and has a PREA Coordinator and a PREA Compliance Manager (PCM). The Detention Facility is the only confinement facility under the jurisdiction of the Santa Rosa County Sheriff's Office. The PCM stated in his interview that he does have enough time to manage his PREA related responsibilities. His official title is "Lieutenant, however, he is also serving as the PCM

	and assists the PC in the accomplishment of PREA related functions. The facility's General Order O-123, the facility organizational chart as well as the interview with the PC and PCM, confirm that the facility has PREA implementation in compliance with this standard. The preparation by the PC for this audit and overall incorporation of institution sexual safety practices demonstrates that the PC has the time and authority to incorporate the policies and practices for the agency. Based on this, the standard is determined to be compliant.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. U.S. Department of Justice, United States Marshals Service, Prisoner Operations Division, Office of Detention Services, Intergovernmental Agreement, Contract 2023 3. Memorandum of Agreement, Santa Rosa County Jail and Eglin Air Force Base Contract 4. Memorandum of Agreement, Santa Rosa County Jail and Hurlbert Field Contract 5. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 Interviews: 1. PREA Coordinator Findings (by provision):

	115.12 (a): The agency does not contract with any other agency for the confinement of their inmates. The agency does, however, have contracts / MOUs in place with the U.S. Marshals, Eglin Air Force Base and Hurlbert Field (U.S. Air Force Base). These contracts and MOUs are regarding the housing of pre- trial military detainees and post-trial military inmates and federal inmates for these agencies. The PAQ and the PREA Coordinator confirmed that the agency does not contract for the confinement of inmates their inmates with other agencies. The agency contract administrator was not interviewed due to the questions in the interview protocol were related to the requirement for a contractor to comply with required PREA practices. The contracts and MOU's in place cover Santa Rosa County Detention facility to house other agencies' inmates. No inmates for Santa Rosa County Detention Division are housed by other agencies. 115.12 (b): The agency does not contract with any other agency for the confinement of their inmates. The agency has not entered into or renewed any contracts for the confinement of their inmates. The PAQ and PREA Coordinator confirmed that the agency has not entered into any new contract or contract renewal for the confinement of their inmates. The contracts and MOUs they have are for the housing of other agency's detainees and inmates. Based on the information in the PAQ as well as the interview with the PREA Coordinator, this standard is determined to be not applicable. The facility contracts with three (3) federal agencies for the housing of detainees and inmates from these agencies. As such, the housing of these federal detainees and inmates are under the PREA policies and provisions of the Santa Rosa County Sheriff's Office Detention Division.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. Santa Rosa County Sheriff's Office Detention Division Facility Staffing Plan

4. Documentation of Unannounced Rounds

5. General Order: O-104, Security Inspections, 02/10/2023

6. Housing Unit Cell Check Log

Interviews:

1. Jail Director

2. PREA Coordinator

3. PREA Compliance Manager

4. Upper-level Supervisors who conduct unannounced rounds

5. Informal conversations with staff

6. Informal conversations with inmates

Observations:

1. Site review observation of the facility staffing (staff, contractors and volunteers present including security and non-security)

2. Staff line of sight (blind spots)

3. Video Surveillance – capabilities and placement

4. Cell Checks in housing areas

Findings (by provision):

115.13 (a): The facility provided the Santa Rosa County Sheriff's Office Detention Facility Staffing Plan. The document is well written and provides specifics regarding staffing in the facility. The plan includes a review of the inmate population, video monitoring, physical plant and the coverage plan for staff. The staffing plan is predicated on the average daily number of inmates since the last PREA audit, which is 674. The Detention Division is allocated a total of 122 sworn positions and 34 civilian positions. The main jail staffing for each shift includes a Captain, Lieutenant, Sergeant, 12 Detention Deputies (days), 11 Detention Deputies (nights) and 6 control

	room operators. The Annex is allocated a Sergeant and 4 Detention Deputies. The Booking area is allocated 1 Sergeant, 2 Detention Deputies, 1 Medical Detention Deputy and 1 Booking Clerk. All sworn members assigned to administrative positions are trained in the responsibilities of a member assigned to a security shift and may therefore be used to assist in covering a post whenever needed. The Jail Director was interviewed and stated that compliance with the staffing plan is checked through regular assessments and audits, comparing planned staffing levels with actual staff on duty. These assessments also include the PC and the PCM. The staffing plan is documented and takes into consideration all requirements under this provision. The PREA Compliance Manager was interviewed, and he stated that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers: a.) Inmate to officer ratio, transport of inmates from one location to another, court, etc., b.) reviewing any judicial findings and adjusting staffing to conform to the ruling, c.) adjusting staffing levels to correct inadequacy, d.) adjusting staffing levels to correct inadequacies. e.) reviewing the physical plant for blind spots and developing solutions to eradicate the blind spot via mirrors, cameras, staff presence, etc., f.) composition of the inmate population when placing staff in their assignments (inmate classification levels, incident history, criminal charges, etc.), g.) supervisory staff assignments to ensure adequate supervision of staff. h.) each classroom is equipped with video monitoring and each shift is staffed with enough shift personnel to safely and effectively hold scheduled programs. In the evet of a shift shortage (due to emergencies, sick personnel, etc.), the scheduled program would be postponed until a later date. i.) the Detention Command Staff stays informed of any changes to state and local law changes that could affect the manner in which shift are staffed and conform to these changes as quickly as possible. j.) If there seems to be a prevalence of alleged sexual abuse incidents in a particular area, ensuring that adequate staffing and video monitoring is present in that area. k.) The Santa Rosa Sheriff’s Office Detention Division takes pride in PREA compliance and considers PREA standards when making any changes to staffing or video monitoring. During the site review, the auditor observed the number of staff and contractors present (security and non-security during shifts including the housing areas,

	segregation, work areas (food service, laundry). The auditor assessed line of sight and blind spots as well as the level of supervision, video monitoring and coverage, and the frequency of cell checks in housing areas. Staffing, video monitoring and coverage were found to be sufficient. The auditor observed cameras in the main control which contained multiple video feeds throughout the facility. The auditor also conducted informal conversations with both staff and inmates regarding the prevalence of staffing or understaffing, overcrowding, frequency of unannounced rounds, etc. Inmates did not indicate any concerns with staffing or overcrowding. Staff also indicated that they do numerous rounds which are captured via their "Guardian" electronic system. Inmates and staff also did not indicate any issues with programming or safety in general. 115.13 (b): The facility did not have any noted deviations from the staffing plan. Interviews with the Jail Director and PC indicated that the facility has a staffing plan and provided copies of the Shift Post Orders for several shifts. All areas of the facility where inmates are housed and work are supervised by staff at all times. The supervisors must abide by the staffing indicated in the post orders and document any changes. Supervisors may require staff to stay over from their regular shifts or call in off duty staff to ensure adequate staffing. The Shift Post Orders reviewed by the auditor included those from the dates of the onsite audit as well as some from previous dates. These Post Orders indicated that the shift supervisor is responsible for notification to Detention Administration if staffing levels are not adequate via an email. The shift supervisor has the authority to notify off duty staff to report to the facility for shift coverage. The facility utilizes a system for overtime which allows them to avoid deviations from the staffing plan. 115.13 (c): The 2022 staffing plan was provided to the auditor and reviewed. The required factors of the staffing plan were included in the staffing plan memo provided. 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. The PC confirmed in the interview that the staffing plan is reviewed annually and that she has input into assessments and adjustments to the staffing plan. 115.13 (d): The auditor reviewed General Order O-123 which indicates that immediate-level or higher-level supervisors are required to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are conducted by the shift supervisor and are documented as a computer entry in the jail log. These entries are logged as "PREA Supervisor". General Order O-104, Security Inspections, was reviewed and specifies the requirement of physical inspections to ensure that offenders do not escape or otherwise compromise security. Page 1, Section C states that "Supervisors will conduct unannounced supervisor rounds of the jail daily to identify and deter staff sexual abuse and sexual harassment. Staff are prohibited from alerting other staff

	members when the supervisor is conducting their supervisor rounds. Any violations will result in disciplinary actions." Interviews with supervisors indicated that rounds are performed at all times of the day and night. These staff stated that rounds are made randomly to prevent staff from alerting other staff that they are conducting rounds. A review of the copies of these logs from several dates showed various upper-level supervisors logging in PREA rounds throughout the facility. These rounds were completed at varying times during the day and night. During the onsite review, the auditor observed staff making rounds in some of the areas of the facility. Informal conversations with these staff reiterated the requirements of the policies and how supervisors conduct these rounds. Informal interviews with inmates indicated that staff, including supervisor staff make regular rounds in the housing units and throughout the facility. Video review on-site also showed supervisor staff conducting rounds. Based on a review of the PAQ, General Order O-123, General Order O-104, interviews with the Jail Director, PC and supervisory staff, informal interviews with supervisor staff and inmates, observations during the site review, and review of the documentation of unannounced rounds and the staffing plan, this standard is determined to be compliant.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Average Daily Population Reports – for day of audit 4. Classification Housing Assignments – for sight and sound separate of youth and adult inmates 5. Medical / ACR Activity Schedule Interviews: 1. Youthful Inmates – none at the facility as of the dates of the on-site audit

2. Informal Interviews with Staff

Findings (by provision):

115.14 (a): The facility provided General Order O-123, p. 6, Section D, which prohibits youthful offenders from placement in a housing unit with adult inmates. This policy also prohibits youthful offenders from placement in a housing unit with adult inmates where they would have sound, sight or physical contact with adult inmates through a common area or shared dayroom. The daily population reports were reviewed and indicated that all youthful inmates were housed separately from adult inmates. During the site review, the auditor did not observe any youthful inmates at the facility. The PC also advised that there were no youthful inmates at the facility as of the dates of the onsite audit. She stated that if they received a youthful inmate, this individual would be housed separate and away from adult inmates. The PAQ stated that in the past 12 months, there has only been 1 youthful inmate housed at this facility. The PAQ also indicates that this inmate was not placed in the same housing unit as adults in the facility. Classification Housing Assignments were provided to the auditor for review as well as Daily Population Reports.

115.14 (b): General Order O-123 states that the Santa Rosa County Sheriff's Office Detention Division maintains sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units. There were no youthful inmates at the facility as of the dates of the on-site audit.

Informal conversations with staff indicated that youthful inmates would always be directly supervised when outside of their housing unit.

115.14 (c): General Order O-123, page 6, Section D states that the facility will document exigent circumstances for each instance in which youthful inmate's access to large-muscle exercise, legally required education services and other programs and work opportunities were denied. The facility activity schedule was provided and reviewed by the auditor which contains a specific schedule for program opportunities for youthful inmates. The PAQ stated that in the past 12 months there have been no youthful inmates placed in isolation in order to separate them from adult inmates. The PAQ also stated that all required education would be placed on the schedule as needed.

Based on a review of General Order O-123, the activity schedule, classification housing assignments, the PAQ, daily population reports, interviews with staff and observations made during the site review, this standard is determined to be compliant.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. PRE Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: O-008, PREA (Prison Rape Elimination Act) LGTBI (Lesbian, Gay, Transgender, Bisexual, Intersex Inmates), 07/08/2015 4. PREA Training Curriculum 5. Staff Training Records 6. Defensive Tactics Lesson Plan 7. Defensive Tactics Sign-In Sheet Interviews: 1. Random Staff 2. Random Inmates 3. Transgender Inmates 4. Informal conversations with staff and inmates regarding search procedures, cross-gender viewing, knock and announce procedures, frequency of knock and announce and unannounced rounds conducted by supervisors Observations: 1. Site review of the facility – observation of areas used to conduct strip searches, visual body cavity searches and pat-down searches 2. Areas where inmates shower, change clothes, use toilet 3. Housing Units 4. Medical Areas 5. Intake Cells / Showers / transport holding areas / recreation areas

6. Multi-tier facilities observation capability

7. Mirrors and placement / angle of vision

8. Electronic Surveillance monitoring capabilities (point, tilt, zoom, etc.)

9. Methods used to alert inmates of opposite gender staff entering housing area

Findings (by provision):

115.15 (a): General Order O-123, page 6, section E prohibits staff from conducting cross gender strip searched and cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The PAQ states that no searches of this kind were conducted at the facility over the past twelve months. The facility does not conduct searches of this type. Interviews with staff indicates that inmates are strip searched by staff of the same gender as the inmate. Interviews with inmates also indicated that this was the practice. The curriculum for PREA staff training also indicated that strip searches by staff of the opposite gender as the inmate are not permitted. During the site review, observations were made in the intake area of locations for conducting searches of inmates. The staff in this area advised that searches are done by staff of the same gender as the inmate. These searches are conducted in an area that is not visible to other inmates or to staff who are not part of the search. These areas provide privacy to the inmates from staff of the opposite gender as well as from other inmates. Interviews with inmates and staff indicated that cross-gender strip searches are not allowed or conducted.

115.15 (b): General Order O-123, page 6 section E prohibits staff from conducting cross gender pat searches of female inmates. The policy also states that the facility will not restrict female inmates access to programming to comply with this provision. The PAQ stated that there were no instances where female inmates were pat searched by male staff. Interviews with inmates as well as staff indicated that searches are conducted by staff of the same gender as the inmates. Male staff also do not work in the female housing unit. Interviews with female inmates stated that male staff rarely come to the female unit and when they do, they announce themselves and are usually escorted by a female staff. During the site review of the facility, it was observed that female staff work in the female housing unit and the male staff who came into the unit for other duties announced themselves and then departed the unit in a short amount of time. Interviews with female inmates and with staff indicated that programming and other out-of-cell opportunities are not restricted and that they are all unaware of a time when there were not female staff available to conduct pat searches.

	115.15 (c): General Order O-123, Section IV D and General Order O-008 requires the documentation of all cross-gender strip searches, all cross-gender visual body cavity searches and cross-gender pat searches of female inmates. These searches will be documented by an incident report. The PAQ indicated that no cross-gender searches were conducted in the previous twelve months. 115.15 (d): General Order O-123, page 7, Section 1, E6, states 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, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, all staff of the opposite gender of the inmates are required to announce their presence when entering the housing units. Interviews with random inmates and random staff indicated that the inmates have privacy when showering, using the restroom and changing clothes. Interviews also indicated that staff announce their presence when entering the housing units. Some of the inmates interviewed did not remember hearing these announcements, however, this announcement was observed by the auditor during the site review. During the site review, the auditor also observed staff utilizing a “Guardian” device that recorded the “knock and announce”. The auditor also observed in the housing areas that there were curtains on some of the showers and others had half wall barriers for privacy. Other housing units had toilets in the cells. The cells have solid doors with a small window which allows for security and privacy. The showers in these units were observed and offered privacy. Areas in medical were also observed and private exam rooms were observed. Multi-tier housing units also provided privacy for inmates and there was not an observable vantage point that allowed the visibility of inmates in a state of undress. Camera footage was reviewed on-site of various housing areas and other areas of the facility. This footage showed a blacked-out area where toilets and showers were. This allowed the staff to have security visibility, but did not violate the inmates’ privacy. Cameras in areas where strip searches or medical exams are performed did not allow for the viewing in the area itself, but only the outside of this area (hallways, etc.). 115.15 (e): General Order O-123 and O-008 state that staff are prohibited 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 have been no searches of this nature within the past twelve months. Interviews with transgender inmates indicated that they had not been physically searched to determine their genital status. Interviews with staff indicated that inmates would not be searched to determine the inmate’s genital status. This would be referred to medical for handling and through conversations with the inmate. 115.15 (f) General Order O-123, page 7, Section 1E8, states that security staff are required to be trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent

	with security needs. The PAQ indicated that 100% of security staff have received the PREA training. A review of a random sample of training records indicated that staff have received this training. Based on a review of the PAQ, General Order O-123, General Order O-008, training records from staff, the PREA Training Curriculum, staff training records, observations made during the site review to include the opposite gender announcements, privacy barriers, shower curtains, half walls in toilet and shower areas, the intake and medical areas, video surveillance, as well as information from interviews with inmates and staff, this standard is determined to be compliant.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Standard Operating Procedure: 15.77, Disabled Intakes, 12/09/2019 4. Contingency Agreement for Sign Language Interpreter Services 5. Spanish Language Interpreter Service Contract 6. Santa Rosa County Sheriff's Office, Detention Division, Sexual Assault/Abuse Awareness Pamphlet (English and Spanish) 7. Santa Rosa County Sheriff's Office, Detention Division, Inmate Handbook, 06/29/2023, (English and Spanish) 8. List of PREA Poster Locations 9. Kiosk Information – (English and Spanish) 10. Documentation of Staff Training on PREA Compliant Practices for Inmates with Disabilities 11. Language Line List of Languages Provided 12. Language Line Log for ACR/Medical Staff

Interviews:

1. Agency Head

2. Inmates with Disabilities

3. Limited English Proficient (LEP) Inmates (none at the facility as of the dates of the on-site audit)

Observations:

1. PREA Informational Signage

Findings:

115.16 (a): General Order O-123 and Standard Operating Procedure 15.77, outlines the procedures which 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. Inmates who are blind, low vision or who have cognitive disabilities will be read the PREA information by staff and inmates who are deaf would be provided material they can read. The information provided explains the inmates' rights to be free from sexual abuse and harassment as well as the right not to be retaliated against if they file a report of sexual abuse or sexual harassment. The information provided also explains how and to whom to report an allegation. All of this information is included in the video, pamphlet and signate throughout the facility. The PREA video shown to inmates is in English and Spanish and also has closed captioning and American Sign Language. This video is shown twice a day. Almost all inmates interviewed mentioned this video. The facility also has a contract with Language-line which will translate languages for inmates who are limited English proficient. The facility also utilizes the "Guardian System" which has a translate feature. During the on-site audit, staff demonstrated how this system is utilized. Interviews with inmates including those with cognitive and physical disabilities indicated that they are given PREA information in a format they can understand. There were no LEP inmates at the facility as of the dates of the on-site audit. A review of the inmate files indicated that they received PREA information in a format they could understand. PREA signage was also posted throughout the facility in English and Spanish. A PREA information pamphlet is provided to inmates during the booking process. This pamphlet is in English and Spanish. The Inmate Handbook is also in English and Spanish and is given to the inmates during the booking process. Information regarding PREA is also posted on the inmates' kiosk system. Documentation of electronic staff signatures was reviewed by the auditor which documents the PREA staff training for compliant practices for inmates with

	disabilities. The interview with the Agency Head indicated that the agency ensures that communication and accessibility needs are met, enabling all inmates to fully engage in sexual abuse and harassment prevention and reporting efforts and access support and resources without discrimination. The Agency Head also verified that the agency has contracts with interpreter services. 115.16 (b): General Order O-123, pp. 7-8, Section 1F, addresses the policy 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, including steps to provide interpreters who can interpret effectively, accurately and impartially. The facility has a list of staff who are able to interpret for inmates who are Limited English Proficient. The facility also has a contract with Language-line which can be utilized to translate for inmates who are LEP. Interviews with the Agency Head indicated that inmates are provided PREA information in a format they can understand. There were no LEP inmates at the facility at the time of the on-site audit. PREA signage was observed to be posted throughout the facility in both English and Spanish. PREA information on the inmate kiosks is also available in English and Spanish and the Inmate Handbook is in English and Spanish. The Sexual Assault Brochure provided to the inmates at booking is also in English and Spanish. Annual Training documentation was provided for staff on PREA-compliant practices for inmates with Limited English Proficiency. 115.16 (c): General Order O-123, page 8, Section 1F prohibits the use of inmate interpreters, readers or other types of inmate assistants for instances of sexual abuse or sexual harassment allegations. The PAQ stated that there were no instances in the previous 12 months where inmates were utilized to interpret for other inmates. Interviews with staff also indicated that in these situations, only staff are utilized to interpret for LEP inmates. Staff referenced the Language-line, the "Guardian" system and the use of the translator list if it were needed. There were no LEP inmates at the facility as of the dates of the on-site audit. Interviews with one cognitively disabled inmate indicated that other inmates were not utilized to provide them PREA information. Based on a review of the PAQ, General Order O-123, SOP 15.77, the Inmate Handbook, kiosk information, the staff translator list, the PREA brochure, interviews with the Agency Head, cognitively disabled inmate, random inmates as well as random staff and observations during the site review of PREA signage and PREA video, this standard is determined to be compliant.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: D-019 Selection Process, 03/11/2020 4. General Order: D-017, Promotional Procedures, 01/25/2022 5. Staff Personnel Files 6. Contractor Files 7. Volunteer Files Interviews: 1. Human Resource Staff Findings (by provision): 115.17 (a): General Order O-123 states that the agency will not hire or promote anyone who may come in contact with inmates and will not enlist the 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; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did no consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. General Order D-019, Selection Process and D-017 Promotional Procedures also supports the wording and requirements in O-123. A review of staff personnel files indicated that all staff are asked about these incidents in their application. All staff, volunteers and contractors have a background completed prior to authorization to begin working at the facility.

	115.17 (b): General Order O-123, D-019 and D-017 indicate that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with inmates. An interview with Human Resource staff indicated that incidents of sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors. 115.17 (c): General Order O-123 and D-019 state that the facility is required to conduct a criminal background check and 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 before hiring new employees who may have contact with inmates. Employment applications are completed online at www.santarosasheriff.org. The PAQ stated that 80 new officers were hired in the past twelve months and have received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated that 100% of the random sample reviewed had a criminal background check conducted prior to hire and annually thereafter. All staff are reviewed through the Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), Links check, a fingerprint-based background check, a CLEAR report check, and a Drivers' License check is also conducted. All staff are fingerprinted and any future arrest is automatically reported to the agency. An interview with Human Resource Staff indicated that all staff are required to have a criminal background check before they are hired. All law enforcement agencies are contacted related to any information on any prior substantiated allegations of sexual abuse or resignations while under investigation. Applicants are required to complete a questionnaire with self-reporting questions. HR also completes a 17-page questionnaire on applicants regarding other crimes in addition to the required PREA questions. 115.17 (d): General Order O-123 page 8 states that the facility is required to perform criminal background records checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been 2 contractors who have had a criminal background check conducted in the previous twelve months. A review of random contractor files indicated that criminal background checks were completed prior to working at the facility. 115.17 (e): General Order O-123 page 8 and D-019 page 6 outline the system that is in place to capture criminal background information. The agency policy requires that criminal background records checks will be conducted on all current employees, volunteers and contractors who may have contact with inmates at least every five years. The interview with the HR manager indicated that HR staff do conduct 5-year criminal history checks. Documentation of these checks was provided and reviewed by the auditor.

	115.17 (f): General Order O-123 page 8, states that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct 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 misconduct. A review of personnel files of staff indicated that all staff were asked about these incidents in their supplemental applications. The interview with a staff member in Human Resources confirmed that these questions are contained on the employment application supplement which is required for all applications. 115.17 (g): General Order O-123 and D-019 state that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The interview with Human Resource staff confirmed that any false information would result in an employee or contractor being terminated. 115.17 (h): General Order O-123 states that the agency will 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. Human Resource staff confirmed in their interview that this information would be provided when requested. Based on a review of the PAQ, O-123, D-019, D-017, a review of personnel files of staff, contractors and volunteers as well as information received from the interview with Human Resources staff, this standard is determined to be compliant.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Camera Count Document

4. Memo of Meeting Minutes regarding additional video surveillance

Interviews:

1. Agency Head (Chief Deputy)

2. Facility Head (Jail Director)

Observations:

1. Observations of Video Monitoring Technology

Findings (by provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility since the last PREA audit in 2020. The PAQ as well as interviews with the Agency Head and Facility Head confirmed that there have not been any modifications to the facility since the last PREA audit in 2020. During the site review, the auditor did not observe any modifications, expansion or renovations to the facility.

115.18 (b): The facility is currently in the process of upgrading their current video monitoring system and adding additional electronic surveillance equipment including new cameras. Evaluation of where and how this upgrade will be implemented will be considered by the leadership staff to enhance their PREA efforts by eliminating blind spots and augmenting their current staffing plan to further protect inmates from sexual abuse. The facility provided documentation of meeting minutes discussing the purchase and installation of new monitoring technology. During the site review, the auditor observed the placement of monitoring technology in hallways, housing pods, common areas and various locations throughout the facility. The facility also provided to the auditor a listing of cameras in the facility and locations. The agency head was interviewed and stated that video monitoring is used to enhance the protection of inmates from incidents of sexual abuse. He further stated that the agency considers their impact on deterring misconduct and facilitating prompt responses to potential incidents. The aim is to create an environment that fosters safety and deters any behavior that could lead to sexual abuse. The Jail Director was also interviewed and stated that the facility considers how the technology can enhance inmates' protection from sexual abuse. This includes improving visibility, detecting unusual activities, and addressing security gaps.

Based on the PAQ, General Order O-123, Camera Count Document, interviews with the Agency Head and Facility Head, memo of minutes from meeting discussing

	additional video surveillance, and observations of the physical plant, this standard is determined to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: S-001, Collecting, Processing and Preserving Evidence, 070/14/ 2014 4. Contract Between Santa Rosa Sheriff's Office and Gulf Coast Children's Advocacy Center, Inc. 5. Victim Services Practitioner Training 6. Investigation Files Interviews: 1. Random Staff 2. PREA Compliance Manager 3. Inmates Who Reported a Sexual Abuse (none remaining at the facility) 4. Investigative Staff 5. Random Inmates Observations: 1. Site Review Findings (by provision): 115.21 (a): General Order O-123 outlines the uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative

	proceedings and criminal prosecutions. General Order S-001 specifies the protocol for collecting evidence and the responsibilities in regard to collecting evidence. The Santa Rosa Sheriff's Office conducts their own administrative and criminal investigations. Interviews with Investigators indicate that they follow a uniform evidence protocol. Interviews with random staff indicate that they do not collect evidence, but they do preserve the scene so that any usable evidence can be obtained by investigators. 115.21 (b): General Order O-123 states that the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be 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. 115.21 (c): The facility does not conduct forensic medical examinations on-site. The facility utilizes the local hospital for forensic exams which would be performed there by licensed nurses who possess SAFE or SANE credentials. These exams would be conducted without financial cost to the inmate victim. The PAQ indicated that in the past twelve months, there were no forensic exams conducted by SAFE/SANE at the local hospital. An interview with the SAFE/SANE staff was unable to be conducted due to the exam being conducted at the local hospital. 115.21(d): The facility has a Memorandum of Understanding (MOU) with Gulf Coast Children's Advocacy Center which is a local rape crisis center. The MOU has been in effect since 2/10/2023 and is current. Inmates at the facility are provided information at intake which gives the phone number to contact them. This number can be accessed from the inmate phone. Contact was made by the auditor with leadership staff at the provider who verified this number and also indicated that they have received calls from the facility inmates and have provided victim advocacy services as well as Sexual Abuse Nurse Examiner services. An interview was also conducted with the PC who confirmed the services offered by the Gulf Coast Children's Advocacy Center. There were no inmates who reported sexual abuse still at the facility as of the dates of the on-site audit and no inmates who had a forensic exam in the past 12 months. During the site review, the advocacy information was observed on the inmate kiosks in the housing units. As noted previously, the information is also provided on the PREA brochure given to inmates at intake as well as on their tablets and in the inmate handbook. During the on-site audit, a test call was made from the inmate phones to the provider. Initially, there was an issue with connecting with a staff member at this provider. The issue was resolved with the provider by the facility after the auditor had departed the facility following the on-site review. The facility PC provided information to the auditor verifying the actions taken.

	In the event the Gulf Coast Children's Advocacy Center is not available, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. These staff members are trained through the Office of the Attorney General, Florida Crime Prevention Training Institute, which established the Victim Services Professional Development Program to provide comprehensive victim services / victim advocacy training in the field of crime victim services. 115.21 (e): General Order O-123 states that all inmates are provided a victim advocate to accompany them during the forensic examination process and investigatory interviews. The MOU with Gulf Coast Children's Advocacy Center also states that when any inmate is transported the hospital for a forensic exam, a victim advocate will be provided to accompany the inmate. The interview with the PC and staff at the Gulf Coast Children's Advocacy confirmed these services are offered to the inmates at the facility. There were no inmates remaining at the facility who had reported a sexual abuse; therefore, these inmates were not able to be interviewed. Random inmates interviewed seemed to be aware of the services available to them via the hotline number. Interviews with mental health staff at the facility also indicated that mental health services are available at the facility for the inmates. These services are provided by licensed mental health contracted staff. 115.21 (f): This section is not applicable since the agency is responsible for investigating all administrative and criminal allegations of sexual abuse. These investigations are conducted by the facility investigator and/or the Major Crimes Unit at the Sheriff's Office. The Major Crimes Unit and the facility investigator conduct criminal cases and the facility investigator conducts the administrative investigations. 115.21 (g): This section does not apply. The agency conducts all administrative and criminal investigations. The facility investigator conducts both administrative and criminal investigations and the Major Crimes Unit conducts the criminal investigations. 115.21 (h): This section does not apply. All victim advocates are provided by the local rape crisis center, Gulf Coast Children's Advocacy Center. Based on a review of the PAQ, General Order O-123, S-001, Victim Services practitioner training, the MOU with the Gulf Coast Children's Advocacy Center, and information from interviews with the PC, random inmates, and staff at the Gulf Coast Children's Advocacy Center, as well as observations made during the facility site review which included posting of advocacy information, and confirmation of

	communication ability by inmates with this provider, this standard is determined to be compliant.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: M-020, Sexual Battery Investigations, 08/10/2016 4. Investigative Reports Interviews: 1. Agency Head 2. Investigative Staff Findings (by provision): 115.22 (a): General Order O-123 and M-020 specify the administrative and criminal investigation process. The policy requires that all allegations will be investigated. The inmate handbook provides information to the inmate population that all allegations of sexual abuse and sexual harassment will be reported and referred for investigation. The PAQ along with a review of incident reports and investigative reports indicated that all reported allegation of sexual abuse and sexual harassment are investigated. The interview with the Agency Head stated that the facility absolutely ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and that also stated that if the investigation is administrative, the PC oversees those cases and the agency takes every allegation seriously and follows established procedures to investigate such incidents thoroughly and impartially. He further stated that an administrative or criminal investigation for allegations of sexual abuse or harassment involves several steps. It includes gathering evidence, conducting interviews with involved parties

	and witnesses, and documenting pertinent information. He stated that the investigation aims to determine the credibility of the allegations and whether they have merit. If the investigation substantiates the allegations, appropriate disciplinary action or criminal prosecution is pursued. The PAQ indicated that there were three (3) total allegations received at the facility in the past twelve (12) months. Two (2) of these resulted in an administrative investigation and one (1) was referred for a criminal investigation. These allegations were not within the previous 12 months. A review of the documentation from these investigations indicated that all were referred for investigation. 115.22 (b): General Order O-008 and M-020 outline the administrative and criminal investigation process. The policy ensures that allegations of sexual abuse or sexual harassment are referred to investigation. The agency investigators have the legal authority to conduct criminal investigations. The policy is published on the agency's website. The agency website was reviewed and contains the agency PREA policy. The policies to ensure referrals of allegations for investigations is on p. 10, section B. There were no allegations reported within the previous 12 months, however, there were 3 allegations previously reported outside this time frame. A review of allegations reported indicated that all were referred for investigation. The interview with the facility investigator also confirmed that all allegations of sexual abuse and sexual harassment are referred for investigation. 115.22 (c): This provision is not applicable. The SRCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. 115.22 (d): This provision is not applicable. The SRCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. 115.22 (e): This provision is not applicable. The SRCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. Based on a review of the PAQ, General Order O-123, General Order M-020, incident reports, investigations, the agency website and information from interviews with the facility investigator and the Agency Head, this standard is determined to be compliant.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. PREA Training Lesson Plan 4. Staff Training Records 5. General Order: I-002, Training, 10/16/2018 6. PREA Training Rosters 7. Electronic Training Rosters 8. Annual Medical Training Electronic Signatures 9. Identifying and Addressing Sexual Misconduct Electronic Signatures Interviews: 1. Random Staff Observations: 1. PREA Guide Books in various officer stations Findings (by provision): 115.31 (a): General Order O-123 indicates that all staff are trained on a yearly basis. A review of the PREA Training Lesson Plan confirm that the agency trains all employees who may have contact with inmates on: the zero-tolerance policy,

	dynamics of sexual abuse in Detention, signs of sexual abuse (abuse awareness), handling disclosures (confidentiality/reporting), common reactions, responding to victimized inmates, professional communication, coordinated response review, maintaining boundaries, staff duty to report. General Order I-002 states that newly appointed staff will receive in-service training within 14 days of hire and annual training thereafter. Both of these trainings include training on PREA prevention, detection, reporting and response policies and procedures. The Santa Rosa County Sheriff's Office Detention Division also trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. This is included in General Order O-123. And the O-123 PREA Lesson Plan. Both of these documents verify that the agency trains 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 and the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with random staff indicated that staff recall being trained on these topics. A review of a sample of staff training records indicated that they have received PREA training on the previous mentioned topics. Additionally, records indicated that staff have a "flip-book" in each officer's station which they can reference. This reference was observed in various officer stations throughout the facility. 115.31 (b): General Order O-123 indicates that training is tailored to the gender of the inmates in the facility. The Santa Rosa County Sheriff's Office Detention Division houses, male, female and juvenile inmates. According to the PAQ, training is mandatory for all staff regarding male, female and juvenile inmates. A review of the sample of staff training records indicate that all staff receive the same training which addresses both male and female as well as juvenile inmates. 115.31 (c): Per General Order O-123, employees receive semi-annual training in addition to annual training on their responsibilities under the agency's Prison Rape Elimination Action policy. Between training sessions, employees are provided with information about current policies regarding sexual abuse and harassment. Employees and contractors are 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. All towers (officer stations) are equipped with PREA Standards Guide Books, which outline the PREA standards for officers and employees to reference. PREA Guide Books are secured in the key box in each tower and ACR (intake) and in the cabinet behind the officer's desk in Medical. PREA Standards Guide Books are maintained in all agency transport vehicles for

	officers to reference. PREA First Responder Posters are posted throughout the facility (pod towers, detention muster, shift supervisor's office, food service office, medical, medical officer's desk, transportation, video courtroom, ACR supervisor's office, classrooms and maintenance. These guide books were observered by the auditor in various locations. The agency documents that employees understand the training they have received through employee signature or electronic verification. Interviews with staff confirm that they have all received PREA training and that they receive this training through the formalized annual training and also through the previous mentioned methods. 115.31 (d): The PAQ indicated that all staff are required to electronically sign an acknowledgment that they have read and understood the PREA training. A review of a sample of staff training records indicated that all of those reviewed and electronically signed that they understood the training they had received. Based on a review of the PAQ, O-123, I-002, the PREA Training lesson plan, staff training records, training rosters with signatures, training acknowledgement electronic signatures, the PREA Guidebook as well as interviews with staff and the PC, and observations of the PREA Guidebook at various locations throughout the facility, this standard is determined to be compliant.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: O-123, PREA Lesson Plan 4. Volunteer Training Records 5. Contractor Training Records

6. PREA Card

Interviews:

1. Volunteers

2. Contractors

Findings (by provision):

115.32 (a): General Order O-123 states that all volunteers and contractors, who have contact with inmates, will be trained on their responsibilities under the agency's Prison Rape Elimination Act (PREA) policy. The type and level of training is based on the services they provide and level of contact they have with inmates. The PAQ indicated 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. The PAQ further indicated that in the past year, 85 volunteers and contractors have received PREA training. The PC advised that the PREA Lesson plan is used to train all new staff, contractors and volunteers. A sample of volunteer and contractor training records indicate that they have signed an acknowledgement of training. Interview with a volunteer and with contractors indicated that they had received PREA training and that they receive this training at least annually.

115.32 (b): General Order O-123 requires that all volunteers and contractors who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed regarding how to report such incidents. The PAQ indicated that all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. They are notified of this policy in the PREA training they are required to attend when they are first hired or approved to enter the facility, and annually every year thereafter. During the site review, PREA signage was observed throughout the facility reminding all staff and volunteers of the zero-tolerance policy. A review of the training records for contractors and volunteers indicated that they have received training on the zero-tolerance policy. Interviews with contract staff indicate that they were all received this training. An interview with a volunteer indicated that they had received the PREA training. The PAQ included a PREA Card which is a quick reference pocket guide issued to all contractors. This card is required to be kept on the contractor's person at all times. This card contains First Responder duties and Evidence/Crime Scene Integrity information.

	115.32 (c): The PAQ indicated that all volunteers and contractors sign off for the training they have received on. A review of a sample of training records for both volunteers and contractors indicate that they have received training on PREA. Interviews with contract staff also verified they had received training. Based on a review of General Order O-123, the PREA Lesson Plan, the PAQ information, volunteer and contractor training records, the PREA Pocket Guide card, and interviews with contractors and a volunteer, this standard is determined to be compliant.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Santa Rosa County Sheriff's Office Detention Division Sexual Assault / Abuse Awareness Brochure (English and Spanish) 4. Document of Listing of PREA Poster Locations 5. PREA Education and Acknowledgement Form – Part 1-Booking (English and Spanish) 6. Intake Records of Inmates 7. Log of Inmates at Intake receiving information (inmate signatures) 8. Inmate Handbook (English and Spanish) 9. Kiosk Information (English and Spanish) Interviews: 1. Intake Staff 2. Random Inmates

3. Limited English Proficient (LEP) Inmates

4. Informal conversations with staff

5. Informal conversations with inmates

Observations:

1. Intake Area

2. Intake Process

3. PREA Signs in English and Spanish

4. Location of Interpretation Services (privacy)

5. Comprehensive PREA Education Process (video and in-person)

Processes Tested:

1. Intake Process

2. Facility process for securing interpretation services on-demand

3. Inmates' ability to access interpretation services and anonymous reporting ability

Findings (by provision):

115.33 (a): General Order, O-123 outlines the requirement for inmates to receive PREA education. This policy states that all inmates, during intake, will receive orientation explaining the facility zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. A sexual assault awareness pamphlet is provided to each inmate in the inmate's property bag during dress out with information on self-protection and prevention techniques, treatment and counseling and reporting methods. This pamphlet is in English and Spanish and was provided to the auditor. Posters containing sexual assault awareness and reporting information are posted in the intake vestibule. This signage was observed by the auditor on-site. An informational video which contains PREA educational information, plays twice a day on the housing unit televisions. This was observed by the auditor in several locations. Information in both the PREA video, as well as the PREA pamphlet provides information to the inmate regarding their right to be free from sexual abuse and sexual harassment, educating them about the ways they can report it (to staff verbally, through a written

request or grievance, via email through the kiosk, by phone or in writing to the Gulf Coast Children's Advocacy Center or the National Rape hotline number, or through a third party). The information provided gives information on what will happen if there is an incident of sexual abuse or sexual harassment including what services are available to victims. This video is in English, Spanish and American Sign Language. The PAQ indicated that in the previous 12 months 6,922 inmates have received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This is equal to 100%. The inmate handbook also provides information on the zero-tolerance policy as does the PREA Informational Brochure given to inmates at intake. The auditor observed the booking process and was given an overview by staff. The auditor observed an inmate coming into Intake and being given the PREA pamphlet as well as told by staff their rights under the PREA standards. Inmates are provided with the Inmate Handbook and given a PREA informational brochure, which is read by the inmate and if, necessary, read to the inmate by staff. Risk assessment questions are also asked of the inmates at the time of intake. PREA information is posted in the intake area and is readily visible. Interviews were conducted with 31 total inmates. Of these interviews 26 remembered receiving the PREA pamphlet, Inmate handbook and seeing the video. Five of the inmates interviewed stated they were not given information in the pamphlet or handbook, however, a review of at least 2 of these inmates indicated they had signed the acknowledgement of PREA education upon intake the same day they arrived at the facility. Interviews with intake staff also indicated that they provide this information to the inmates upon arrival at the facility. The facility also utilizes tablets which are issued to each inmate. The inmates are required to complete the PREA education on the tablet prior to being able to use the tablet for other purposes. Inmate Kiosks also provided information on PREA policies in English and Spanish. Mental health staff, program staff and security staff are involved in providing the information to inmates with cognitive or functional disabilities. For inmates who do not speak English or unable to read in their native language, the facility can utilize the Language Line as well as their Guardian system for translations. These systems were tested and demonstrated to the auditor by staff. There were no LEP inmates housed at the facility during the on-site audit so these inmates were unable to be interviewed. The auditor did interview an inmate with a cognitive disability and he indicated that he was presented the PREA information in a manner that he could understand and that staff explained policies, etc. to him. Intake records of inmates were reviewed and corroborated that they received the information at intake (signatures). The policies, video, kiosk and other materials indicated, were reviewed by the auditor to ensure that relevant information was covered.

115.33 (b): General Order O-123 states that the facility will provide comprehensive education to inmates within 30 days of intake, either in person or via video regarding the inmates' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that in the past

twelve months, there were 6,374 inmates who received comprehensive PREA education within 30 days of intake. Most of these inmates received the education within 72 hours. The remaining inmates were released prior to the 30 days. This is equivalent to 100% of those remaining at the facility for longer than 30 days. The PREA video is shown at intake and also at various locations throughout the facility (housing units, kiosks, medical, etc.) This video provides a more comprehensive education. The video includes education about sexual safety, such as the dynamics of sexual abuse in a confinement setting and how to stay safe, as well as the facility's policies and procedures related to sexual abuse and sexual harassment, with clear information about how to report and what happens with every report of sexual abuse and sexual harassment. The video also contains information about victim services available to inmates in the facility. The inmates sign the SRCJ 13-034 form on the date of intake which acknowledges that they have been educated and understand their rights and safety under the Pison Rape Elimination Act. A review of inmate files indicated that there was documentation of the completed PREA training within 30 days of intake (signatures). The video is normally played for the inmates with staff who can answer any questions or concerns. The video is played twice a day (daily) in the inmate housing units and in various locations throughout the facility. Interviews with staff indicated that they provide comprehensive inmate education regarding PREA within 30 days of their intake. During the on-site audit, the auditor interviewed 31 inmates. Of the inmates interviewed 28 indicated that they had received PREA education via the video. They stated that this information is also in the inmate handbook and on the tablets and kiosk. Three other inmates' interviews indicated they had not been given information about PREA, however, at least 2 of those inmates signed acknowledgment of receiving PREA education. Interviews with intake staff indicated that the video is played on a loop in the intake area during the booking process, also. The video was reviewed by the auditor and does contain the required information as outlined in the PREA standards. This video is in English, Spanish and American Sign Language is has closed captioning options. The inmate handbook was also reviewed by the auditor to ensure that relevant information is covered.

115.33 (c): The PREA standards were effective as of 2013 and all inmates were required to be trained as of 2014. Current inmates have all received PREA education as indicated by a review of a sample of inmate files. Because this facility is a county jail, inmates are not transferred here from other facilities and the inmates are typically at this facility for less than a year. The auditor requested from the PC the PREA education record of the inmate who had been housed at the facility the longest period of time. The PC provided the PREA education documentation of an inmate who had been at the facility 4 years. She advised this was the inmate who had been housed at the facility for the longest period of time. A review of this inmate's PREA education acknowledgment form indicated that he did receive PREA education within the first day of his arrival at the facility. Interviews with inmates and with intake staff also indicate that they receive the PREA information at intake and comprehensive PREA education within 30 days of their arrival.

	115.33 (d): General Order O-123 specifies the procedure to provide PREA education in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired otherwise disabled, as well as to inmates who have limited reading skills. The policy states that if inmates are blind or with low vision or have a cognitive disability, the PREA information would be read to them. Inmates who are deaf or hard of hearing would be provided with reading material and the ability to view the PREA video with closed captioning and/or American Sign Language. LEP inmates would be provided the PREA information (brochure and video) in Spanish or a staff member would translate for them. If a translator was unavailable at the facility, the Language-line would be utilized. There were no LEP or deaf inmates or visually impaired inmates at the facility as of the dates of the on-site audit. The auditor did interview a cognitively impaired inmate. This inmate indicated that he was provided information in a method he was able to understand. This inmate's intake PREA acknowledgement form was reviewed and included his signature on the form as the acknowledgement. A review of the inmate files also indicated that they were given information in English or Spanish. During the site review of the facility, PREA signage was observed in English and Spanish, with large font. The auditor reviewed the PREA educational documents and determined that these documents covered the information required by the PREA standards. 115.33 (e): The PAQ provided sample PREA education documents with inmate signatures. The auditor selected inmate files to review and verified that the agency maintains documentation of inmate participation in these education sessions. 115.33 (f): The PAQ indicated that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks and other written formats. The facility makes PREA information available to the inmate population through PREA signage throughout various locations in the facility, through the inmate handbook, the inmate tablets, inmate kiosks, the PREA brochure and the PREA informational video, which is aired twice each day at 1000 and 2200 for continuous education. During the site review, the auditor observed the PREA signage and was able to view the PREA information on the inmate tablets, kiosks and the video. Inmates interviewed also indicated that they had received a PREA brochure and inmate handbook and the video. The inmates also referred to the PREA information which is on their tablets and posted in the housing units. Based on a review of the PAQ, the PREA brochure, General Order O-123, the inmate handbook, the PREA education video, the information on the inmate tablets, kiosk, a sample of inmate records, the documentation of PREA education for the inmate housed at the facility the longest amount of time, observations of the intake area, PREA signage and documents and information obtained through interviews with intake staff and random inmates and a cognitively disabled inmate, this standard is determined to be compliant.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Investigator Training Certificates 4. Investigator Training Records Interviews: 1. Investigative Staff Findings (by provision): 115.34 (a): General Order O-123 states that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training in conducting such investigations in confinement settings. The training is completed utilizing the National Institute of Corrections online course “Investigating Sexual Abuse in a Confinement Setting”. The PC as well as the jail investigator have both received the training. 115.34 (b): General Order O-123 states that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training which shall include 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 investigator training records were reviewed and verified that the investigators had received the required training.

	The interview with facility investigators indicated that the previous mentioned topics were covered as part of the training they had received. 115.34 (c): The PAQ indicated that there are five (5) agency investigators who have completed the specialized training. A review of the training documentation confirms that staff have completed the specialized training and received a certificate of completion. The interview with the PC indicated that all investigators who investigate sexual abuse and sexual harassment complete this training. 115.34 (d): This provision does not apply to the Santa Rosa County Sheriff's Office Detention Division. No other entity is responsible for conducting investigations. This was confirmed by interviews with the PC and other investigative staff as well as by review of the PAQ, and the agency website. Based on a review of the PAQ, General Order O-123, the investigator training records, and interviews with the PC and facility investigator, this standard is determined to be compliant.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Wellpath Certificate of Completion – PREA Training 4. Medical and Mental Health Staff Training Records Interviews: 1. Medical Staff 2. Mental Health Staff

Findings (by provision):

115.35 (a): General Order O-123 requires that all medical and mental health care staff are to complete training in 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. The PAQ states that 38 medical and mental health staff have completed the required training which is equivalent to 100%. A review of the curriculum for the specialized training indicates that the required topics are covered. A review of the training records for the medical and mental health staff indicated that those reviewed had received the required training. Interviews with medical and mental health staff also verified that they had received the training.

115.35 (b): This provision does not apply. Forensic exams are not conducted at the facility, but at the local hospital, which has SAFE/SANE staff. These specially trained staff at the local hospital conduct the forensic medical exams. Interviews with medical and mental health staff confirm that they do not perform forensic medical exams.

115.35 (c): The Santa Rosa County Sheriff's Office Detention Division contracts with Wellpath for medical services at the facility. All of the medical and mental health staff at the facility are contract staff. The PAQ and a review of training documents for medical and mental health care staff confirm that they have received the required training and that the facility also maintains this documentation.

115.35 (d): Medical and Mental Health care staff at this facility are contract employees under Wellpath. The facility provided documentation that medical and mental health staff receive the same PREA education as all other staff. The documentation provided to the auditor verified that medical and mental health staff have received PREA training. Interviews with medical and mental health staff also confirmed that they had received the same PREA training that is required for all other staff at the facility.

Based on a review of the PAQ, General Order O-123, medical and mental health training documentation, as well as interviews with medical and mental health staff indicate that this standard is compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: O-001, Adult Admission and Processing, 07/15/2023 4. General Order: O-002, Classification – Adult Inmate, 02/05/2018 5. PREA Intake Screening Instrument – SRCJ 13-034 6. Inmate Assessment and Reassessment Documentation Interviews: 1. Staff Responsible for Risk Screening 2. Random Inmates 3. Informal Conversations with Staff 4. Informal Conversations with Inmates 5. PREA Coordinator 6. PREA Compliance Manager Observations: 1. Intake Area (screenings) 2. Physical Storage Area for Risk Screening Documents 3. Electronic Safeguards of Information Collected Testing Processes: 1. Risk Screenings for Inmates

Findings (by provision):

115.41 (a): General Order O-123 requires that all inmates will be screened during intake using an objective screening instrument for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. General Order O-001 specifies this process and states that ACR (intake) personnel will conduct an initial PREA assessment to determine the inmate's potential risk of sexually assaultive behavior or sexual vulnerability and ensure appropriate housing based on the assessment. Information as to whether or not the inmate is found to be a sexually violent predator will also be used as criteria in this assessment. The PREA Sexual Violence Screening Form (SRCJ 13-034) interview will be conducted in the Fingerprint Room by a deputy in a one-on-one basis. All information obtained during the PREA assessment in ACR and the initial classification interview process will be used to determine appropriate housing assignment of inmates which could include administrative segregation. General Order O -002 specifies the responsibilities of classification staff regarding inmate housing assignments, housing moves, ACR, coordinating with the PC regarding PREA housing decisions, and re-classifications. During the site review of the facility, the auditor observed the intake area and was walked through the intake process by staff. The initial risk screening is conducted one-on-one with each inmate as they are booked into the facility. Staff ask the incoming inmates questions which are on the booking intake questionnaire. This is completed the same day the inmate arrives or the next day, if the inmate is under the influence of alcohol or drugs. The screening process occurs in a setting that ensures as much privacy as possible. An interview with intake staff indicated that the questions asked to the inmates are conducted in a manner that fosters comfort and elicits responses. The screening staff utilize an instrument to collect information during the risk screening process and affirmatively ask inmates about their sexual orientation and gender identify by directly inquiring if they identify as LGBTI in addition to making a subjective determination about perceived status. The screening instrument returns a subsequent "score" or determination of risk of being sexually abused or being sexually abusive. Inmate interviews indicated that they were asked the initial screening questions the same day they arrived at the facility. Informal conversations with staff and inmates indicated that the inmates are asked the screening questions in an area where they have privacy.

115.41 (b): General Order O-123 states that all inmates will be assessed during intake for their risk of being sexually abused by other inmates as well as for their risk of being sexually abusive towards other inmates within 72 hours of their arrival at the facility. The PAQ indicated that inmates are screened within this time frame and that in the past 12 months, 2,875 inmates were received at the facility. The PAQ indicated that 100% of these inmates were screened within 72 hours. A review of a sample of inmate records indicated that they were all screened at intake within 72 hours of arrival at the facility. The auditor reviewed a sample of risk screening records from inmates interviewed on-site. These inmates all completed the risk screening within

	72 hours of arrival at the facility. Interview with staff who perform the intake screening also confirm that the screening is completed the same day the inmate arrives at the facility or the next day. Interviews with inmates also indicated that they remember being asked the screening questions the same day they arrived at the facility. Some of the inmates interviewed stated they were asked these questions the following day or the day after. These interviews were delayed due to the individual being under the influence of drugs or alcohol at the time of arrival to the facility. In these situations, staff stated to the auditor that the individual is held in a cell in medical and evaluated at regular intervals to determine when the inmate is cognizant, and the intake screening can be conducted after that determination is made. 115.41 (c): A review of the intake questionnaire (SRCJ 13-034) confirms that the required questions are asked utilizing an objective screening instrument. The questions are asked in yes and no format and are followed up by staff reviewing the inmate's file. 115.41 (d): A review of the intake questionnaire (SRCJ 13-034) confirms that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability, and whether they are detained solely for Immigration purposes. An interview with staff who performs risk screening indicated that all of these items are reviewed and included in the risk screening. 115.41 (e): A review of the intake questionnaire (SRCJ-13-034) confirms that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Interviews with staff who perform risk screening confirm that these criteria are considered and are used to determine housing. 115.41 (f): General Order O-002 states that within 30 days from the inmate's arrival at the facility, inmates would be reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicated that there were no 30- day

	reclassifications in the past 12 months based upon any additional, relevant information received since intake. An interview with the PC indicated that all inmates are evaluated within 30 days for classification reassessment and every 30 days thereafter. Interviews with classification staff also indicated that inmates are assessed every 30 days while incarcerated at the facility. Reassessments are also completed for every inmate by medical staff within 30 days of their arrival at the facility. A review of these re-assessments indicated that these reassessments are conducted face to face with the inmates and that the inmates are asked questions related to their sexual vulnerability. Interviews with random inmates also indicated that they were asked the risk screening questions and that other staff (classification, medical, mental health and the PC) also ask these questions periodically. Those inmates who were referred to mental health as a result of their initial answers to the risk screening questions were asked the screening questions again, but in a more informal format. General Order O-002, pg. 4 states the following criteria for reclassification: "Classification is an ongoing process and the potential for reclassification must be available to every inmate. Any time there is a change in the criteria on which the original classification was based; the inmate's status may change requiring re-evaluation of custody and housing. Changes in criteria may include conviction of charges, new information regarding detainer, pre-sentence reports, etc. The Classification Unit shall make all changes in an inmate's classification. Criteria for re-classification shall consist of, but not be solely limited to the following: inability to handle a particular situation, request from the inmate request from staff, legal status change of the inmate, adjustment problems at his/her current status, involvement in a serious infraction of facility rules and needs placement in administrative segregation or disciplinary confinement, victim of sexual assault, perpetrator of sexual assault, psychological instability." A review of the risk screening and re-assessments for a random sample of inmates indicated that these were completed within the 30-day time frame. 115.41 (g): General Order O-123, indicates that inmates would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. An interview with the staff responsible for risk screening indicated that inmates are assessed every 30 days while housed at the facility and are reassessed whenever new information arises or if there are incidents occurring which may indicate a change is needed. Interviews with random inmates indicated that they were asked the risk screening questions and many stated that they were asked these questions more than twice. A review of a sample of inmate files indicated that inmates are being reassessed and inmates who alleged sexual abuse were reassessed after their allegation was made. Interviews with staff who perform risk screening also indicated that this is the standard practice which helps them ensure that inmates are housed appropriately. 115.41 (h): General Order O-123 indicates that inmates will not be disciplined for

	refusing to answer, or for not disclosing complete information in response to the questions asked in the risk screening tool. The PAQ also indicated that inmates are not disciplined for refusing to answer any of these questions. Interviews with staff who perform risk screening indicated that inmates are not disciplined for refusing to answer any of these questions or for not disclosing complete information in response to the questions. Interviews with random inmates also confirmed that they are not disciplined for refusing to answer any of the screening questions. 115.41 (i): Interview with the PC and the staff responsible for risk screening indicated that the facility has implemented appropriate controls on the dissemination within the facility of the responses to the risk screening questions pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. These staff stated that the information in the risk screening is only accessible to certain staff who are authorized based on their position in the facility. These staff include those who use this information to inform their decisions on housing assignment, and work/programs. The information on the data base can only be accessed based on the security profile of these staff. The hard copy inmate files are also kept in a locked cabinet in a locked room which only authorized staff have access to. During the site review, the physical storage area of the inmate files was observed as well as the database with the risk screening information which was restricted to view by specified access depending on the position of the staff member. Based on a review of General Order O-002, General Order O-001, General Order O-002, the PREA Intake Screening Instrument SRCJ 13-034, the PAQ, the Intake Questionnaire, reassessments, interviews with the PC, staff who perform risk screening (intake, medical, mental health, classification), random inmates, observations of the intake area (screenings), physical storage area for risk screening documents, electronic safeguards of information collected, walk through explanation by intake staff of the booking and risk screening process, indicates that this standard is compliant.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire

2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. PREA Sexual Violence Screening Form – SRCJ 13-034 (English and Spanish)

4. Statement of Search Preference Form – SRCJ 13-063

5. General Order O-008, PREA LGBTI, 07/08/2015

6. Inmate Case Management Screens

7. Inmate Housing Assignments

Interviews:

1. PC

2. Staff Responsible for Risk Screening

3. Transgender Inmates (none currently at the facility)

4. Lesbian, Gay, Bisexual (LGB) Inmates

Observations:

1. Site review observations of shower areas

Findings (by provision):

115.42 (a): General Order O-123 indicates that the facility utilizes information from the risk screening to determine housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for risk screening indicate that the information from the risk screening is used to make housing determinations and job and program determinations. The PREA Search Preference form is utilized to record the inmate's preference in reference to housing and searches. Per General Order O-123, p. 15, the PREA Coordinator or designee will assess all transgender or intersex inmates for housing utilizing this form. The form captures the following information: Does the inmate feel comfortable being housed in general population, what gender of inmates does the inmate feel comfortable being housed with, does the inmate feel comfortable showering around other inmates, does the inmate prefer to shower away from other inmates. Inmates who are deemed to be at risk of being abused are housed separately from those inmates deemed to be at risk of abusiveness. The housing configuration of the facility allows staff to separate these inmates in separate

	housing units so that they rarely, if ever, are in contact with each other. 115.42 (b): General Order O-123 and O-008 indicates that the facility makes individualized determinations about how to ensure the safety of each inmate. The interview with staff responsible for the risk screening indicated that decisions are made by classification and that they review the risk assessments to determine the safest housing assignments and work/program assignments. The interview with the PC indicated that she is involved in the housing of inmates based on the inmates' risk assessment. 115.42 (c): General Order O-123 and O-008 indicate that in deciding housing for transgender or intersex inmates, these decisions are made on a case-by-case basis, considering whether the placement decision would ensure the inmate's health and safety and whether the placement would present management or security problems. The Santa Rosa County Sheriff's Office Detention Division is a county jail and houses both male and female inmates. The interview with the PC indicated that housing determinations for these inmates would be considered on a case-by-case basis, factoring in whether a placement would present management or security problems. Interviews with transgender inmates indicated that they were asked about their own perception of safety and did not feel that they were placed in a housing area only for other transgender inmates. 115.42 (d): General Order O-123 indicates that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to the safety experienced by the inmate. The interview with the PC indicated that all inmates are reassessed at least every 6 months, but often, she will check on them and have informal conversations to assess their safety when she making her facility rounds. A review of 14 inmate files for inmates currently and previously housed at the facility, the search preference form was reviewed and indicated that each inmate was given the opportunity to have input into the gender officer that they wish to search them as well as their housing preference. The interview with staff responsible for risk screening (classification) indicated that the inmates are seen by staff routinely, not to exceed 90 days to review their housing assignments and to determine if any changes need to be made based on any other information. Interviews with transgender inmates indicated that they are routinely asked by staff about any issues they may be having, and that the PC sees them and discusses anything going on or issues they may be having. Interviews with random inmates indicated that they are reviewed regularly by classification staff and the PC. There were no transgender inmates who were housed at the facility for 6 months. All of these inmates were released within 6 months and usually within 30 days. The transgender inmates still at the facility as of the date of the on-site audit had not been housed at the facility for 6 months, therefore, they would not have had the 6 month review.

	115.42 (e): General Order O-123 indicates that transgender and intersex inmate's own views with respect to her or her own safety shall be given serious consideration. The Interview with the PC indicated that this is considered in the housing determinations. The staff responsible for risk screening (classification) also stated that this is considered in housing decisions. Interviews with transgender inmates stated that they are asked about their own safety. The auditor reviewed 14 records (housing and search preference form) for those inmates who were still at the facility and some who were previously housed at the facility. These forms contained information which showed that they were given input into their housing determinations. These forms were signed by the inmates. 115.42 (f): General Order O-123 states that transgender and intersex inmates are given the opportunity to shower separately. A review of the housing units determined that each housing unit has a single person showers and other showers that are not single. Inmates interviewed stated that they all are respectful and just take turns in the showers so that each person can have privacy. The did not indicate that the showers were an issue and agreed that they had reasonable privacy in the facility. The interview with the PC and the staff responsible for risk screening indicated that inmates all have privacy while showering and transgender inmates are also given consideration for using a shower in a separate area which allows even further privacy, if they request this. Inmates interviewed, including transgender inmates indicated that they had privacy when showering. The showers were observed in the housing units and the single showers were present along with other showers with half walls or curtains. 115.42 (g): General Order O-123 indicates that inmates who identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in a dedicated facility, unit, wing or established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates. A review of the housing assignments for inmates who identify as LGB are assigned to various housing units around the facility. These inmates are not housed in a specific pod. Interviews with the PC also indicated that LGB inmates are not housed in specific pods, but rather, they are housed according to their risk assessment and custody level. Transgender and LGB inmates interviewed stated that they were in a housing unit with different types of inmates and not solely for LGB and transgender inmates. Based on the review of the PAQ, General Order O-123 and O-008 the PREA Intake Screening Sheet, Inmate Case Management Screens, inmate housing assignments, inmate search preference / housing form, interviews with the PC, staff responsible for risk screening, random inmates, transgender inmates and LGB inmates, and observations made of the housing units, including shower areas, this standard is determined to be compliant.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. General Order: O-002, Classification – Adult Inmate, 02/05/2018 4. PREA Sexual Violence Screening Form – SRCJ 13-034 (English and Spanish) 5. Documentation of Inmate Search Preference and Voluntary Segregation Interviews: 1. Jail Director 2. Staff Who Supervise Inmates in Segregated Housing 3. Inmates Identified as at-Risk During Risk Screening Findings (by provision): 115.43 (a): General Order O-123 and O-002, states that the facility does not place inmates at high risk of 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. The PAQ indicated that in the previous 12 months, there were no inmates were held from 1-24 hours in segregated housing awaiting completion of the assessment. Interview with the Jail Director indicated that if inmates are placed in segregation involuntarily, they are only maintained in this status until an alternative means of separation from likely abusers can be arranged and that it would only be for as little a time as necessary to make such arrangements. In most cases, this is no more than 24 hours. A review of the housing documentation in segregated housing and an interview with inmates who were identified as having high risk of victimization

	indicates that inmates are not held in segregation for these reasons. Documentation was requested and provided to the auditor of two transgender inmates who were interviewed by the auditor. Both of these inmates requested to be housed alone due to their transgender status. They were housed alone voluntarily. An interview with staff who work in segregated housing also confirmed that they do not house inmates in segregation involuntarily for this purpose, unless it is for a short period of time to determine alternative housing options. 115.43 (b): General Order O-123, indicates that if an inmate was place in involuntary segregated housing for risk of victimization, they shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility 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. According to the PAQ, there were no inmates held in involuntary segregation from 1-24 hours in the previous 12 months. An interview with staff who supervise inmates in segregated housing indicated that if inmates were housed in this status, they would not be restricted of any programs or other opportunities, but if they were, this information would be documented on the housing log. No inmates were in the segregated housing unit for risk of sexual victimization during the dates of the on-site audit, therefore, no inmates of this category were interviewed. During the site review, informal conversations were conducted with staff which indicated that there were no inmates housed in the segregated housing unit for risk of sexual victimization. Interviews with two inmates who were transgender and housed alone indicated that they were not denied access to education or programming. 115.43 (c): General Order O-123 states that if an inmate was placed in involuntary segregated housing due to risk of victimization, the inmate would only be placed there until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The PAQ indicated that no inmates were held in this status for risk of sexual victimization for the past 12 months. During the on-site review, no inmates were observed to be housed in segregated housing due to risk of victimization. A review was also completed of the housing log in the segregated housing unit and it was determined that there were no inmates housed in this pod for risk of victimization. Interviews with the Jail Director and staff who supervise inmates in segregated housing confirmed that no inmates are housed in segregation for this reason for more than 24 hours. These staff stated that this would not ordinarily exceed 30 days, if there was a reason for them to be housed in segregation more than 24 hours. There were no inmates segregated for risk of victimization during the dates of the on-site audit, therefore, no inmates were interviewed. Two inmates interviewed who were housed alone were not in the segregation unit, but housed in medical and had requested to be housed alone.

	115.43 (d): General Order O-123 states that if an inmate was placed in segregation due to risk of victimization, this would be documented and state the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Per the PAQ, no inmates were placed in involuntary segregation for more than 24 hours. The housing / search preference form was reviewed for two transgender inmates who indicated that they wished to be separated and housed alone and away from other inmates. 115.43 (e): General Order O-123 states that if an inmate was placed in segregation due to risk of sexual victimization, the facility will review the inmate's status every 30 days to determine whether there is a continuing need for separation from the general population. Per the PAQ, no inmates have been placed in involuntary segregated housing for more than 24 hours, in the past 12 months preceding the audit. Interviews with staff who supervise inmates in segregated housing verified that no inmates are held in segregation for this purpose and if so, it is for a minimal amount of time. There were no inmates in involuntary segregated housing for risk of sexual victimization during the dates of the on-site audit, therefore, no inmates were able to be interviewed by the auditor. Two inmates were interviewed who voluntarily requested to be housed alone. Based on a review of the PAQ, General Order O-123, O-002, PREA Sexual Violence Screening form, a review of the segregation housing log, documentation of search and housing preference forms, observations from the site review and interviews with the Jail Director, staff who supervise inmates in segregated housing, and inmates identified as at-risk during risk screening, this standard is determined to be compliant.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Inmate Handbook (English and Spanish)

4. Santa Rosa County Sheriff's Office Detention Division Sexual Assault Brochure - Spanish

5. PREA Informational Posters

6. Contract with Gulf Coast Children's Advocacy Center

7. Incident Reports

8. Investigation Reports

9. PREA Training Curriculum

Interviews:

1. Random Staff

2. Random Inmates

3. PC

Observations:

1. PREA Signage

2. Testing of processes – kiosks, phones, mail, legal mail

3. Storage areas for PREA related reports and other subsequent documents

Findings (by provision):

115.51 (a): General Order O-123, p. 16 and the Inmate Handbook, p. 5 outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of the PREA Inmate Informational Brochure, PREA signage and the inmate handbook cover multiple ways that inmates can report sexual abuse, sexual harassment and retaliation. These methods include: verbally reporting to any staff member, contractor or volunteer; via inmate kiosk, written inmate request or note placed in a locked drop box and reviewed by the PC, writing a grievance, The Inmate Handbook also contains information regarding detainees with an immigration hold (Community and Detainee Helpline toll-free number on a non-recorded line)(information on language translation assistance is also included), by calling the local rape crisis center (Gulf Coast Children's Advocacy Center) (toll free

	non-recorded line) via the phone number posted and provided to the inmate population, by writing to the Gulf Coast Children's Advocacy Center (address provided), calling the National Sexual Abuse Hotline (toll free non-recorded line) or by having a third party (friend or family member) report to the facility (PC, Jail Director or other staff member). Information is also provided in the Inmate Handbook for directions for Foreign Nationals. During the site review, the auditor observed that PREA information was posted in signage throughout the facility, which included reporting information. Informational pamphlets and electronic signage were also observed on the inmate kiosks and tablets. The same information provided in the Inmate Handbooks was also included in the physical and electronic signage. Information in both the Inmate Handbook as well as the signage contained information regarding access to outside victim emotional support services and other relevant PREA information. The observed signage is clear and easy to understand and is provided in English, Spanish and American Sign Language. This information on the signage is also easy to read for inmates with low vision. A PREA informational video plays twice a day throughout the facility which inmates who are deaf or hard of hearing can watch (it includes closed captioning and sign language). The informational signage was observed in multiple locations throughout the facility and the information is accurate and consistent. The information is located in areas where staff can view it, also. The signage included information regarding how to report externally and internally and was in areas frequented by person confined in the facility, including housing units, programming areas, work areas, education areas, etc. Formal and informal interviews with random inmates confirm that the they were aware of the various methods of reporting these incidents. Interviews with random staff also confirm that there are multiple ways for inmates to report sexual abuse and sexual harassment. The auditor conducted test calls to the Gulf Coast Children's Advocacy Center as well as to the National PREA Hotline and conducted a test email via the inmate Kiosk to the facility PREA Coordinator and confirmed that these reporting mechanisms worked as posted and verified how the facility receives these reports. The kiosks are in the day room area of the housing units and are easily accessible and operable. Inmates are able to submit a sexual abuse or sexual harassment report on the kiosk anonymously, if they choose. The inmates have reasonable privacy when operating the kiosk and making phone calls. The auditor observed the mail drop boxes and inmates informally interviewed stated that they have access to writing materials. Mailboxes in the facility are accessible to inmates and are in areas where an inmate could drop written communication anonymously. These mail boxes are not used exclusively for reporting sexual abuse and sexual harassment. Mail drop boxes are kept locked and secured and are only accessible for a designated staff member. The auditor informally interviewed mailroom staff who were collecting legal mail during the site review. This staff member stated that any mail going to an external reporting entity or outside emotional support service provider could be sent via legal mail and kept private, confidential and /or privileged. The auditor observed during the site review the area where PREA reports and related information is stored which is in a locked filing cabinet in a locked office. This office and cabinet are only accessible to those staff who work in this office under the supervision of the PREA Coordinator. The

	PREA Coordinator also has access to this cabinet and the office. Electronic information is secured and only visible to staff with privileged access based on their position. 115.51 (b): General Order O-123, p. 17 indicates that the facility has a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The auditor also reviewed the PREA Informational Brochure, the inmate handbook, and the PREA signage which confirm that the inmate population are provided information and a phone number to report incidents of sexual abuse and sexual harassment to an outside entity. The outside entity is the Gulf Coast Children's Advocacy Center which has a contract with the facility. Inmates are provided a phone number which they can call directly from the inmate phones in the housing units free of charge and without the necessity of a pin number. This phone line is also a non-recorded line. The interview with the PC stated that the Gulf Coast Children's Advocacy Center would receive the allegation and immediately call her with the information. The auditor also made contact with leadership staff at the Gulf Coast Children's Advocacy Center who confirmed that they do take calls from inmates at the facility and confirmed the contract and the services they provide to the inmates at the facility. Both the PC and the Gulf Coast Children's Advocacy Center staff stated that the inmate could remain anonymous if they chose to. Interviews with random inmates confirm that they have seen the information posted regarding the Gulf Coast Children's Advocacy Center and are aware of how to contact this organization. General Order O-123, p. 17 also provides information for inmates detained for immigration purposes to report. Printed signage and electronic signage as well as the inmate handbook also contain this information. 115.51 (c): General Order O-123 p. 17, and the Inmate Handbook p. 5, indicates that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The PREA signage was observed in the facility and the inmate handbook. Interviews with random staff confirm that when they receive a verbal report from an inmate is it immediately documented or documented as soon as possible after they have made sure the inmate is safe and separated from the perpetrator. Interviews with random staff confirm that they are aware that they can make reports verbally and the inmates stated that they believed that staff would follow up with action on verbal reports. Many of these inmates stated that they had reported other incidents not PREA related in the past and that staff took immediate action so they stated they had no reason to believe it would not be handled if it were a PREA incident. Inmate interviews also indicated that many of them would contact family or friends to make third-party reports if necessary.

	115.51 (d): General Order O-123, p. 17, states that staff will report sexual abuse to his/her supervisor as soon as possible or may report it to another supervisor outside their immediate chain if necessary or directly to the PC. Staff are informed of these procedures in the following ways: classroom training, muster briefings, training bulletins, Power DMS training, and policies. Interviews with staff confirmed that they are aware of how and to whom to report and how to privately report. Based on a review of the PAQ, General Order O-123, the inmate handbook, the PREA informational brochure, PREA signage, the contract with Gulf Coast Children's Advocacy Center, a review of incident reports and investigative reports, observations during the site review, testing of the reporting process, and interviews with the PC, staff at the Gulf Coast Children's Advocacy Center, random inmates and random staff, this standard is determined to be compliant.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 Interviews: 1. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit) 2. Informal interviews with staff 3. Informal interviews with inmates Observations: 1. PREA Signage 2. Agency / Facility Website

Processes Tested:

1. Third-party test call

Findings (by provision):

115.52 (a): General Order O-123, p. 17 states that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The PAQ indicates that the facility is not exempt from this standard.

115.52 (b): General Order O-123, p. 17 outlines the grievance process for allegations of sexual abuse and sexual harassment and states that the facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the facility does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an allegation or incident of sexual abuse

115.52 (c): General Order O-123, p. 17 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint.

115.52 (d): General Order O-123, p. 18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the facility would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include time consumed in preparing any administrative appeal. The facility may claim an extension up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. The policy also indicates that that if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there have been zero grievances of sexual abuse filed in the previous 12 months. There were no inmates at the facility at the time of the on-site audit who had reported a sexual abuse, therefore, there were no interviews conducted.

115.52 (e): General Order O-123, p. 18 outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that third parties are permitted

	to assist inmates in filing for administrative remedies to sexual abuse and are permitted to file such requests on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate, that the facility may require the inmate to complete a sworn affidavit stating he/she does not want the grievance to proceed. A review of the PAQ indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. During the on-site audit, the auditor observed postings of information regarding Third Party Reporting. This information is posted in areas accessible to inmates and areas accessed by family members, friends, advocates and attorneys. A review of the agency public website also contained mailing addresses and phone numbers for the public to contact the facility. The name and direct phone number of the PC is on the website, as well. A test call of this contact number was made by the auditor and the PC's voicemail was received. The auditor left a message identifying herself and left directions for the PC to advise when the call was received. The PC returned the call in less than an hour. Informal conversations with staff and inmates indicated that the signage is posted throughout the facility and is always posted. 115.52 (f): General Order O-123 outlines the grievance process for allegations of sexual abuse and sexual harassment. The facility provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy states that the grievance would be responded to, and a response provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the facility’s determination of whether the inmates is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PC indicated that in the previous 12 months, there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed. 115.52 (g): General Order O-123 outlines the grievance process for allegations of sexual abuse and sexual harassment. This policy specifies that the inmate may be disciplined for filing a grievance in bad faith. The PC stated that there have been no inmates disciplined for filing a grievance in bad faith in the previous twelve months. Based on a review of the General Order O-123, the PAQ, information obtained from interviews with the PC, informal conversations with staff and inmates, interviews with random inmates, observations during the site review, information obtained from the review of the public website and the testing of the third-party reporting process, this standard is determined to be compliant.

115.53	**Inmate access to outside confidential support services**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Inmate Handbook (English and Spanish) 4. PREA Sexual Assault Pamphlet 5. Sexual Assault Brochure (Spanish) 6. Contract with Gulf Coast Children's Victim Advocacy Center 7. PREA Signage locations 8. Inmate PREA Education Acknowledgement Form – SRCJ 13-034 Interviews: 1. Random Inmates 2. Inmates Who Reported a Sexual Abuse (none at the facility as of the dates of the on-site audit) 3. Leadership Staff at Gulf Coast Children's Advocacy Center 4. PC Observations: 1. PREA Signage Testing Processes: 1. Mail - observation and informal interviews with inmates and staff 2. Test Call to Gulf Coast Children's Advocacy Center Findings (by provision):

	115.53 (a): General Order O-123 states that the facility provides 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 of local, State or national victim advocacy or rape crisis organizations. The policy also states that the facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The inmate handbook was reviewed and provides inmates mailing addresses and phone numbers for civil immigration immigrant service agencies. The PAQ indicates that inmates are provided access to outside victim advocates by providing them mailing addresses and phone numbers and enabling reasonable communication with these services in as confidential a manner as possible. The auditor reviewed the PREA informational brochure, the contract with the Gulf Coast Children's Advocacy Center (the local rape crisis center) and the inmate handbook. The inmate handbook indicates on p. 5 that the Gulf Coast Children's Advocacy Center can be contacted via the included toll-free, non-recorded phone number to report sexual abuse, sexual harassment or retaliation by other inmates or staff or to report neglect. The handbook states that any information reported to this agency will be kept confidential. The auditor tested the phone numbers provided to ensure the inmates had access to emotional support services through the phone number provided for the Gulf Coast Children's Advocacy Center. The auditor also conducted an informal interview with leadership staff at Gulf Coast Children's Advocacy Center. This staff member confirmed that this organization does provided services to inmates at the Santa County Detention Facility. The auditor also tested the hotline number to this provider and a live person answered within a few rings. The Gulf Coast Children's Advocacy Center was also contacted via email and provided an overview of the services offered and stated that no inmate has contacted them for services in the previous 12 months. The inmates are provided a pamphlet entitled "Sexual Battery - Your Rights and Services". This pamphlet contains a section which specifies the "Victim Bill of Rights". This section states that inmates have a right to have a victim advocate at the forensic exam and have an advocate during a discovery deposition. Another section of the pamphlet entitled "Help is Available" states that advocates are available to provide crisis intervention, speak to the victim on the 24 hour hot-line, discuss options, navigate available resources, go with the victim to appointments, address safety concerns, advocate on the victim's behalf, and help the victim apply for victim compensation. The address and phone number to the Gulf Coast Sexual Assault Program (under the umbrella of the Gulf Coast Children's Advocacy Center) is provided on the pamphlet. The inmate handbook and the pamphlet as well as the contract with Gulf Coast Children's Advocacy, state that the services are provided by enabling reasonable communication between inmates and the service provider in as confidential a manner as possible. The inmate handbook (p. 6) states that if an inmate is sexually assaulted, they can seek help from the facility mental health staff for crisis care to listen and offer support. There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse. Interviews were conducted with

	random inmates who indicated that they were aware of the victim services available through Gulf Coast Children's Advocacy Center. The hotline number is toll-free and on a non-monitored line. The inmates have not utilized these services; however, they were aware that they existed and referenced information provided to them via the inmate handbook and kiosks in the housing units. Inmates are not detained at this facility solely for civil immigration purposes, therefore, that provision does not apply. The PC confirmed that the facility does not house inmates solely for civil immigration purposes. During the on-site portion of the audit, the auditor was able to observe information on the kiosks containing information related to this standard. This information was clear and easy to understand and relayed information on emotional support services, civil immigration and external reporting. The language on this clearly details what services are available and for what purposes. This information is provided in English and Spanish and accommodates most readers of average height, low vision / visually impaired or physically disabled / in a wheelchair, etc. The signage was not obscured by graffiti or missing due to damage. The contact information listed was consistent for the service provider / organization name, addresses and phone number. The information was observed and available on the inmate kiosks and tablets as well as in inmate handbooks, pamphlets and posted on walls in housing units, programming areas, work areas, education areas, etc. Interviews were conducted by the auditor while on-site with thirty-one (31) inmates. The majority of these inmates (20) had knowledge or some form of knowledge regarding their rights if they were victims of sexual abuse or sexual harassment. Many of these inmates knew there was information on the kiosks, the inmate handbook and the pamphlet. Eight (8) of the inmates interviewed vaguely knew of the resources for emotional support and stated that they weren't specifically aware of the agency or phone number to call but knew where to look for the information if they needed it. Three (3) of the inmates interviewed stated that they either did not know of the emotional support services available or that the facility did not provide access to these services. Overall, the majority of the inmates either knew the information or knew where to access the information regarding victim advocacy services for emotional support. The mail process was observed during the onsite audit and was noted to have mail drop boxes located in areas accessible to all persons confined in the facility. The locations are also in areas where a person could drop a form, letter or note in passing. Accessibility is also provided for inmates in restricted housing. The receptacles are not used specifically to collect reports for sexual abuse and sexual harassment. The receptacles were locked and accessible only by a designated staff member. Interviews with inmates indicated that they do not have any issues with the mail process and use it regularly. An informal interview was conducted with staff during the site review. The mailroom staff were delivering and processing legal mail. The staff member stated that inmates can mail outside agencies and that mail is processed daily - picked up from the housing unit boxes and sent out through routine U.S. mail.

115.53 (b): General Order O-123, p. 18 states that prior to giving inmates access to outside support services, that they are informed of the extent to which communication will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PAQ as well as the PREA informational brochure indicated that inmates are informed about confidentiality and that all calls made to the outside victim support service are not recorded. The Inmate Handbook states on p. 5 that the number the Gulf Coast Sexual Assault Hotline is toll-free and non-recorded. The handbook also states that the National Sexual Assault Hotline number is toll-free and non-recorded. There is a paragraph on this page which states that "any information regarding criminal activity, including sexual offenses, revealed to the National Hotline or the Gulf Coast hotline will be kept confidential, unless the agency is required to reveal this information under State or Federal Law." Interviews with random inmates were interviewed by the auditor while on-site. The majority of these inmates indicated that they believed the phones were recorded, however they also stated that staff from these organizations would maintain confidentiality with someone who utilized the outside services. A couple of inmates interviewed indicated that they could use the kiosk confidentially or they could request a call through their case manager. Many of the inmates also stated that even though they were not sure if the line was recorded, they could talk without someone overhearing. Some of the other inmates stated that they were told the hotline numbers were not recorded, but they had not used the hotlines, so they were unsure if the lines were recorded or not.

The auditor contacted the Gulf Coast Children's Advocacy Center by phone as well as by email. The staff from this agency sent an email stating that they had not had any calls for service from Santa Rosa County Sheriff's Office Detention Division. The auditor spoke to the PC and she stated that the hotline to the GCCAC was set up specifically to not be recorded.

Inmates are provided with a mailing address to the GCCAC and may send confidential mail in the same manner as legal mail. The legal mail process is explained in the Inmate Handbook p. 13. This states that outgoing confidential mail may be sealed by the inmate in the presence of the housing officer. The officer will initial the envelope and stamp the envelope with a privileged stamp. Incoming legal (confidential) mail will be opened by staff in the presence of the inmate.

115.53 (c): The contract with the Gulf Coast Children’s Advocacy Center specifies the services that the rape crisis center provides for the inmates at the Santa Rosa County Sheriff’s Office Detention Facility. The auditor made contact with leadership staff at this organization who verified the services provided. The Executive Director stated that the agency provides advocacy, crisis intervention, forensic medical exams, and referrals for services post incarceration. The facility provided a copy of the contract to the auditor which is current and specifies the services provided to the inmates.

Based on a review of the PAQ, General Order O-123, the contract with Gulf Coast

	Children’s Advocacy Center, the inmate handbook, the PREA informational brochure, interviews with random inmates, the PC and the leadership staff at Gulf Coast Children’s Advocacy Center, testing processes of mail and the phone call to the Gulf Coast Children’s Advocacy Center and observations during the site review of the PREA reporting information posted throughout the facility, this standard is determined to be compliant.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Inmate Handbook 4. Poster Locations 5. Website Approval 6. PREA Inmate Informational Brochure 7. PREA Signage Observations: 1. Facility Website Testing Process: 1. Third Party Reporting Findings (by provision):

	115.54 (a): General Order, O-123 p. 19, states that the agency provides a method to receive third-party reports of inmate sexual abuse or sexual harassment by posting reporting information and contact numbers on the agency's website. The PAQ indicated that the facility has a method to receive third-party reports of sexual abuse and sexual harassment and that the information is publicly distributed on how to report sexual harassment and sexual abuse on the behalf of an inmate. A review of the inmate handbook and the PREA informational brochure as well as the agency website confirm that third-parties can report on behalf of an inmate. Addresses and phone numbers are provided on this website. Third parties can also report to the investigator at the jail, directly to the PC and to the Gulf Coast Children's Advocacy Center. The auditor conducted a test call of the phone number provided on the agency's website. This number goes to the PREA Coordinator. She did not answer, however, a voicemail prompt picked up. The auditor left a message advising that I was testing the third-party reporting process and to advise when this message was received. The PC returned the call within 10 (ten) minutes of verifying the call. PREA signage throughout the facility also provides third party reporting information. This signage was observed in multiple locations in the facility. A document was provided to the auditor indicating the locations of the signage throughout the facility. Based on a review of General Order O-123, the facility website, the PAQ, Inmate Handbook, the PREA Informational Brochure, PREA signage, locations of the signage and a test call of the third-party reporting number, this standard is determined to be compliant.

115.61	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Sample of Reports to Investigators Interviews: 1. Random Staff

2. Medical Staff

3. Mental Health Staff

4. Jail Director

5. PC

Findings (by provision):

115.61 (a): General Order O-123, p. 19 specifies the staff and facility reporting duties. The policy states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident and any staff neglect or violation that may have contributed to an incident or retaliation. The PAQ and random staff interviews confirm that staff take all allegations seriously and that they are required to report any knowledge, suspicion or information regarding and incident of sexual abuse or sexual harassment. Staff also stated that incidents of retaliation would be reported. Staff stated to the auditor that incidents are reported by staff either verbally to their supervisors and then followed up by a written incident report. Staff can report that inmates can report to them at any time when they are making rounds or at any other point of contact to verbally report. Staff stated that they can report to their supervisor or, if necessary, they can go directly to the PC or higher level administration.

115.61 (b): General Order O-123 states that staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The PAQ and interviews with random staff confirmed that staff will report to their immediate supervisors and that incident reports would be completed documenting the incident. Supervisors, generally, would then be the staff that would contact other necessary staff for response (medical, mental health) as necessary. No other staff that were not necessary for response would be included in the information distribution.

115.61 (c): General Order O-123 states that medical and mental health are required to report sexual abuse pursuant to provision (a) and they are also required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews with medical staff and mental health staff confirm that they would immediately report any incident as they become aware of them and that they advise inmates of the limitations of confidentiality and their duty to report. They

	would report both verbally as well as documenting the report. 115.61 (d): General Order O-123 indicates that if the alleged victim is under the age of 18, or is considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable reporting laws. Interview with the Facility Director indicated that in the event that they received a report such as this, it would be reported to the designated state or local service agency. The interview with the PC indicated that she would report this the same as other allegations and that she would follow the protocol. The facility has not had a report of this nature in the previous twelve months. 115.61 (e): General Order O-123 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. The interview with the Jail Director confirmed that this is the standard practice at the facility. The facility investigator will conduct an investigation and if the case appears to be criminal in nature, he/she will refer it to the Major Crimes Unit. Based on a review of General Order O-123, the PAQ, sample of reports to investigators, as well as interviews with random staff, the Jail Director, the PC, medical staff, and mental health staff, this standard is determined to be compliant.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Incident Investigations

Interviews:

1. Agency Head
2. Jail Director
3. Random Staff

Findings (by provision):

115.62 (a): General Order O-123, p. 19, states that when the facility learns that an inmate is subject to imminent risk of sexual abuse, it shall take immediate action to protect the inmate. The PAQ indicated that in the previous twelve months, there have been no inmates who were determined to be at imminent risk of sexual abuse. A review of the incident investigations confirmed that none of these involved an inmate that was at imminent risk of sexual abuse. Interviews with the Agency Head and the Jail Director indicated that the agency takes immediate protective action, which may include separation, increased supervision, alerting relevant staff, providing support services, involving law enforcement, and encouraging confidential reporting. The goal is to ensure the inmate's safety and well-being while complying with PREA standards. Interviews with random staff indicated that they would contact their supervisor and remove the inmate from the imminent threat and keep them in visual contact.

Based on a review of General Order O-123, the PAQ, investigative reports, and interviews with random staff, the agency head and the jail director, this standard is determined to be compliant.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. Coordinated Response in O-123

4. Log of letters sent to other facilities regarding PREA allegations

5. Letters sent to other Facilities

Interviews:

1. Agency Head

2. Warden

3. PC

Findings (by provision):

115.63 (a): General Order O-123, p. 20 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that in the previous twelve months, the facility had 4 (four) reports received that an inmate was abused while confined at another facility. A review of a log of the received allegations indicated that only 2 (two) were received within the previous 12 months. In these instances, contact was made with the other facility as well as with the alleged victim. The PC confirmed that these allegations were reported to the facility where the alleged abuse occurred. A review of the letters sent verify that the notification was sent on the letterhead of the Sheriff and are signed by the PC. The auditor advised the facility that the head of the facility should sign these letters. The PAQ included the O-123 which contains the facility coordinated response to a sexual assault incident. In addition to the head of the facility notifying the head of the facility where the alleged abuse occurred, the notification will be made as soon as possible, but no later than 72 hours after receiving the allegation. The Santa Rosa County Sheriff's Office Detention Division will fully document that it provided such notification within 72 hours of receiving the allegation and will fully investigate allegations received from other facilities / agencies. In all four of the letters the auditor reviewed, the letters were sent to the agency where the alleged abuse occurred on the Agency Head (sheriff) letter head.

115.63 (b) General Order O-123 states that notification as noted in provision (a) shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Review of the provided log of allegations reported in the previous twelve months of an alleged sexual abuse by an inmate while confined at another facility indicated that there were two (2) such allegations. A review of the documentation for these allegations indicated that the notification to the other facility was made

	immediately and within the 72-hour time frame. 115.63 (c): General Order O-123 states that the facility shall document that it has provided notification of allegations as noted in the previous provisions. A review of the documentation was provided to the auditor and indicates that the facility sent a letter to the facility where the alleged abuse occurred. This information was documented in a log maintained by the PC. The notification was completed within the 72-hour time frame. 115.63 (d): General Order O-123 states that the Santa Rosa County Sheriff's Office Detention Division is required to fully investigate allegations received from other facilities / agencies. The PAQ indicated that in the previous twelve months, the facility has not received any reports of sexual abuse from other facilities/agencies. Interviews with the Agency Head and the Jail Director indicated that the facility had not received any notifications of this type within the past twelve months, however, if an allegation was received from another facility, it would be documented and referred to the facility investigator. A review of the letters sent to other facilities regarding allegations from inmates of being sexually abused at other facilities, it is noted that these letters were sent on the agency letterhead from the PC. The standard requires that these notifications be sent from facility head to facility head. Based on FAQ guidance from the PREA Resource Center on this standard, the notification must be at a minimum: 1.) made at the direction of the facility head and 2.) appear to a third party to have originated with the facility head. The intent of the standard is to ensure that the person receiving the report of sexual abuse at the prior facility understands the seriousness and gravity of the allegation, and that the communication originated at the highest level of the reporting facility. This information was conveyed to the PC and to the facility head in order to correct the deficiency in future correspondence. It is not determined that this rises to the level to be considered non-compliant as notification was made and it was sent on agency letterhead. Future correspondence sent will also include the signature of the facility head. Based on a review of the PAQ, General Order O-123, log of allegations while confined at other facilities, letters sent to other facilities from Santa Rosa County Sheriff's Office Detention Division and interviews with the Agency Head, Jail Director and the PC confirm that this standard is compliant.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. Staff PREA Cards for 1st Responders

Interviews:

1. Security and Non-Security Staff First Responders

2. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit)

Findings (by provision):

115.64 (a): General Order O-123 states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there has been one (1) allegation of sexual abuse. A review of the investigation files indicated that this allegation occurred outside of the 12-month time frame for consideration for this audit. In this investigation, the first security staff to respond to the report separated the alleged victim and abuser. This allegation occurred within a timeframe where there could be physical evidence. The alleged victim and alleged perpetrator were immediately separated and taken to medical for evaluation. The security staff in this instance ensured that the alleged victim and alleged abuser did not take any actions that could destroy physical evidence. Interviews with security staff and other random staff who may be first responders indicated that all of these staff were familiar with the appropriate steps to take in order to collect usable evidence if an incident of sexual abuse occurred. Many of these staff referenced that they had the Staff First Responders Card.

115.64 (b): General Order O-123 outlines the first responder duties for staff. The

	policy specifically states that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. These steps are also included on a Quick Reference PREA card which is issued to all detention and civilian staff that must be kept on their person at all times. The PREA card contains First Responder duties and Evidence / Crime Scene Integrity information. The PAQ indicated that of the allegations made in the previous twelve months that an inmate was sexually abused, there was not an incident where a non-security staff member was the first responder. Interviews with security staff and non-security staff indicated that staff were aware of their duties and the steps to take in order to preserve any physical evidence. Based on a review of the PAQ, SOP 450, General Order O-123, the staff PREA cards for first responders and the interviews with random staff, security staff and non-security staff, this standard is determined to be compliant.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Coordinated Response to a Sexual Assault Incident Interviews: 1. Jail Director Findings (by provision): 115.65 (a): The PAQ provided documentation of a written facility plan which coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners and facility leadership. The

	auditor reviewed this plan and noted that specific duties for staff were listed which included staff first responders (security and non-security), medical and mental health practitioners, investigators and facility leadership. The interview with the Jail Director confirmed that the facility has a coordinated response plan which includes all of the staff as required by the standard. Based on a review of the PAQ, the facility Coordinated Response Plan and the interview with the Jail Director, this standard is determined to be compliant.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Collective Bargaining Agreements Interviews: 1. Agency Head Findings (by provision): 115.66 (a): General Order O-123, p. 24 states that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20,2023, or since the last PREA audit, whichever is later. The facility has a collective bargaining agreement with the Florida State Lodge Fraternal Order of Police Inc. for Detention Sergeants and Lieutenants 2020-2023. The facility also has a collective bargaining agreement with the Florida State Lodge Fraternal Order of Police

	Inc. for Detention Deputies 2020-2023. The interview with the Agency Head confirmed that the facility does have a collective bargaining agreement. He states that the Collective Bargaining Agreement does not restrict the agency from removing an alleged staff sexual abuser from inmate contact pending an investigation. 115.66 (b) N/A Based on the PAQ, General Order O-123, the Collective Bargaining Agreements and the interview with the Agency Head, this standard is determined to be compliant.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Documentation of Retaliation Monitoring Interviews: 1. Agency Head 2. Jail Director 3. Designated Staff Member Charged with Monitoring Retaliation 4. Inmates Who Reported Sexual Abuse (none at the facility as of the dates of the on-site audit) 5. Inmates in Segregated Housing for Risk of Sexual Victimization or who have alleged to have suffered sexual abuse (none at the facility as of the dates of the on-site audit) 6. Inmates who Reported Previous Sexual Victimization during Risk Screening.

Findings (by provision):

115.67 (a): General Order O-123 p. 25 states that 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 will be protected from retaliation by other inmates and staff. The facility has designated staff responsible for retaliation monitoring. The PAQ indicated that this staff member is the PC.

115.67 (b): General Order O-123 p. 25 specifies the facility's protection of staff and inmates against retaliation for reporting sexual abuse and sexual harassment. The policy states that the agency has established multiple protection measures which include housing changes or transfers for inmate victims or abusers, removal of the 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. Interviews with the Agency Head, Jail Director and the Staff Member Charged with Retaliation indicated that protective measures would be taken to ensure the safety of the inmate or staff member from possible retaliation. All of these staff interviewed indicated the steps they would take to ensure safety. These steps included the requirements specified in the standard. Interviews with inmates who reported prior victimization during risk screening that they were not housed in confinement due to risk of sexual victimization. There were no inmates at the facility as of the dates of the on-site audit who had reported an alleged sexual abuse, therefore, none were interviewed. The auditor did request and received five (5) inmate retaliation monitoring documents for inmates who had previously reported a sexual abuse at the facility. These five inmates had reported the sexual abuse prior to the previous 12 months of the audit and had been released from the custody of the facility. All of these documents indicated that staff were monitoring retaliation in accordance with the requirements of this standard.

115.67 (c): General Order O-123 p. 25 states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. The policy further states that the facility will monitory inmate disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that in the previous twelve months, there has not been any incidents of retaliation. The auditor did request and received five (5) inmate retaliation monitoring documents for inmates who had previously reported a sexual abuse at the facility. These five inmates had reported the sexual abuse prior to the previous 12 months of the audit and had been released from the custody of the facility. All of these documents indicated that staff were monitoring retaliation in accordance with the requirements of this standard. The interview with the Jail Director and the Designated Staff Member Charged with Retaliation (PC) indicated that when concerns of retaliation arise, the facility promptly implements actions to guarantee the safety and well-being of individuals at risk. This could entail

	heightened supervision, separation and the provision of emotional support, as well as appropriate discipline according to agency policy. These staff also stated that retaliation monitoring would continue for 90 days unless the inmate transferred or was released from their custody and would also continue beyond 90 days, if necessary. They both also stated that the monitoring would include a review of inmate's disciplinary reports, housing changes and/or program changes. Staff would be monitored for performance reviews and post assignment changes. 115.67(d): General Order O-123 states that the retaliation monitoring will include periodic status checks. All inmates at the facility are reviewed by classification staff every 30 days and the inmates are able to indicate to staff at that time if they have any concerns related to retaliation. The interview with the monitoring staff member (PC) indicated that the inmate would be reviewed for retaliation for at least 90 days and that periodic status checks would be completed with the inmate in person. She stated that when an inmate has said that they have been sexually abused, she checks on them when she is making rounds. She stated that she makes personal contact with these inmates periodically. This is done on an on-going basis. The auditor did request and received five (5) inmate retaliation monitoring documents for inmates who had previously reported a sexual abuse at the facility. These five inmates had reported the sexual abuse prior to the previous 12 months of the audit and had been released from the custody of the facility. All of these documents indicated that staff were monitoring retaliation in accordance with the requirements of this standard. 115.67 (e): General Order O-123 indicates that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. The PAQ indicated that in the previous twelve months, there has not been an incident of any reported fear of retaliation. Interviews with the Agency Head, the Jail Director and the PC (retaliation monitor) indicated that they would employ the same protective measures as previously stated to monitor retaliation for inmates and staff. 115.67 (f): The auditor is not required to audit this provision. Based on a review of the PAQ, General Order O-123, the retaliation monitoring documentation, interviews with the Agency Head, the PC (staff charged with retaliation monitoring), the Jail Director, and Inmates who Reported Previous Sexual Victimization During Risk Screening, this standard is determined to be compliant.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 Interviews: 1. Jail Director 2. Staff Who Supervise Inmates in Segregated Housing 3. Inmates Who Reported a Sexual Abuse (none still at the facility as of the dates of the on-site audit) Observations: 1. Segregated Housing Findings (by provision): 115.68 (a): General Order O-123 p. 25 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 115.43. The PAQ indicated that no inmates who alleged to have suffered a sexual abuse were involuntarily housed in segregated housing. A review of the investigations for the previous twelve months indicated that none of these inmates were held in involuntary segregated housing. There were no inmates still at the facility who had reported a sexual abuse as of the dates of the on-site audit, therefore, there were none of these inmates interviewed. An interview with staff who supervise inmates in segregated housing also indicated that the facility does not house inmates in segregation when they report a sexual abuse. The interview with the Jail Director indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged and it would only be for as little a time as possible to make such arrangements and in most cases, this would be no more than 24 hours. He also stated that there was not a need to do this in the past twelve months. During the site review, the auditor did not observe any inmates in the segregated housing pods who were to have reported a sexual abuse. This was confirmed through conversations with staff in the pod.

	Based on a review of the PAQ, General Order O-123, interviews with the Jail Director, staff who supervise inmates in segregated housing, and observations during the site review, this standard is determined to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents 1. Pre-Audit Questionnaire 1. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 2. Investigative Reports 3. Memo Regarding Record Retention Interviews: 1. Investigative Staff 2. Inmates Who Reported a Sexual Abuse (none still at the facility as of the dates of the on-site audit) 3. Jail Director 4. PC Findings (by provision): 115.71 General Order O-123, p. 25 states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. There were no PREA allegations reported in the previous 12 months, however, investigative files were reviewed by the auditor for allegations during this audit cycle and these reports indicated that all were completed within 30 days and documentation was made of the investigation process. The interviews with

	investigative staff confirmed that the investigations are completed promptly, thoroughly and objectively. 115.71 (b): Documentation was provided to the auditor of the specialized training for facility investigators who conduct sexual abuse investigations. Interviews with investigation staff indicated that they had received specialized training. 115.71 (c): General Order O-123 describes the administrative investigation process. The policy 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. A review of the investigative reports of sexual abuse and sexual harassment indicated that all investigations included physical and electronic evidence as well as documentation of interviews with inmates and other witnesses. Interviews with investigative staff confirmed that an investigator would respond and investigate allegations of sexual abuse and sexual harassment immediately and all available evidence would be collected, reviewed and retained. 115.71 (d): General Order O-123 describes the investigation process. The policy 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. A review of the investigation reports indicated that there were none that were substantiated or that contained any evidence to support a criminal prosecution. The interview with the investigative staff confirmed that if the case appeared to support criminal prosecution, the State Attorney would be consulted prior to conducting any compelled interviews. 115.71 (e): General Order O-123 describes the criminal and administrative investigation process. The 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 the person’s status as an inmate or staff. The policy further states that no inmate who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigation staff indicated that the facility does not use polygraphs or any such device in the process of the investigation. There were no inmates still remaining at the facility as of the dates of the on-site audit who had reported a sexual abuse, therefore, these inmates were not interviewed. 115.71 (f): General Order O-123, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The PAQ and interviews with investigative staff

	confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigations indicates that all of the aforementioned information is included as part of the investigative file. 115.71 (g): All of the sexual abuse and sexual harassment allegations are reported to the facility investigator. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the investigator who conducts the criminal investigations confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports. 115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if solid evidence was available and the elements were met for prosecution, that the case would be referred. 115.71 (i): General Order O-123 describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. A review of the older investigative files indicated that the facility maintains files as far back as 2015. 115.71 (j): General Order O-123 describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody. 115.71 (k): This provision does not apply as no other entity is responsible for conducting investigations. This was confirmed by the PAQ, the agency website and interviews with the Agency Head and the facility investigator. 115.71 (l): This provision does not apply as no other entity is responsible for conducting investigations. This was confirmed by the PAQ, the agency website and interviews with the Agency Head and the facility investigator. Based on a review of the PAQ, General Order O-123, investigative reports, memo regarding record retention and information from interviews with the Agency Head, Jail Director, PREA Coordinator, and investigative staff, this standard is determined to be

	compliant.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Investigation Files Interviews: 1. Investigative Staff Findings (by provision): 115.72 (a): General Order O-123 states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no reports of sexual abuse or sexual harassment within the 12 months preceding the on-site audit. A review of the investigation files from this audit cycle indicated that a preponderance of evidence was the standard utilized. The investigations contained a summary of the evidence or lack thereof which was used in making a final determination of the outcome. Interviews with investigative staff also confirmed that a preponderance of evidence was the standard used to justify a substantiated finding. Based on the PAQ, General Order O-123, the review of the investigative files and interviews with investigative staff, this standard is determined to be compliant.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 1. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 2. Investigative Files Interviews: 1. Jail Director 2. Investigative Staff 3. Inmates Who Reported a Sexual Abuse (none still at the facility as of the dates of the on-site audit) Findings (by provision): 115.73 (a): General Order O-123, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were three (3) sexual abuse investigations completed within this audit cycle. None of these allegations and investigations occurred within the 12 months preceding this audit. The auditor reviewed investigations from the 3 which were completed prior to the 12-month period. The notifications from these investigations were reviewed. The documents reviewed indicated that the 3 inmate alleged victims were notified of the outcome of the investigation as well as the alleged perpetrators. The interviews with the Jail Director and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. There were no inmates still at the facility who had filed an allegation of sexual abuse as of the dates of the on-site audit, therefore, no interviews of these inmates were able to be conducted. 115.73 (b): This provision does not apply since no other entity is responsible for conducting investigations. Per the PAQ, the agency website and interviews with the Agency Head and Investigator, the Santa Rosa Sheriff's Office conducts its own investigations.

	115.73 (c): General Order O-123, p. 26 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if 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. The PAQ indicated that there had been no substantiated, or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. There were no inmates still at the facility as of the dates of the on-site audit who had filed a sexual abuse report. None of the inmates who had reported a sexual abuse were able to be interviewed by the auditor. 115.73 (d): General Order O-123 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which an inmate has been indicted on a charge related to sexual abuse within the facility in the previous twelve months. There has also not been an incident in which an inmate has been convicted on a charge related to sexual abuse within the facility in the previous twelve months. There were no reports of sexual abuse or sexual harassment within the 12 months preceding the audit. 115.73 (e): General Order O-123 describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were six (6) notifications made to inmates in the previous twelve months and that these notifications were documented. The documentation provided to the auditor indicated that the investigative files were for previous reports outside of the 12 months preceding the audit. The investigative file documents reviewed indicated that these inmates were notified of the outcome of the investigations. There were no reports of sexual abuse or sexual harassment within the previous 12 months. 115.73 (f): This provision is not required to be audited. Based on a review of the PAQ, General Order O-123, notifications to inmates in the investigative files and information from interviews with the Jail Director and investigative staff, this standard is determined to be compliant.

115.76	**Disciplinary sanctions for staff**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

Findings (by provision):

115.76 (a): General Order O-123, p. 27 describes the process for disciplinary sanctions against staff. Specifically, it indicates that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): General Order O-123 p. 27 indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): General Order O-123 p. 27 describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months.

115.76 (d): General Order O-123 p. 27 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ and General Order O-123, this standard is determined to be compliant.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 Interviews: 1. Jail Director Findings (by provision): 115.77 (a): General Order O-123 p. 27 describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. 115.77 (b) General Order O-123, p. 27 states that facility will take remedial measures and 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. The PAQ stated that there were no sexual abuse incidents involving any contractor or volunteer during this cycle. The interview with the Jail Director indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Based on a review of the PAQ, General Order O-123 and information from the interview with the Jail Director, this standard is determined to be compliant.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023
3. Investigative Files

Interviews:

1. Jail Director
2. Medical Staff
3. Mental Health Staff

Findings (by provision):

115.78 (a): General Order O-123 p. 27 describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months.

115.78 (b): General Order O-123 p. 27 describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Jail Director indicated that disciplinary sanctions are determined case-by-case and will be in accordance with the agency's disciplinary guidelines. A review of the investigative files did not indicate that any disciplinary sanctions were imposed.

115.78 (c): General Order O-123 p. 27 describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there

	been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Jail Director indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable. 115.78 (d): General Order O-123 p. 27 describes the disciplinary process for inmates. This policy states that the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits. 115.78 (e): General Order O-123 p. 28 describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where inmates have been disciplined for sexual contact with staff. 115.78 (f): General Order O-123 p. 28 describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment. 115.78 (g): General Order O-123 describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. The agency will only deem such activity to constitute sexual abuse if it determines that the activity is coerced. Based on a review of the PAQ, General Order O-123, investigative files and information from interviews with the Jail Director and medical and mental health care staff, this standard is determined to be compliant.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 Response to Sexual Abuse – Santa Rosa FL, 06/14/2023

4. PREA Log

5. Health Screenings

Interviews:

1. Inmates Who Disclosed Sexual Victimization at Risk Screening

2. Staff Responsible for Risk Screening

3. Medical Staff

4. Mental Health Staff

Observations:

1. Site review

Findings (by provision):

115.81 (a): This provision does not apply as the facility is not a prison but rather a county jail.

115.81 (b): This provision does not apply as the facility is not a prison but rather a county jail.

115.81 (c): General Order O-123 p. 28 describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, will be offered a follow up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or 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 screenings for a sample of inmates who disclosed prior sexual victimization revealed that inmates

were seen by mental health. The facility also provided a log of inmates who had received a follow up by mental health following disclosure of sexual abuse during risk screening. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization that they are given a referral the same day. The mental health staff then will schedule the inmate for a meeting, often the same day. Inmates were interviewed who disclosed a risk screening and stated that they were offered follow up meetings with medical and mental health. Some of these are still regularly seeing mental health staff and some said they did not feel that they needed additional meetings with mental health after the initial meeting.

115.81 (d): General Order O-123 p. 28 describes medical and mental health screenings related to sexual abuse. Specifically, it states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by Federal, State, or local law. Wellpath HCD-100_F-06 Response to Sexual Abuse, p. 4 states that all information related to sexual victimization or abusiveness that occurred in the institutional setting will be strictly limited to health care staff and other staff to inform treatment plans and security / management decisions, as required by federal, state, and local law. During the site review, the auditor observed the intake area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. The initial risk screening is performed in this area in a private setting. This initial screening assists staff in making housing determinations. The information is not limited to only medical and mental health staff. The PC and some security staff as well as classification also have access to the screening information to make decisions about inmate placement in housing, work, education and other program assignments. The auditor did observe the physical storage area of the hard copy documentation of the risk screening information. The documents are stored in a locked filing cabinet in a locked office. The only staff who work in this area have a key to this office. Electronic information is safeguarded by computer access only authorized to those staff whose position authorizes the access.

115.81 (e): General Order O-123, p. 28 describes medical and mental health screenings related to sexual abuse. Specifically, it states that medical and mental health are staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under the age of 18. Wellpath HCD-100_F-06 Response to Sexual Abuse, p. 4 also states the same information. Interviews with Medical and Mental Health staff verified that they obtain informed consent from inmates prior to reporting prior sexual victimization.

Based on a review of the PAQ, General Order O-123, Wellpath HCD-100_F-06 Response to Sexual Abuse, medical and mental health documents and information from interviews with staff who perform the risk screening, inmates who reported a prior sexual victimization during risk screening and medical and mental health care

	staff, as well as observations of the area where the risk screening is conducted, this standard is determined to be compliant.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 Response to Sexual Abuse – Santa Rosa FL, 06/14/2023 4. PREA Log Interviews: 1. Medical Staff 2. Mental Health Staff 3. Inmates Who Reported a Sexual Abuse (none still at the facility as of the dates of the on-site audit) 4. Security and Non-Security First Responders (there were no non-security first responders to a PREA incident) Observations: 1. Medical offices and emergency room and exam rooms Findings (by provision): 115.82 (a): General Order O-23 p. 28 and the Wellpath F-06 policy describes inmates' access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency

	medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. A review of medical and mental health files for inmates who reported sexual abuse indicated that they were immediately seen by medical and they were seen by a mental health practitioner within a few days. The facility provided a PREA Log of inmates receiving services from Mental Health and medical. There were no inmates still at the facility during the on-site audit that had reported a sexual abuse, therefore, non were able to be interviewed. During the site review, the auditor noted that the medical and mental health area was large and had adequate staffing for both medical and mental health staff. Staff were observed conducting routine services and there was an emergency room which is available for immediate response. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately or within 24 hours, based on the nature of the allegation. Medical and mental health staff advised that services are based on their professional judgement, but also on Wellpath protocol. 115.82 (b): This PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse is made, that security staff first responders would take the preliminary steps to protect the victim pursuant to standard 115.62 and would notify the appropriate medical and mental health practitioners. The interview with the PC indicated that medical and mental health staff are available at the facility at all times, however, security staff would always take steps to protect the victim and notify the appropriate medical and mental health staff and the inmate would be transported to the local hospital for a forensic exam. Interviews with first responders indicated that the inmate would be separated from the alleged abuser and would remain with the staff member. A review of the investigation files indicated that medical and mental health were always contacted immediately. There were no sexual abuse reports in the past 12 months in which the first responder was a non-security staff member. 115.82 (c): General Order O-123, p. 28 describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The Wellpath policy also indicates that step five of the protocol for victims of sexual assault is to provide prophylactic treatment and follow up care for sexual transmitted infections or other communicable diseases. A review of medical and mental health files for inmates who reported sexual abuse indicate that they received information on infection prophylaxis. There were no inmates who had reported a sexual abuse still remaining at the facility as of the dates of the on-site audit, therefore, no interviews with these inmates were able to be conducted. STD testing would be done at the local hospital. Medical records indicate they did receive these tests. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. 115.82 (d): General Order O-123 and the Wellpath policy describe inmates' access to

	emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. A review of the investigation files from inmates who reported sexual abuse indicated that they were not charged for any services related to their allegation. Based on a review of the PAQ, General Order O-123, Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06, the PREA log, investigation files, medical and mental health documents, and information from interviews with medical and mental health care staff, and first responder staff, as well as observations of the medical / mental health area at the facility, this standard is determined to be compliant.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 Response to Sexual Abuse – Santa Rosa FL, 06/14/2023 4. PREA Log Interviews: 1. Medical Staff 2. Mental Health Staff 3. Inmates Who Reported a Sexual Abuse (none still remaining at the facility as of

	the dates of the on-site audit) Observations: 1. Site Reviews Observations of Medical and Mental Health Offices / Exam Rooms Findings (by provision): 115.83 (a): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the site review, the auditor noted that the medical and mental health area had adequate medical and mental health staff. Staff were performing services on inmates and the facility had an emergency room available for immediate response. 115.83 (b): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that evaluations and treatments of such victims will include, as appropriate: follow up services, treatment plans, and when necessary, referrals for continued care following the inmate's transfer to, or placement in other facilities, or their release from custody. A review of medical and mental health records indicate that follow up appointments with mental health were offered to inmate victims if appropriate. Additionally, medical care related to any infection prophylaxis was scheduled. Interviews with medical and mental health care staff confirmed that follow up services were being offered. A few of the services include; crisis intervention, counseling follow-up, revised treatment plans and aftercare. 115.83 (c): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. A review of medical and mental health records indicated that services being offered are consistent with services provided at a local hospital and through a mental health counselor. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. One staff member indicated that they may even be better. 115.83 (d): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida

	Policies and Procedures, HCD-100_F-06 describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate female victims of sexual abuse involving vaginal penetration will be offered pregnancy tests. During the previous twelve months, one female inmate reported sexual abuse, however, this was against another female inmate, so no pregnancy test was necessary. Interviews with medical and mental health care staff confirm that if there was an instance of sexual abuse involving vaginal penetration that they would offer the inmate a pregnancy test. 115.83 (e): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that female victims of sexual abuse involving vaginal penetration will be offered pregnancy tests and if pregnancy results from the abuse that the victim will receive timely and comprehensive information about and timely access to lawful pregnancy related medical services. One female inmate reported sexual abuse within the previous twelve months, however, this was against another female inmate, therefore this provision was not applicable. Interviews with medical and mental health care staff confirm that if there was an instance of sexual abuse involving vaginal penetration that resulted in pregnancy, they would ensure the inmate was provided access to all lawful pregnancy related services immediately. 115.83 (f): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. There were no inmates still remaining at the facility as of the dates of the onsite audit who had reported sexual abuse, therefore, none of these inmates were able to be interviewed. There were no reports of sexual abuse during the previous 12 months. 115.83 (g): General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation. A review of investigation files of inmates who reported sexual abuse indicated that they were not charged for any services related to their allegation. 115.83 (h): This provision does not apply as the facility is not a prison but rather a county jail. Based on a review of the PAQ, General Order O-123, p. 28 and Wellpath Santa Rosa County Jail Florida Policies and Procedures, HCD-100_F-06 investigative reports, medical and mental health documents, and interviews with medical and mental health care staff, this standard is determined to be compliant.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Incident Reviews 4. Investigative Reports Interviews: 1. Jail Director 2. PC 3. Member of the Incident Review Team Findings (by provision): 115.86 (a): General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will 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. The PAQ indicated that no reviews were completed within the previous twelve months. A review of investigative reports indicated that there were six (6) sexual abuse allegations made in the current audit cycle. Of those six, three (3) were determined to be unfounded and three (3) were unsubstantiated. A sexual abuse incident review was completed for the three (3) unsubstantiated sexual abuse cases. 115.86 (b): General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews within 30 days of

	the conclusion of the investigation. The PAQ indicated that two (2) reviews were completed within the 30-day timeframe. A review of investigative reports indicated that there were six (6) sexual abuse allegations made in this audit cycle. There were no reports of sexual abuse or harassment in the previous 12 months. Of those six, three (3) were determined to be unfounded and three (3) were unsubstantiated. A sexual abuse incident review was completed for the three (3) unsubstantiated sexual abuse cases. 115.86 (c): General Order O-123 outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. A review of the sexual abuse review form indicated that the following staff were in attendance for the reviews: Captains, Health Services Administrator, Director of Nursing, LCSW, LMHC, Sergeant and the PREA Coordinator. The interview with the Jail Director confirmed that these reviews are being completed and they include upper management officials. 115.86 (d): General Order O-123 outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the adequacy of staffing levels; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings to include, but not necessarily limited to determinations or recommendations for improvement. The report is to be submitted to the Agency Head and PC. A review of the sexual abuse review form indicated that all requirements were discussed during the review and documented on the form. Interviews with the Jail Director, PC and Incident Review Team Member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team would make adjustments to the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again. 115.86 (e): General Order outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. A review of the sexual abuse incident review completed in in the previous twelve months indicated that there were no recommendations other than adding additional video monitoring equipment. Interviews with staff indicate that if there were recommendations that the PC would be the lead on ensuring they were implemented. Based on a review of the PAQ, General Order O-123, investigative reports, sexual

	abuse incident reviews and information from interviews with Jail Director, the PC and a member of the sexual abuse incident review team, this standard is determined to be compliant.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Aggregated Data - Annual Reports 4. PREA Case Log Findings (by provision): 115.87 (a): General Order O-123 p. 30 outlines how PREA data is collected. Specifically, it states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. Data is collected from incident reports and maintained by the PC through an Excel Spreadsheet. 115.87 (b): General Order, p. 30 outlines how PREA data is collected. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually. 115.87 (c): General Order p. 30 outlines how PREA data is collected. Specifically, it states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. Data is collected from incident reports and maintained by the PC through an Excel Spreadsheet. 115.87 (d): General Order O-123 p. 30 outlines how PREA data is collected.

	Specifically, it states that the facility will maintain, review and collect data as needed from available incident-based documents. A review of the PREA case log confirmed that information is obtained from incident reports and maintained by the PC. 115.87 (e): This provision does not apply as the facility does not contract for the confinement of its inmates. 115.87 (f): The PAQ indicated that the facility provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. Based on a review of the PAQ, General Order O-123, the PREA case logs and aggregated data, this standard is determined to be compliant.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Pre-Audit Questionnaire 2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023 3. Annual Report 2022 4. Website Approval for Annual Report Interviews: 1. Agency Head 2. PC Observations: 1. Facility Website Findings (by provision):

	115.88 (a): The PAQ indicated that the facility reviews data annually in order to asses 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 annual reports indicate that reports break down the 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, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. 115.88 (b): The PAQ indicated that the facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the 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, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. 115.88 (c): The PAQ indicated that the facility's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that he reviews the report and approves it annually. He advised it is placed on their website. A review of the website www.santarosasheriff.org confirmed that the current annual report as well as previous reports are available to the public online. 115.88 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. Based on a review of the PAQ, the annual report, General Order O-123, the website approval, and the website, as well as information obtained from interviews with the Agency Head and the PC this standard is determined to be compliant.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire

2. General Order: O-123, Prison Rape Elimination Act of 2003 (PREA), 07/28/2023

3. PREA Annual Review 2020, 2021, 2022

Interviews:

1. PC

Findings (by provision):

115.89 (a): General Order O-123 p. 30 describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained by the Office of Information Technology and the PC.

115.89 (b): General Order O-123, p. 30 describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: www.santarosasheriff.org confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): General Order O-123 states that the Santa Rosa Sheriff's Office does not place any personal identifiers in its annual reports. The facility does not include sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.89 (d): The PAQ indicates that the facility maintains sexual abuse data that is collects for at least ten years after the date of initial collection. A review of the Center's website confirmed that data is available from 2013 to present. During the site review, the auditor observed that the documentation is retained in a locked filing cabinet in a locked office which only those staff members who work in this area have a key. The PC showed the auditor on the computer how the electronic documents are stored. This information is only accessible to those staff with authorization. Informal conversations with staff working in the office with the locked cabinet and with the PC confirmed that the documentation is stored security and access to it is restricted.

Based on a review of the PAQ, General Order O-123, annual reports, the website, observation of hard copy storage as well as electronic storage of documentation and information obtained from the interview with the PC, this standard is determined to be compliant.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (by provision): 115.401 (a). 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 was previously audited on June 8-10, 2020. 115.401 (b): 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 second year of the current audit cycle. 115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/ correspondence from inmates. The audit notice was posted and was available on the inmate kiosks and tablets. This notice was posted six weeks prior to the on-site audit. This notice was observed by the auditor and the information was accurate. Any documentation sent to the address posted was allowed to be sent through the legal mail process. This was verified through an informal conversation with mail room staff who were conducting legal mail processing during the time of the onsite audit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (by provision): 115.401 (a). The facility was previously audited on June 8-10, 2020. The final audit report was published and is available on the agency website: www.santarosasheriff.org.

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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

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

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	**Inmate education**	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

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

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

	information is not exploited to the inmate’s detriment by staff or other inmates?	
115.42 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would	yes

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	**Protective Custody**	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	**Protective Custody**	

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

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	**Exhaustion of administrative remedies**	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	**Reporting to inmates**	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	**Disciplinary sanctions for inmates**	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	**Access to emergency medical and mental health services**	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	**Ongoing medical and mental health care for sexual abuse**	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	**Data review for corrective action**	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	**Audit contents and findings**	

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