Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails				
	🗌 Interim	🛛 Final		
	Date of Report	August 18, 2019		
	Auditor In	formation		
Name: Kendra Prisk		Email: 2KCounsultingLl	_C@gmail.com	
Company Name: 2K Const	ulting, LLC	-		
Mailing Address: PO Box 1	03	City, State, Zip: Woodville	e, FL 32362	
Telephone: 814-883-976	6	Date of Facility Visit: Augu	ıst 1-2, 2019	
	Agency In	nformation		
Name of Agency:		Governing Authority or Parent	Agency (If Applicable):	
Leon County Sheriff's Of		Board of County Commissioners		
Physical Address: 535 Appleyard Drive		City, State, Zip: Tallahass	see, FL 32304	
Mailing Address: PO Box 727		City, State, Zip: Tallahass	see, FL 32302	
The Agency Is:	Military	Private for Profit	Private not for Profit	
Municipal	County	State	Federal	
Agency Website with PREA Information: WWW.leoncountyso.com				
Agency Chief Executive Officer				
Name: Walt McNeil				
Email: mcneilw@leoncountyfl.gov		Telephone: 850-606-350	00	
Agency-Wide PREA Coordinator				
Name: Tim Ruth	Name: Tim Ruth			
Email: rutht@leoncount	yfl.gov	Telephone: 850-606-368	38	
PREA Coordinator Reports to: Major Ed Lee/Lieutenant Tyler Bush		Number of Compliance Manag Coordinator O	ers who report to the PREA	

Facility Information					
Name of Facility: Leon Cour	nty Detention Facilit	ty			
Physical Address: 535 Appley	ard Drive	City, Stat	te, Zip:	: Tallahassee, FL	. 32304
Mailing Address (if different from PO Box 727	ו above):	City, Stat	te, Zip:	: Tallahassee, FL	. 32302
The Facility Is:	Military			Private for Profit	Private not for Profit
Municipal	County			State	Federal
Facility Type:	□ P	Prison			Jail
Facility Website with PREA Info	mation: www.leon	countyse	o.con	n	
Has the facility been accredited	within the past 3 years?	Yes	s 🗆	No	
If the facility has been accredite the facility has not been accredi			ne acci	rediting organization(s)	– select all that apply (N/A if
		ui oji			
Other (please name or describe: Florida Corrections Accreditation Commission (FCAC)					CAC)
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.					
	Warden/Jail Ad	lministra	itor/S	heriff/Director	
Name: Ed Lee		-			
Email: <u>leee@leoncounty</u>	il: leee@leoncountyfl.gov Telephone: 850-606-3664				
Facility PREA Compliance Manager					
Name: Tim Ruth		1			
Email: rutht@leoncoutyfl.gov Telephone: 850-606-3688					
Facility Health Service Administrator 🗌 N/A					
Name: Paula Mangarella					
Email: mangarella@leon	countyfl.gov	Telepho	one:	850-606-3101	

Facility Characteristics				
Designated Facility Capacity:	1,427			
Current Population of Facility:	1,164			
Average daily population for the past 12 months:	1,084			
Has the facility been over capacity at any point in the past 12 months?	🗆 Yes 🛛 No			
Which population(s) does the facility hold?	Females Males	\boxtimes Both Females and Males		
Age range of population:	15-73			
Average length of stay or time under supervision:	10 months			
Facility security levels/inmate custody levels:	Maximum, Close, Mediun	n & Minimum		
Number of inmates admitted to facility during the past	12 months:	10,292		
Number of inmates admitted to facility during the past in the facility was for 72 hours or more:	12 months whose length of stay	10,172		
Number of inmates admitted to facility during the past in the facility was for <i>30 days or more:</i>	12 months whose length of stay	8,320		
Does the facility hold youthful inmates?				
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)		63 □ N/A		
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?		🗆 Yes 🖾 No		
	EFederal Bureau of Prisons			
	U.S. Marshals Service			
	U.S. Immigration and Customs	s Enforcement		
	Bureau of Indian Affairs			
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the	U.S. Military branch			
audited facility does not hold inmates for any other agency or agencies):				
agency of agencies).	County correctional or detention Judicial district correctional or of			
		r detention facility (e.g. police lockup or		
	city jail)			
	Private corrections or detention provider			
	Other - please name or describe: Click or tap here to enter text.			

	🖾 N/A	
Number of staff currently employed by the facility who may have contact with inmates:		262
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		53
Number of contracts in the past 12 months for services have contact with inmates:	s with contractors who may	3
Number of individual contractors who have contact wint to enter the facility:	th inmates, currently authorized	53
Number of volunteers who have contact with inmates, facility:	currently authorized to enter the	110
	Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the formally allowed to enter them or not. In situations who been erected (e.g., tents) the auditor should use their of to include the structure in the overall count of building temporary structure is regularly or routinely used to he temporary structure is used to house or support opera short period of time (e.g., an emergency situation), it s count of buildings.	ere temporary structures have discretion to determine whether ls. As a general rule, if a old or house inmates, or if the itional functions for more than a	2
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.		21
Number of single cell housing units:		3
Number of multiple occupancy cell housing units:		12
Number of open bay/dorm housing units:		6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):		119

In housing units, does the facility maintain sight and s youthful inmates and adult inmates? (N/A if the facility	Yes No N/A				
Does the facility have a video monitoring system, elec other monitoring technology (e.g. cameras, etc.)?	Yes No				
Has the facility installed or updated a video monitoring system, or other monitoring technology in the past 12		Yes 🗌 No			
Medical and Mental Healt	h Services and Forensic Me	dical Exams			
Are medical services provided on-site?					
Are mental health services provided on-site?	🛛 Yes 🗌 No				
Where are sexual assault forensic medical exams provided? Select all that apply. On-site Local hospital/clinic Rape Crisis Center Other (please name or describ) 		be: Click or tap here to enter text.)			
	Investigations				
Cri	minal Investigations				
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: 8					
When the facility received allegations of sexual abuse staff-on-inmate or inmate-on-inmate), CRIMINAL INVES Select all that apply.	 Facility investigators Agency investigators An external investigative entity 				
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)		component ne: Click or tap here to enter text.)			
Administrative Investigations					
Number of investigators employed by the agency and/ for conducting ADMINISTRATIVE investigations into a sexual harassment?	2				
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		 Facility investigators Agency investigators An external investigative entity 			
Select all external entities responsible for Local police department Local sheriff's department 					

apply (N/A if no external entities are responsible for administrative investigations)	State police
	A U.S. Department of Justice component
	\Box Other (please name or describe: Click or tap here to enter text.)
	× N/A

Audit Findings

Audit Narrative

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The PREA Coordinator (PC) was very responsive related to any questions the auditor had during this review. The PC ensured the audit posting was placed throughout the facility prior to the audit. The auditor received a text message photo of the PREA audit announcement that was posted within the facility prior to the audit. The auditor to the audit. The auditor did not receive any correspondence from inmates at the facility related to the PREA audit or any PREA concerns. Additionally, the auditor provided a tentative schedule of events for the on-site portion of the audit to the PC prior to the audit.

The auditor requested the below listings of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1,164) the PREA Auditor Handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, custody level, housing assignments and time in custody. Inmates selected for the targeted interviews were selected at random across varying factors if possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaires*. The table following the inmate listings depicts the breakdown of inmate interviews.

- 1. Complete inmate roster (provide based on actual population on the first day of the onsite portion of the audit)
- 2. Youthful inmates (if any)
- 3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- 4. Inmates who are Limited English Proficient (LEP)
- 5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates
- 6. Inmates in segregated housing
- 7. Inmates who reported sexual abuse
- 8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	23
Targeted Inmates	17
Total Inmates Interviewed	40
Targeted Inmate Interview:	
Youthful Inmates	3
Inmates with a Disability	3

Inmates who are LEP	2
 Inmates with a Cognitive Disability 	1
 Inmates who Identify as Lesbian, Gay or Bisexual 	6
 Inmates who Identify as Transgender or Intersex 	0
 Inmates in Segregated Housing for High Risk of Victimization 	0
 Inmates who Reported Sexual Abuse 	2
 Inmates who Reported Sexual Victimization During Screening 	0

The auditor requested the below listings of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA Auditor Handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors if possible. Staff from all four shifts were interviewed. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* supplemented by the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

- 1. Complete staff roster (indicating title, shift, and post assignment)
- 2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level 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 any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Administrative (human resources) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders, security staff (individuals who have responded to an incident of sexual abuse)
 - First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	13
Specialized Staff	19
Total Staff Interviews	32

Specialized Staff Interviews	
 Intermediate or Higher Level Facility Staff 	2
Line Staff who Supervise Youthful Inmates	2
Education and Program Staff who Work with Youthful Inmates	1
Medical and Mental Health Staff	2
Human Resources Staff	1
Volunteers and Contractors	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization	1
 Staff who Supervise Inmates in Segregated Housing 	2
Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	2
Security and Non-Security who Acted as First Responders	1
Intake Staff	2

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Ed Lee (Agency Head Designee)
- Mr. Craig Carol (Warden Designee)
- Mr. Tim Ruth (PREA Coordinator/PREA Compliance Manager)¹

The on-site portion of the audit was conducted on August 1, 2019 and August 2, 2019. The auditor had an initial briefing with facility leadership and answered any questions. The auditor had a support staff member, Ms. Kellie Eberlein, assist with the on-site portion of the audit. Ms. Eberlein was present during the tour and assisted with inmate interviews. After the initial briefing, a tour of the facility began at 9:00am. The tour including all buildings associated with the Leon County Detention Center, to include all housing units (pods A-P and the Annex), intake and booking, medical and mental health (to include the infirmary and suicide observation area), work and program areas (chapel, classrooms, classification, food service/kitchen, laundry and the warehouse) and common areas (outdoor recreation area and offices/support staff areas). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units, separation of inmates under 18 years of age and other factors as indicated in the below standard findings. During the tour the auditor and Ms. Eberlein spoke to staff and inmates informally about PREA and the facility in general. Additionally, during the tour the auditor tested the victim advocacy phone number on the inmate phones. The tour was completed at 12:30pm.

Interviews were conducted on August 1, 2019 in the afternoon and evening as well as on August 2, 2019 in the morning and afternoon. During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 262 staff. The auditor reviewed a random sample of fourteen personnel and training records that included three individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for three volunteers and four contractors who have contact with inmates were sampled randomly across functional service areas. Personnel and training files were selected for those staff that the auditor conducted random interviews with and as such the files were an unbiased random sample.

PREA Audit Report

¹ Mr. Ruth serves as the PREA Coordinator and PREA Compliance Manager. All required interviews for these two positions are done by Mr. Ruth who will be documented as the PC within the document.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 1,164. A total of 40 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection.

Medical and Mental Health Records. During the past year, there were three inmates that reported sexual abuse. The auditor reviewed the medical and mental health records for these inmates

Grievances. In the past year, the facility had not received any grievances that were identified as PREA grievances. The auditor reviewed the allegations of sexual abuse and sexual harassment in the past year and all were done so verbally or via medical sick call.

Incident Reports. The auditor reviewed all incident reports related to the three PREA allegations in the past twelve months.

Investigation Files. During the previous twelve months, there were a total of three allegations of PREA at the facility. It was noted that two other allegations were reported to staff at the facility, however they were allegations that occurred at other facilities and were reported to the appropriate agency for investigation. A breakdown of the three allegations and their case dispositions are depicted below in the chart.

	Sexual	Abuse	Sexual Ha	arassment
Substantiated	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Unsubstantiated	1	0	0	0
Unfounded	1	1	0	0
Total Allegations	2	1	0	0

Facility Characteristics

The Leon County Detention Center (referred to herein as "Center") is a county jail located at 535 Appleyard Drive in Tallahassee, Florida. The Center is located near Florida State University, Tallahassee Community College and Lively Technical College. The Center is adjacent to the Leon County Sheriff's Office and is under the control of Sheriff Walt McNeil. The Center has two separate buildings. The first building comprises much of the Center and accounts for all but two of the housing units while the second building is known as the "Annex" and comprises two housing units. The main building has three floors. Two floors are utilized for inmate housing while the third floor is utilized for storage and cart access. Inmates do not have access to the third floor without staff assistance. Additionally, the main building has two mezzanine areas where inmates do not have access. These areas are only accessible through doors outside of the inmate housing areas to allow for staff movement and inmate visitation. The total capacity for the Center is 1,427. At the time of the audit the population at the Center was 1,164. The Center houses both male and female inmates and houses youthful inmates. The age range of the Center's population is 15-73 years of age. The Center houses inmates that range from minimum custody to maximum custody. The average length of stay for inmates at the Center is approximately ten months.

The main building comprises 19 housing areas, which they refer to as "pods". The pods are labeled from A to P and range in the type of population housed in the pods. A breakdown of the pods and the inmate population that make each pod up is found below. Of the 19 pods, three are single cell occupancy with a total bed capacity of 119, four are open bay style housing and twelve are multiple occupancy housing. Three pods have been separated into two separate sections to create six total pods. These pods are the Center's specialized housing units and include; mental health, suicide observation, new intake/orientation, youthful inmates, administrative

confinement and disciplinary confinement. All pods except those specialized housing pods have their own recreation area attached to the pod. The specialized housing pods have a shared recreation area. Inmates in these pods have a schedule to utilize the recreation area. The pods never share the recreation area, but rather switch on and off to allow each separate pod access the recreation area separately. Four pods make up a "unit", except those special housing units, where six pods make up the unit. Each unit has an outdoor recreation area as well as classrooms and education areas outside of the unit specifically for inmates in those pods. Additionally, each housing unit has an area where classification and case management staff offices are located.

The open bay pods consist of groups of beds (bunk bed style) in an open area. These pods are one floor and have a common area in the center with televisions, tables and chairs. All open bay pods are equipped with video monitoring technology. These pods have toilets and showers that are shared among the inmates. All showers are single person showers and shower areas and toilet areas have a swinging door to provide privacy. All open bay pods have PREA reporting information and victim advocacy information posted throughout the unit. Additionally, these open bay pods have a staff member present at all times on the floor and have mirrors to counter any blind spots. The single cell and multiple occupancy cell pods are set up the same. The pods are split level and have housing cells on both floors. Each cell is equipped with a toilet and sink. The showers are like that of the open bay and are shared single person showers with a privacy barrier. Doors to the cells are solid and have a small window to allow for safety and security. The second floor of the pods has an area for visitation and an area for legal visits. The visitation area is comprised of a wall with plexiglass that separates the inmate from the visitor. The entrance to this visitation area for the visitors is outside and as such inmate are unable to have contact with visitors. The legal visit area is the same except a door is provided for confidentiality. The single cell and multiple occupancy cells are set up the same, however the multiple occupancy houses two inmates while single cell houses one. Both the single cell and multiple occupancy cell pods are equipped with video monitoring technology and have at least one staff member present on the floor at all times.

POD	Capacity	Style	Inmate Population
A	94	Multiple	General Population
В	94	Multiple	General Population
С	94	Multiple	General Population
D	94	Multiple	General Population
E1	36	Single	Suicide Observation/Mental Health Observation
E2	11	Single	Mental Health
F1	47	Multiple	New Intake/Orientation
F2	43	Single/Multiple	Youthful Inmates
G1	48	Multiple	Administrative Confinement
G2	24	Single	Disciplinary Confinement
Н	48	Single	Confinement Overflow
1	94	Multiple	General Population
J	94	Multiple	General Population
K	94	Multiple	General Population
L	94	Multiple	General Population
Μ	64	Open Bay	Females
Ν	64	Open Bay	Females
0	64	Open Bay	Inmate Trustees
Р	64	Open Bay	Inmate Trustees
Annex	162	Open Bay	Females

In addition to the housing units the main building comprises all the Center's administrative offices, program areas, work areas and common areas. The main building houses an area for booking and intake, an area for

inmates to attend first appearance, laundry, a chapel, classrooms and program areas, medical, mental health, an infirmary (that is also equipped with overflow suicide observation cells), a warehouse and a kitchen. A staff cafeteria is attached to the kitchen; however, inmates do not have a cafeteria as they are provided all meals in their housing units.

The Center employs 262 correctional staff. Staff make up four squads; squad one and two are on duty from 5:00pm-5:00pm while squads three and four are on duty from 5:00pm. Each squad has a Lieutenant that serves as the shift supervisor. Two Bureau Commander supervise two Lieutenants each and serve as the higher-level supervisor for the shifts. Each housing pod is equipped with a correctional officer. Each housing unit (four pods) has a Sergeant that supervises the unit and is responsible for the four pods. Additional Correctional Officers are assigned to other areas to include; central control, medical, education, the kitchen, etc. Separate from the housing units is booking and release. This area has its' own Bureau Commander as well as two Lieutenants that supervise the four squads. Each squad in booking has two Sergeants and numerous Correctional Officers. Classification staff/case management staff are certified Correctional Officers and there are two of these staff assigned per squad. The kitchen staff, medical staff and canteen staff are not certified Correctional Officer but rather are contracted employees. The Center employs 53 contractors; 38 medical and mental health, nine kitchen staff and 6 canteen staff. The Center also has numerous volunteers that have contact with inmates. Currently the Center has 110 volunteers that assist in the chapel and with programs.

Summary of Audit Findings

Standards Exceeded Number of Standards Exceeded: List of Standards Exceeded:	0 N/A
Standards Met	
Number of Standards Met:	45
Standards Not Met	
Number of Standards Not Met: List of Standards Not Met:	0 N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ⊠ Yes □ No

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Sheriff's Office Organizational Chart

Interviews:

1. Interview with PREA Coordinator

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy 450.K15 as well as a comprehensive PREA Compliance Manual that supplements the policy. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct. Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies addressed "Detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (including notification of licensing agencies), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the job description confirms the PC's responsibilities. The PC reports to the Major who reports to the Center Chief. The PC was interviewed and he reported that his primary job responsibility is PREA compliance. He stated that he has direct access to the Chief and can implement policies and practices as necessary to ensure sexual safety requirements. During the site review, the PC demonstrated knowledge of the agency policies and practices designed to promote sexual safety in the facility. Staff consistently state during interviews that the PC was constantly educating them on PREA through; trainings, cards, emails, quizzes, etc.

115.11 (c): The Center does not operate additional facilities. The Center is the only confinement facility under the jurisdiction of the Leon County Sheriff's Office. Therefore, a PREA Compliance Manager is not required.

The evidence shows that the agency has a PREA policy and has designated an upper-level, agencywide PC as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency.

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

115.12 (a)

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

115.12 (b)

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

Exceeds Standard	(Substantially	/ exceeds red	quirement of	f standards)
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Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Documents:

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Interviews:

1. Interview with Agency Head

Findings (By Provision):

115.12 (a): The agency does not contract with any entity for the confinement of inmates. The Center is a county jail and houses inmates arrested within Leon County until they are sentenced and transferred to prison. The agency has not entered or renewed any contracts for confinement of inmates. Based on the response on the PAQ as well as the interview with the Agency Head it is confirmed that the agency does not contract with other entities.

115.12 (b): The agency does not contract with any entity for the confinement of inmates. The Center is a county jail and houses inmates arrested within Leon County until they are sentenced and transferred to prison. The agency has not entered or renewed any contracts for confinement of inmates and therefore no PREA language is required. Based on the response on the PAQ as well as the interview with the Agency Head it is confirmed that the agency does not contract with other entities.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 ☑ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ⊠ Yes □ No

^{1.} Pre-Audit Questionnaire

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☑ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ⊠ Yes
 □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ⊠
 Yes □ No □ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ⊠ Yes □ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ⊠ Yes □ No

115.13 (b)

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

 No
 NA

115.13 (c)

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

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higherlevel supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☑ Yes □ No
- Is this policy and practice implemented for night shifts as well as day shifts? ⊠ Yes □ No

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. 2019 Staffing Plan
- 5. Documentation Showing Unannounced Rounds

Interviews:

- 1. Interview with Warden or Designee
- 2. Interview with PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.13 (a): The agency only operates one facility, the Leon County Detention Center. The Center has a staffing plan that is reviewed annually. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all

components of the facility's physical plan, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the Center's maximum capacity (1427). Each housing pod had a Correctional Officer assigned and four pods shared a Sergeant as a supervisor. A shift Lieutenant was responsible for all staff. In addition to housing staff there were also Correctional Officer solely responsible for other specific areas of the Center. Officers were assigned posts in medical, the kitchen, booking, education, program, etc. Additionally, there were officers specifically assigned as escort officers. These officers were responsible for providing supervision when inmates were going from point A to point B. Interviews with the Warden's Designee and the PC confirmed that the Center has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis.

115.13 (b): The Center does not deviate from the staffing plan. All positions within the plan are filled and will not go unmanned. Staff are called in for overtime or are required to stay and work additional hours to ensure no deviations. Interviews with the Warden's Designee and the PC indicated they have not deviated from the staffing plan.

115.13 (c): The 2019 staffing plan was reviewed and an acknowledgment memo was signed indicating that agency leadership, along with the PC reviewed the plan on April 29, 2019. The plan was reviewed to determine if any adjustments were needed to the staffing plan, additional deployment of video monitoring technology was needed and if the allocation of the Center resources to commit to the staffing plan was relevant. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary.

115.13 (d): SOP 450.K15, page 4, section e, indicates that intermediate-level or higher-level supervisors are required to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Rounds are conducted by the shift Lt. and are documented on the housing pod electronic log. Interviews conducted with intermediate/higher level staff indicated that supervisors were required to conduct three unannounced rounds per shift. A review of the PAQ supplemental documentation as well as a review of the housing pod logs during the on-site tour, indicated that these supervisory rounds were being made and documented on all four shifts. Additionally, SOP 450.K15 prohibits staff from alerting other staff members about the rounds. During the interviews, supervisory staff indicated that they deviate their times and locations to prohibit staff from alerting the next housing pod that they were conducting rounds.

Based on a review of the PAQ, SOP 450.K15, the 2019 Staffing Plan, the housing pod journals, and observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Xes Description NA

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Standard Operating Procedure (SOP) 450.14
- 4. Daily Population Reports

Interviews:

- 1. Interview with Line Staff who Supervise Youthful Inmates
- 2. Interview with Education and Program Staff who Work with Youthful Inmates
- 3. Interview with Youthful Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.14 (a): SOP 450.14, page 3, section 2, and SOP 450.K15, page 4, section 3, prohibit the Center from placing youthful inmates in a housing unit with adult inmate where they would have sight, sound or physical contact through the use of a shared dayroom or common area. A review of the daily population report indicated that all inmates under the age of 18 were housed in their own pod, F2. During the tour, it was observed that inmates in F2 did not have contact with adult inmates in their housing unit. The inmates had their own housing pod equipped with two man rooms, a dayroom area to watch television, single person common showers with barriers and a separate recreation area. Additionally, during the tour it was observed that classrooms where education and programs were conducted were right outside of the pod. Youthful inmates that went outside of the quad were directly escorting by Officers from their housing unit to their destination. Interviews with line staff who supervise youthful inmates as well as interviews with youthful inmates indicated that youthful inmates do not share a housing area with adult inmates.

115.14 (b): The Center maintains sight, sound and physical separation between youthful inmate and adult inmates outside of the housing areas when possible. Youthful inmates are not permitted to participate in programs, education or recreation with adult inmates. Youthful inmates have separate classrooms and recreation areas. Youthful inmates are required to attend school, however during the audit they were out for the summer. All inmates are fed in their housing pods; therefore, youthful inmates do not have contact with adult inmate in any food service areas. While outside of the housing units in areas that may have adult inmates (medical, mental health, classification and during escorts) youthful inmates are escorted by security staff when outside of the housing unit. Additionally, interviews with youthful inmates, line staff who supervise youthful inmates and education staff who work with youthful inmates indicated that there are no circumstances where a youthful inmate would come in contact with an adult inmate without direct supervision.

115.14 (c): SOP 450.14, page 3, section 2, and SOP 450.K15, page 4, section 3, state that the Center will make its best efforts to avoid placing youthful inmates in confinement to comply with the provision. The PAQ indicated that the Center had not placed any inmates in isolation to comply with this standard. Interviews indicated that staff did not know of any circumstance where an inmate was housed in isolation to comply with this standard. Additionally, the youthful inmates interviewed indicated they were not placed in isolation for the sole purpose of keeping them separated from adult inmates. During the tour, it was observed no inmates under the age of 18 were housed outside of F2 pod.

Based on a review of the PAQ, SOP 450.14, SOP 450.K15, daily population reports, observations made during the tour and interviews with youthful inmates, line staff who supervise youthful inmates and education staff who work with youthful inmates this standard appears to be compliant.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

 Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) \boxtimes Yes \Box No \Box NA

 Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ⊠ Yes □ No □ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ⊠ Yes □ No

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ⊠ Yes □ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ⊠ Yes □ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ⊠ Yes □ No

115.15 (e)

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ⊠ Yes □ No

115.15 (f)

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

Auditor Overall Compliance Determination



- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. PREA Training Curriculum
- 5. Staff Training Records

Interviews:

- 1. Interview with Random Staff
- 2. Interview with Random Inmates (Female)
- 3. Interview with Transgender/Intersex Inmates (N/A)

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.15 (a): SOP 450.K15, page 4, section 4, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches. The PAQ indicated that no searches of this kind were conducted at the Center over the past twelve months and that the facility does not conduct these types of searches in general. The PREA training curriculum also indicated that these searches were not permitted. Interviews with staff and inmates indicated that female staff strip search female inmates and male staff strip search male inmates.

115.15 (b): SOP 450.K15 page 5, section e-g, prohibits cross gender pat searches of female inmates. It also indicates that the Center will not restrict female inmates access to regularly available programming or other out of cell opportunities to comply with this provision. The PAQ indicated that there have been no instances of female pat searches conducted by male staff. Interviews with female inmates as well as a random sample of staff indicated that cross gender pat searches do not occur. Interviews indicated that male staff are prohibited from working within female housing units and a such there are no circumstances where males would need to pat search female inmates. Additionally, female staff escort female inmates from point A to point B. During the tour, the auditor observed that all female housing units were staffed by female officers and that male officers had little to no contact with female inmates.

115.15 (c): PREA Compliance Manual, page 6, section 5, indicates that the Center is required to document all cross-gender strip searches, all cross gender visual body cavity searches and all cross

gender pat searches of female inmates. The PAQ indicated that none of these searches had occurred and as such no documentation was available.

115.15 (d): SOP 450.K15 page 4, section 4b, indicates that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, the SOP requires staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with a random sample of inmates and interview with a random sample of staff indicated that inmates have privacy when showering, using the restroom and changing clothes. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor observed a placard that was placed on all housing unit entrances as a reminder to staff to announce their presence prior to entering. When the audit team entered a housing unit during the tour staff announced either female in the pod or male in the pod. The auditor observed that inmates in open bay style housing pods had swinging doors and wall barriers for privacy in the shower and toilet areas. The single and multiple occupancy housing pods had toilets within the cell, however the cell had a solid door with a small window for safety and security. The shower areas in these pods had swinging dorms and provided a barrier for privacy when showering.

115.15 (e): SOP 450.K15 page 4, section 4c, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. A list of inmates during the on-site audit indicated that there were currently no transgender or intersex inmates at the Center. Interviews with a random sample of staff indicated that these searches would not be done and that the inmate would be taken to medical to handle this type of situation.

115.15 (f): The PREA training curriculum for staff included the Bureau of Justice Assistance video on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PAQ indicated that 97% of security staff had received this training. A review of a random sample of training records indicated that staff had received the PREA training, which included this video. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner.

Based on a review of the PAQ, SOP 450.K15, the PREA training curriculum, a random sample of staff training records, the PREA Compliance Manual, observations made during the tour to include the presence of opposite gender placards, privacy walls/barriers and the opposite gender announcement as well as information from interviews related to prohibition of all cross gender searches, the inmates ability to have privacy and their training on professional and respectful searches indicate this standard appears to be compliant.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ⊠ Yes □ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal
 opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? \boxtimes Yes \Box No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Sheriff's Office Translator List
- 5. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
- 6. PREA Training Curriculum

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Inmates with Disabilities
- 3. Interview with LEP Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.16 (a): SOP 450.K15, page 5-6, section 5, establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the Center's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Policy and interviews indicate that inmate who are blind or have an intellectual/cognitive disability would be read PREA information and inmates who are deaf would be provided reading material and would be provided the PREA video via closed captioning and/or American Sign Language. Interviews with the Agency Head and inmates who have a disability indicated that inmates receive PREA information in a format that they can understand. Additionally, the auditor was able to utilize the facilities current resources to communicate with these inmates. A review of a sample of disabled inmate files indicated that they received PREA information and they understood the

information. During the tour, the PREA signage was observed to be in large text and in bright colors. The auditor also observed the PREA education video being shown to an inmate, the video was loud and in an area that allowed the inmate to concentrate on materials. A staff member was also available to assist the inmate and answer any potential questions.

115.16 (b): SOP 450.K15, page 5-6, section 5, establishes the procedure to ensure meaningful access to all the aspects of the Center's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The Center has a translator list that they utilize for any inmates who are LEP. They can also utilize language line for translation services during any emergency via the contract with their consolidated dispatch center. Policy and interviews indicate that the Center's PREA video is in both English and Spanish and that PREA information is available throughout the Center in English and Spanish. It can also be made available through the abovementioned methods in other languages. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize the facilities current resources to communicate with these inmates. A review of a sample of files for LEP inmates indicated that they received PREA information and they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and is currently being posted throughout the facility in Spanish as well.

115.16 (c): SOP 450.K15, page 5-6, section 5 prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were zero instances where an inmate was utilized. Interviews with a random sample of staff indicated that inmates are never utilized to translate for PREA purposes. Staff indicated that they had a translator list and that they had a company they utilized to help translate. Interviews with disabled and LEP inmates indicated that other inmates were not utilized to translate for them or provide assistance.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the translator list, the PREA brochure, observations made during the tour to include the PREA signage as well as interviews with the Agency Head, LEP inmate and disabled inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ⊠ Yes □ No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Personnel Files of Staff
- 5. Contractor Background Files
- 6. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.17 (a): SOP 450.K15, page 6, section 6, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the Center.

115.17 (b): SOP 450.K15 page 6, section 6, indicates that the Center 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 an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): PREA Compliance Manual, page 9, section c indicates that the Center is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had the Florida Crime Information Center (FCIC) and the National Crime Information Center (NCIC) queried. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the Center. Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): PREA Compliance Manual, page 9, section d, indicates that the Center performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there are three contracts at the Center that employ 53 contractors. Of those 53 contractors, 100% have had FCIC/NCIC queried prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the Center.

115.17 (e): PREA Compliance Manual, page 9, section e, outlines the system that is in place to capture criminal background information. The agency utilized the Live Scan process. All staff and contractors are fingerprinted and added into the Live Scan system. Anytime an individual in this system is arrested the agency they are employed by is immediately notified. This system is more efficient than annual background checks as it is live information and the Center is notified immediately and able to terminate employment immediately. A review of personnel records indicated that all staff and contractors were fingerprinted and entered into Live Scan. Additionally, Human Resource staff confirmed that all staff and contractors are entered into Live Scan and that any arrests are immediately reported to the agency.

115.17 (f): PREA Compliance Manual, page 9, section f, indicates that the Center will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their application.

Additionally, the interview with Human Resource staff confirmed that these questions are contained in the job specific questionnaire that is required for all applications.

115.17 (g): PREA Compliance Manual, page 9, section g, indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): PREA Compliance Manual, page 9, section h, indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, a review of personnel files for staff, contractors and volunteers and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

 NA

Auditor Overall Compliance Determination

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

Documents:

PREA Audit Report

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Jail Floor Plan

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Warden or Designee

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.18 (a): The Center has not planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Warden's Designee confirmed there has not been any modifications to the Center since August 20, 2012. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The Center is currently in the process of upgrading their current video monitoring technology. The Center is updating current cameras with better quality devices and is also adding additional cameras to areas they have determined to need video monitoring capabilities. The current upgrades and expansion were initiated by leadership to enhance their PREA efforts through eliminating blind spots and enhancing the Center's ability to protect inmates from sexual abuse. The PAQ as well as interviews with the Agency Head and Warden's Designee confirmed that they are supplementing and upgrading their current video monitoring technology. Interviews confirm that they considered sexual safety in their placement of additional cameras and their updates. During the tour, the auditor observed video monitoring technology in all housing units, in most common areas and throughout the hallways in the Center.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

 If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) \Box Yes \Box No \boxtimes NA

115.21 (g)

• Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. General Order 41.12
- 3. General Order 84.1
- 4. Standard Operating Procedure (SOP) 450.K15
- 5. Leon County Sheriff's Office PREA Compliance Manual
- 6. Memorandum of Understanding with Refuge House
- 7. Investigative Reports Documenting SAFE/SANE and Victim Advocates
- 8. Medical Bills Showing Free Services to Inmates

Interviews:

- 1. Interview with Random Staff
- 2. Interview with PREA Coordinator
- 3. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.21 (a): General Order 41.12, Sexual Violence and General Order 84.1, Property and Evidence outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. Interviews with random staff indicated they are aware of evidence protocol,

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however they do not collect evidence, rather the Violent Crimes Unit or the Jail Investigator does. They indicated they were aware of how to preserve evidence.

115.21 (b): General Order 41.12, Sexual Violence and General Order 84.1, Property and Evidence outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ this was developed appropriate for youth and was adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents".

115.21 (c): The Center does not offer forensic medical examinations on-site. Rather the inmates is transported to the local hospital, Tallahassee Memorial Healthcare, where the forensic examination is performed by licensed nurses who possess the SAFE or SANE designation. The PAQ indicated that during the previous twelve months, there has been one forensic exam that has been conducted and it was completed by a SANE/SAFE. A review of the investigative report and medical documents indicated that the inmate was transported to the hospital and received the forensic medical examination. A review of the medical bill for the inmate indicated that the examination was without financial cost. An interview was unable to be conducted due to the SANE/SAFE being employed by the local hospital. However, the hospital website indicated that TMH has standards and a special area designated for forensic evidence collection. Per the website, nurses at TMH have been trained by the Florida Council Against Sexual Violence (FCASV).

115.21 (d): The Center has a current Memorandum of Understanding (MOU) with the local rape crisis center, Refuge House. The MOU has been in effect since 2017. Victim advocacy services are provided in person at the hospital and they can also be accessed via phone by calling *701 from the inmate phones or by dialing 1-888-956-7273 or 1-800-962-2873. Mental health services are provided at the Center by Mr. B. Johnson if inmates would prefer a facility staff member. Interviews with the PC confirmed these services are offered. The interview with inmates who reported sexual abuse indicated that while in person services were not offered to them as they did not go to the hospital for a forensic exam, they did have access to the advocates through the phone. A tour of the Center confirmed that the advocacy information is included on the PREA signage in each housing unit. Additionally, the number is included on the brochure that all inmates receive at intake.

115.21 (e): PREA Compliance Manual, page 11, indicates that all inmates are provided a victim advocate to accompany them during the forensic medical examination process and investigatory interviews. The MOU also indicates that when any inmate is transported to the hospital that a victim advocate will be dispatched from the Refuge House to accompany the inmate. The interview with the PC confirmed these services are offered. Interviews with inmates who reported sexual abuse indicated that while in person services were not offered to them as they did not go to the hospital for a forensic exam, they did have access to the advocates through the phone. Additionally, mental health services are available to all inmates by license mental health contracted staff.

115.21 (f): This section does not apply. The agency is responsible for investigating all administrative and criminal allegations of sexual abuse. The Violent Crimes Unit and/or the Jail Investigator investigates all criminal cases and the Jail Investigator investigates all administrative investigations.

115.21 (g): This section does not apply. The agency is responsible for investigating all administrative and criminal allegations of sexual abuse. The Violent Crimes Unit and/or the Jail Investigator investigates all criminal cases and the Jail Investigator investigates all administrative investigations.

115.21 (h): This section does not apply. All victim advocates are from the local rape crisis center, Refuge House.

Based on a review of the PAQ, General Order 41.12, General Order 84.1, the PREA Compliance Manual, the MOU with Refuge House, investigative files and medical files for those who reported sexual abuse, financial documents related to forensic exam, information from interviews with the PREA Compliance Manager and inmates who reported sexual abuse and observations made during the tour to include the posting of the advocacy information and phone number indicate that this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

 If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) □ Yes □ No ⊠ NA

115.22 (d)

• Auditor is not required to audit this provision.

115.22 (e)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Detention Facility Inmate Handbook
- 5. Incident Reports
- 6. Investigative Reports

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): SOP 450.K15 page 6-7, section 7, outlines the administrative and criminal investigative process. The policy states that all allegations will be referred for investigation. The inmate handbook also has information for the inmate population advising them that all allegations will be reported and referred for investigation. The PAQ along with a review of a sample of incident reports indicated that all reported allegations of sexual abuse and sexual harassment were investigated or are currently being investigated. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by the Jail Investigator or criminally by the Jail Investigator or the Violent Crime Unit. He also indicated all investigators had the specialized investigator training. The PAQ indicated that three allegations were received within the previous twelve months. A review of documentation indicated that all were referred for investigation and all investigations were closed at the time of the audit.

115.22 (b): SOP 450.K15 page 6-7, section 7, outlines the administrative and criminal investigative process. The policy states that all allegations will be referred for investigation. The policy regarding investigations is published on the agency's website: <u>http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act</u>. A review of a sample of incident reports indicated that all reported allegations of sexual abuse and sexual harassment were referred for investigation. Additionally, the interview with Jail Investigator confirmed that all allegations are referred for investigation.

115.22 (c): 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 Jail Investigator.

115.22 (d): 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 Jail Investigator.

115.22 (e): 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 Jail Investigator.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the inmate handbook, a sample of incident reports and investigative reports, the agency's website and information obtained via interviews with the Agency Head and the Jail Investigator this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?
 Xes
 No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ⊠ Yes □ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Xes
 No

115.31 (b)

■ Is such training tailored to the gender of the inmates at the employee's facility? ⊠ Yes □ No
Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ⊠ Yes □ No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. PREA Training Curriculum
- 5. Staff Training Records

Interviews:

1. Interview with Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.31 (a): SOP 450.K15 and the PREA Compliance Manual indicate that all staff are required to receive PREA training annually. A review of the PREA training curriculum confirms that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and

procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, 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 relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Interviews with random staff also confirmed that they received PREA training within the previous twelve months and that they often receive updates every few months by the PC.

115.31 (b): SOP 450.K15 and the PREA Compliance Manual indicate that all staff are required to receive PREA training annually. The Center houses both male and female inmates and as such the staff receive training tailored to both genders. The PAQ indicated that male staff are not permitted to work in female housing units, however all staff receive the same training as all staff may come in contact with male and female inmates. A review of a sample of staff training records indicated that 100% of those reviewed PREA training.

115.31 (c): The PAQ indicated that 262 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings that refresher information is provided to employees. A review of documentation and observations on site indicated that staff are provided training through numerous mechanisms. They receive the required annual PREA training via an online training program called DMS inbox. Staff are also provided wallet cards that they keep on them that have staff first responder duties. Each housing pod also has a pocket quick reference book called "PREA Standards A Guide for Employees, Contractors and Volunteers". A sample of staff training records indicate that all of the staff reviewed received the PREA training. Interviews with random staff confirm that they received training and that they receive training in those methods described above as well as through emails and quizzes from the PC.

115.31 (d): The PAQ indicated that all staff are required to electronically acknowledge that they received and understood the PREA training. The auditor was provided access to the DMS inbox and was able to navigate the system and observe how the electronic signature worked. A review of a sample of staff training records indicated all of those reviewed had electronically signed that they understood the PREA training.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the PREA Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that this standard appears to be compliant.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. PREA Training Curriculum
- 4. Volunteer Training Records
- 5. Contractor Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the Center's policies and procedures on sexual abuse and sexual harassment. The training provided to contractors and volunteers is the same training that is provided to staff. All contractors and volunteers are required to complete the PREA training in the DMS inbox within ten days. The PAQ indicated that 163 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed electronically signed via the DMS inbox that they received and understood the training. Additionally, the interview conducted with the contract staff confirmed that she had received PREA training and signed electronically via the DMS inbox. At the time of the audit no volunteers were available for interview.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the Center's policies and procedures on sexual abuse and sexual harassment. The level and type is not determined based on services they provide and the level of contact they have with inmates. The training provided to contractors and volunteers is the same training that is provided to staff. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed electronically signed via the DMS inbox that they received and

understood the training. Additionally, the interview conducted with the contract staff confirmed that she had received PREA training and signed electronically via the DMS inbox. At the time of the audit no volunteers were available for interview.

115.32 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that 100% of those reviewed electronically signed via the DMS inbox that they received and understood the training. Additionally, the interview conducted with the contract staff confirmed that she had received PREA training and signed electronically via the DMS inbox.

115.32 (d): 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 Jail Investigator.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the PREA Training Curriculum, a review of a sample of contractor and volunteer training records as well as and interview with a contractor indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 □ Yes ⊠ No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Detention Facility Inmate Handbook
- 5. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
- 6. PREA Video Transcript
- 7. PREA Training Curriculum
- 8. Inmate Training Records

Interviews:

- 1. Interview with Intake Staff
- 2. Interview with Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.33 (a): SOP 450.K15 as well as the PREA Compliance Manual outline the requirement for inmates to receive PREA education, specifically information on the agencies zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. The PAQ indicated that 10,292 inmates received information on the zero-tolerance policy and how to report at intake. The is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the inmate handbook as well as the sexual battery brochure provided at intake have information on the zerotolerance policy and the reporting methods. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the tour, the auditor observed the booking/intake area and was provided an overview of the booking/intake process. Inmates were provided the handbook and brochure and were also asked the risk screening guestions during this time. The PREA information was posted throughout the booking area for inmates to view as they waited. Interviews with intake staff indicated that they provide inmates information related to the zero-tolerance policy and reporting mechanism via the PREA brochure. Random inmates that were interviewed indicated that they received PREA information at the time of intake. The Center is working on a new practice with tablets. In the future, inmates will be required to complete the PREA education prior to being able to utilize the tablet for any other purposes (books, games, movies, etc.).

115.33 (b): SOP 450.K15 as well as the PREA Compliance Manual outline the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates via video related to the Centers policies and procedures on sexual abuse and sexual harassment. The PAQ indicated that 8,320 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of inmates received during intake that have stayed for 30 days or more. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. During the tour, the auditor observed the comprehensive PREA education. The video was played for the inmate and classification staff were there to supervise and answer any questions or concerns. Interviews with classification staff indicate that they provide inmates comprehensive PREA education via the video within 30 days of intake. Random inmates that were interviewed indicated that they received comprehensive PREA education via the video within 30 days of intake.

115.33 (c): This provision does not apply as the standards have been published since 2013 and as such all inmates were required to be educated by 2014. A review of a sample of inmate records indicated that 100% of those sampled received comprehensive PREA education. The Center is a local jail and as such all inmates typically spend less than a year in custody. All inmates that are received by the Center receive PREA education as they do not have any additional facilities that they transfer to and from with the same policies and procedures. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): SOP 450.K15, page 5-6, section 5, establishes the procedure to provide PREA education to disabled inmates and LEP inmates. Policy and interviews indicate that inmates who are blind or have an intellectual/cognitive disability would be read PREA information and inmates who are deaf would be provided reading material and would be provided the PREA video via closed captioning and/or American

Sign Language. LEP inmates would be provided the PREA brochure and video in Spanish or staff would utilize the translator list to translate these documents to provide the needed information to the inmate in a language they understand. A review of a sample of disabled and LEP inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text and in bright colors and the Center was working on placing signage in Spanish. The auditor also observed the PREA education video being shown to an inmate, the video was loud and in an area that the inmate could effectively concentrate on materials. A staff member was also available for to assist the inmate and answer any potential questions.

115.33 (e): Comprehensive PREA education is documented on the Centers online inmate file system. A review of inmate's files indicate that inmates have been provided comprehensive PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the Center had PREA information via the inmate handbook, a PREA brochure and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas. Additionally, the auditor asked inmates if they had a PREA brochure or inmate handbook available and confirmed that they did have it and the information was contained within the documents.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the PREA brochure, the inmate handbook, the PREA education video, a sample of inmate records, observations made during the tour to include the availably of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ⊠ Yes □ No □ NA

115.34 (b)

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

Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) \boxtimes Yes \Box No \Box NA

115.34 (c)

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

115.34 (d)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. General Order 42.1
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. PREA Resource Center Specialized Training: Investigating Sexual Abuse in Correctional Settings Curriculum
- 5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.34 (a): General Order 42.1 requires that all investigators responsible for conducting sexual abuse and sexual harassment receive specialized training. This training is completed during the agency's DTEP program. A review of the training curriculum indicated that the training utilized is the PREA Resource Center's Specialized Training - Investigating Sexual Abuse in Correctional Settings. A review of investigator training records indicated that all Violent Crime Unit investigators have completed the training. The PC as well as the Jail Investigator both received the training off-site at a training held by the PREA Resource Center. The interview with the Jail Investigator confirmed that he had received this training.

115.34 (b): General Order 42.1 requires that all investigators responsible for conducting sexual abuse and sexual harassment receive specialized training. This training is completed during the agency's DTEP program. A review of the training curriculum indicated that modules two, four, six, seven and eight incorporate the following; 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 criminal prosecution. A review of investigator training records indicated that all violent crime unit investigators have completed the training. The PC as well as the Jail Investigator both received the training off-site at a training held by the PREA Resource Center. The interview with the Jail Investigator confirmed that all the aforementioned topics were included in his training.

115.34 (c): The PAQ and a review of sample training documents for investigators confirm that staff who complete the specialized training receive a certificate of completion. The certificate of completion is added to each staff members training file. The PAQ indicated that currently there are eight investigators who complete PREA investigations and that 15 investigators have completed the specialized training. The interview with the PC indicated that all investigators who investigate sexual abuse and sexual harassment allegations receive this training, as well as other investigator who elect to take the training.

115.34 (d): 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 Jail Investigator.

Based on a review of the PAQ, General Order 42.1, the PREA Investigator Training Curriculum, a review of investigator training records as well as interviews with the Agency Head, PC and Jail Investigator indicate that this standard appears to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ⊠ Yes □ No □ NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full-or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes □ No □ NA

115.35 (b)

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

115.35 (c)

 Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Ves No NA

115.35 (d)

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Corizon PREA of 2003 and Corrections Training Curriculum
- 5. PREA Training Curriculum
- 6. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): SOP 450.K15 page 7-8, section 9, requires that all medical and mental health care staff are responsible for completing specialized training. A review of the Corizon PREA of 2003 and Corrections Training curriculum confirmed that the training included the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the Center has 38 medical and mental health staff and that 75% of these staff received the specialized training. The remaining 25% were indicated to be administrative staff that did not perform any actual medical services. A review of medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training through Corizon.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the Center's medical staff. Inmates are transported to the local hospital, Tallahassee Memorial Healthcare, where a SANE/SAFE nurse completes the forensic medical examination. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ and a review of sample training documents for medical and mental health care staff confirm that staff who complete the specialized training are required to complete a post text quiz and that they initial and sign an orientation form that indicates they completed this training. The certificate of completion is added to each staff members training file.

115.34 (d): All medical and mental health care staff are considered contractors. The PAQ indicated that contractors who have contact with inmates have been trained on their responsibilities under the Center's policies and procedures on sexual abuse and sexual harassment. The training provided to contractors is the same training that is provided to staff. All contractors are required to complete the PREA training in the DMS inbox within ten days. A review of sample training documents for medical and mental health care staff indicated that 100% of those reviewed electronically signed via the DMS inbox that they received and understood the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received PREA training and signed electronically via the DMS inbox.

Based on a review of the PAQ, SOP 450.K15, the Corizon PREA of 2003 and Corrections Training Curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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115.41 (a)

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ⊠ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Xes
 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 ☑ Yes □ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (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)? \boxtimes Yes \Box No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ⊠ Yes □ No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ⊠ Yes □ No
- Does the facility reassess an inmate's risk level when warranted due to a request? \boxtimes Yes \square No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Xes
 No

115.41 (h)

115.41 (i)

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

Auditor Overall Compliance Determination

Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Booking Intake Questionnaire
- 5. PREA Intake Screening Sheet
- 6. Inmate Assessment and Re-Assessment Records

Interviews:

- 1. Interview with Staff Responsible for Risk Screening
- 2. Interview with Random Inmates
- 3. Interview with PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.41 (a): SOP 450.K15, pages 8-9, section 11, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake/booking area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. A computer with a chair was in between the booking area and the holding area, which is where it was confirmed that the risk screening was completed. Intake staff interviews confirm that they ask inmates questions at intake related to if the inmate feels in fear of sexual abuse or sexual harassment while in jail or if they have ever been a victim of sexual abuse. The inmates are then asked PREA intake screening questions by Classification staff. Interviews with random inmates confirm that they were asked questions at intake. Interviews with Classification staff indicate that they complete a twelve-question screening with all inmates.

115.41 (b): SOP 450.K15, pages 8-9, section 11, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 10,292 inmates were received at the Center whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate files confirmed that this screening ordinarily takes place within 72 hours. The documentation sampled included only one instance of a screening that was not completed within the 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of the PREA intake screening sheet indicated that inmates answer yes or no questions and that many of the questions can be confirmed through a review of the inmate's file.

115.41 (d): A review of the PREA intake screening sheet 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 was previously 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 and the inmate's own perception of vulnerability. Inmates at the Center are not held solely for civil immigration purposes and as such this portion of the screening is not included.

115.41 (e): A review of the PREA intake screening sheet confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the Center. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly.

115.41 (f): The PREA Compliance Manual, page 16, section 1b, indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from the inmates' arrival at the Center. The PAQ indicated that the Center requires inmates to be reassessed and that 12,000 inmates were reassessed within 30 days. The PAQ indicated that 8,320 inmates' length of stay that was for 30 days or more, while 10,292 inmates' length of stay was for more than 72 hours. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with the PC indicated that the 1,972 inmates whose length of stay was over 72 hours but less than 30 still received a reassessment. Additionally, he indicated that the additional 1,708 inmates were reassessed twice, once after the initial screening (72 hours) due to their responses and then again prior to the 30 days. Interviews with Classification staff indicated that all inmates are assessed every 30 days while incarcerated at the Center. Interview with random inmates indicated that they were asked the risk screening questions and that they are frequently asked these questions. A review of a sample of inmate files indicated that inmates are being reassessed. Many of those reviewed were completed within the 30-day timeframe, however five of those reviewed were completed past the 30-day timeframe.

115.41 (g): The PREA Compliance Manual, page 16, section 1b, indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the PC indicated that an additional 1,708 inmates were reassessed after the initial screening (72 hours) due to their responses and then again prior to the 30 days. Interviews with Classification staff indicated that inmates are assessed every 30 days while incarcerated at the Center and are reassessed anytime new

information is received that may affect the inmates risk (such as an allegation of sexual abuse). Interview with random inmates indicated that they were asked the risk screening questions and that they are frequently asked these questions. A review of a sample of inmate files indicated that inmates are being reassessed and the inmates who alleged sexual abuse were reassessed after their allegation of sexual abuse.

115.41 (h): The PREA Compliance Manual, page 14, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate's own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. Interviews with Classification staff indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random inmates confirmed that they have never been disciplined for not answering any screening questions.

115.41 (i): The PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Interviews with the PC and staff responsible for risk screening indicate that the information obtained during the risk screening is only assessable to Classification staff, housing Sergeants and the PC. The PC and Classification staff use this information to keep inmates safe through assignment of housing, work and programs. This information can only be assessed through Classification staff or the PC.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the Booking Intake Questionnaire, the PREA Intake Screening Sheet, a review of inmate classification files and information from interviews with the PC, staff responsible for conducting risk screenings and random inmates indicate that this standard appears to be compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. PREA Intake Screening Sheet
- 4. Case Management Records/Inmate Classification Files
- 5. Inmate Housing Assignments/Logs

Interviews:

- 1. Interview with Staff Responsible for Risk Screening
- 2. Interview with Random Inmates
- 3. Interview with PREA Coordinator
- 4. Interview with Transgender/Intersex Inmates
- 5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.42 (a): The PREA Compliance Manual, page 17, indicates that the Center uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for the risk screening indicated that inmates who are determined to be at high risk of being sexual victimized are typically housed in C, D, I or L pod while

inmates who are at high risk of being sexually abusive are typically housed in B, J or K pod. Based on the facility layout and how the Center operates, inmates in separate pods rarely encounter one another. Interviews confirmed that inmates at high risk of victimization would not be authorized work assignments or program/education assignments with inmates at high risk of being sexually abusive. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together.

115.42 (b): The PAQ indicated that the Center makes individualized determinations about how to ensure the safety of each inmate. Interviews with the PC and staff responsible for the risk screening indicate that all inmate risk assessments are reviewed by classification to determine the safest housing, work and program assignments. The PC is involved with all housing of inmates who are at high risk of victimization or high risk of being sexually abusive.

115.42 (c): The PREA Compliance Manual, page 17, section 2, indicates that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmates health and safety and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place and that within the previous twelve months they have had one inmate who identified as transgender. The interview with the PC indicated that these housing determinations are made on a case by case basis and that they had implemented a new housing form to provide proper documentation. No inmates who identified as transgender or intersex were available for interview during the audit.

115.42 (d): The PREA Compliance Manual, page 17, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate's safety. The PAQ indicated that this practice is taking place and that all inmates are reassessed every 30 days. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are seen by classification every 30 days to review their assignments. No inmates who identified as transgender or intersex were available for interview during the audit, however a review of random inmate files indicated that all inmates are reviewed by classification every 30 days.

115.42 (e): The PREA Compliance Manual, page 17, indicates that the inmate's own views with respect to his or her safety is given serious consideration. The PAQ indicated that this practice is taking place. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments. Additionally, the PC has implemented a new form for better documentation. No inmates who identified as transgender or intersex were available for interview during the audit, however a review of the inmate file of the one transgender inmates who was previously housed at the Center included documentation related to the inmate safety and housing.

115.42 (f): The PREA Compliance Manual, page 17, indicates that transgender and intersex inmates are given the opportunity to shower separately. All inmate housing areas have single person showers with a swinging door barrier. All inmates are provided privacy while showering from one another. The interview with the PC confirmed that the single person showers are utilized by all inmates, to include transgender and intersex inmates. No inmates who identified as transgender or intersex were available for interview during the audit.

115.42 (g): The PREA Compliance Manual, page 17, indicates that inmates who identify as lesbian, gay, bisexual, transgender or intersex would not be placed in a dedicated unit or pod solely on the basis of such identification. The PAQ and a review of housing assignments for inmates who identify as LGBTI

indicated that these inmates were assigned to various pods throughout the facility. The interview with the PC confirmed that LGBTI inmate are not placed in one specific housing unit or pod. He did indicate that if the inmates were determined to be at high risk for victimization though that they would typically be placed in C, D, I or L, but the sole purpose would not be due to the inmate's identification. Interviews with inmates who identified as LGB indicated that they did not feel they were placed in any specific housing unit or pod based on their sexual preference and/or gender identity.

Based on a review of the PAQ, the PREA Compliance Manual, the Booking Intake Questionnaire, the PREA Intake Screening Sheet, a review of inmate classification files, a review of inmate housing assignments and information from interviews with the PC, staff responsible for conducting risk screenings, inmates who identified as LGB and random inmates indicates that this standard appears to be compliant

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ⊠ Yes □ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ⊠ Yes □ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ⊠ Yes □ No □ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ⊠ Yes □ No □ NA

 If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ⊠ Yes □ No □ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. Inmate Housing Assignments/Logs

Interviews:

- 1. Interview with Warden
- 2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.43 (a): The PREA Compliance Manual, page 18, section 3, indicates that the Center does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives have been made and no alternative is available to separate the inmate from likely abusers. The PAQ indicated that twelve inmates had been placed in involuntary segregation for one to 24 hours in the previous twelve months. A review of documentation indicates that these inmates were reviewed within 24 hours and then placed in a different general population housing unit. One inmate remained in segregation but that was due to his request for protection and not due to his high risk of victimization. The interview with the Warden's Designee indicated that inmates are not placed in involuntary segregation over 24 hours based on risk of victimization. He indicated that they have numerous housing pods and that he did not believe there would be any circumstance where an inmate would need to be involuntarily segregated due to high risk only.

115.43 (b): The PREA Compliance Manual, page 18, section 3, indicates that if an inmate was placed in segregation they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. According to the PAQ, no inmates were placed in involuntary segregated housing for more than 24 hours. During the tour of administrative and disciplinary confinement it was observed that no inmates were housed in G or H pod due to being at risk of victimization. A review of the housing logs confirmed that inmates were not placed in segregated housing over 24 hours. Interviews with staff who supervise inmates in segregated housing confirm that no inmates were confined for risk of sexual victimization, but if they did have one they would offer the inmate programs, privileges and education if possible. No inmates were segregated due to risk of victimization; therefore, no inmates were interviewed.

115.43 (c): The PREA Compliance Manual, page 18, section 3, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. Per the PAQ, no inmates were placed in involuntary segregated housing for more than 24 hours. During the tour of administrative and disciplinary confinement it was observed that no inmates were housed in G or H pod due to being at risk of victimization. A review of the housing logs confirmed that inmates were not placed in segregated housing over 24 hours. Interviews with the Warden's Designee and staff who supervise inmates in segregated housing confirm that no inmates were confined over 24 hours for risk of sexual victimization, but if they were they would only be placed there until an alternative means of separation from likely abusers could be arranged. They both confirmed this would ordinarily not exceed 30 days. No inmates were segregated due to risk of victimization; therefore, no inmates were interviewed.

115.43 (d): The PREA Compliance Manual, page 18, section 3 indicates that if an inmate was placed in segregation due to risk of victimization there would be documentation related to the basis for the Centers concern for the inmates' safety and why no alternative means or separation could be arranged. Per the PAQ, no inmates were placed in involuntary segregated housing for more than 24 hours. During the tour of administrative and disciplinary confinement it was observed that no inmates were housed in G or H pod due to being at risk of victimization. A review of the housing logs confirmed that inmates were not placed in segregated housing over 24 hours.

115.43 (e): The PREA Compliance Manual, page 18, section 3, indicates that if an inmate was placed in segregation due to risk of victimization they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from general population. Per the PAQ, no inmates were placed in involuntary segregated housing for more than 24 hours. During the tour of administrative and

disciplinary confinement it was observed that no inmates were housed in G or H pod due to being at risk of victimization. A review of the housing logs confirmed that inmates were not placed in segregated housing over 24 hours. Interviews with staff who supervise inmates in segregated housing confirm that no inmates were confined over 24 hours for risk of sexual victimization, but if they were they would be reviewed every 30 days to determine if there was a need for them to remain segregated. Classification staff also indicated during the interview that all inmates are reviewed every 30 days, not just those on segregated status. No inmates were segregated due to risk of victimization; therefore, no inmates were interviewed.

Based on a review of the PAQ, the PREA Compliance Manual, a review of inmate housing logs, observations from the facility tour related to inmates in confinement and information from interviews with the Warden's designee and staff responsible for conducting risk screenings indicates that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ⊠ Yes □ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 ☑ Yes □ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes
 No
 NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Detention Facility Inmate Handbook
- 5. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
- 6. PREA Housing Sign
- 7. Memorandum of Understanding with Refuge House
- 8. Incident Reports and Investigative Reports
- 9. PREA Training Curriculum

Interviews:

- 1. Interview with Random Staff
- 2. Interview with Random Inmates
- 3. Interview with PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.51 (a): SOP 450.K15, pages 9-10, section 12, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the inmate handbook, the PREA brochure and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; on a prisoner note form that is placed in a locked box and reviewed by the PC, by calling the Refuge House at the number provided or by having

any family member or friend report the allegation to the Warden, PC or any Center staff member. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units. Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (those indicated above) to report sexual abuse and sexual abuse and sexual abuse and sexual abuse and sexual harassment.

115.51 (b): SOP 450.K15, pages 9-10, section 12, indicates that the Center has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the Center for investigation. A review of additional documentation to include the inmate handbook, the PREA brochure and PREA signage confirm the Center provids inmate information and phone number for the outside entity reporting method. The outside entity is the local rape crisis center, Refuge House. The MOU between the Center and the Refuge House document this agreement to serve as the outside entity for reporting sexual abuse and sexual harassment. Inmates can call *701 from any inmate phone or can call 1-888-956-7273. During the tour, it was observed that information pertaining to how to report PREA allegations to the outside entity was posted in all housing units. The interview of the PC indicated that the outside entity would receive the allegation and would immediately call him to relay the reported information. The PC indicated that if the inmate requested to be anonymous the entity would only be able to provide details as approved by the inmate. Interviews with a sample of inmates confirm that they are aware of the outside reporting mechanism.

115.51 (c): SOP 450.K15, pages 9-10, section 12, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment on an incident report. A review of additional documentation to include the inmate handbook, the PREA brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Additionally, a review of incident reports of sexual abuse and sexual harassment allegations indicated that two reports were done verbally while one was done via writing through sick call. Both verbal allegations involved an immediate response and the allegations were documented in an incident report by the end of the staff members shift. Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment all allegations of sexual abuse and sexual harassment and they document all allegations via an incident report.

115.51 (d): SOP 450.K15, pages 9-10, section 12, describes that the Center provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to any supervisor, whether they are in their chain of command or not and that they can report to the Internal Affairs unit. Interviews with a sample of staff indicate that they have private ways to report sexual abuse and sexual harassment of inmates.

Based on a review of the PAQ, SOP 450.K15, the inmate handbook, the PREA brochure, PREA signage, the MOU with Refuge House, a review of incident reports and investigative report, observations from the facility tour related to PREA signage and posted information and interviews with the PC, random inmates and random staff, this standard appears to be compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes

 NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

115.52 (e)

• Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

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relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) \boxtimes Yes \square No \square NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 ☑ Yes □ No □ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
 Xes

 NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 ☑ Yes □ No □ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ⊠ Yes □ No □ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Documents:

 \square

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.J1
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Leon County Detention Facility Inmate Handbook
- 5. Incident Reports

Interviews:

1. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): SOP 450.J1, Inmate Rights, is the policy related to inmate grievances. The PAQ indicated that the Center is not exempt from this standard.

115.52 (b): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the Center 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 Center does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the inmate handbook indicated on page 34 that no time limit exists on submitting a grievance regarding sexual abuse or sexual harassment. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (c): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, 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. A review of the inmate handbook indicated on page 35 that inmates are informed of this provision. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (d): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the Center would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The Center may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there have been zero grievances of sexual abuse filed in the previous twelve months. A review of the inmate handbook indicated on page 35 that inmates are informed of this provision. Interviews with inmates who reported

sexual abuse indicated that they were aware they could submit a prisoner note as a grievance to report an allegation, however this was not the method utilized. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (e): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies to sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third party files a report on behalf of an inmate that the Center may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he/she does not want the grievance to proceed. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (f): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the Center 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 indicates that grievance will be forwarded to the Watch Commander and that a response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision will document the Centers determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (g): SOP 450.J1, pages 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the inmate may be disciplined for filing a grievance in bad faith. The PAQ indicated that there have no inmates disciplined for filing a grievance in bad faith in the previous twelve months. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months and thus no discipline was given.

Based on a review of the PAQ, SOP 450.J1, the inmate handbook, incident reports and information obtained from interviews with inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. Leon County Detention Facility Inmate Handbook
- 4. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
- 5. Memorandum of Understanding with Refuge House
- 6. PREA Poster

Interviews:

- 1. Interview with Random Inmates
- 2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.53 (a): PREA Compliance Manual, page 20, section 3, indicates that the Center provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with

these services in as confidential a manner as possible. A review of additional documentation to include the inmate handbook, the PREA brochure, PREA signage and the MOU with Refuge House indicated that inmates are provided a mailing address and phone numbers for Refuge House, the local rape crisis center to receive emotional support services. Additionally, the Center offers programs and classes related to sexual victimization and emotional support. During the tour the auditor tested the inmate phones to ensure they had access to the services. The auditor reached a victim advocate and advised that this was just a test call for audit purposes. Interviews with random inmates and inmates who reported sexual abuse indicated that there were victim advocates available, but most have not utilized the service. Inmates are not detained solely for civil immigration purposes at the Center, therefore that part of the provision does not apply. This was confirmed through interviews with the Warden's Designee and the PC.

115.53 (b): PREA Compliance Manual, page 20, section 3, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. A review of the PAQ as well as the PREA brochure indicated that inmates were informed about confidentiality and that all calls made to the outside victim support service were not recorded. Interviews with random inmates and inmates who reported sexual abuse indicated that there were victim advocates available, but most have not utilized the service. Most indicated that they were provided information on confidentiality by the Center but they were not fully certain what that meant. Most advised they believed what they said to the advocate would remain between the advocate and them.

115.53 (c): The MOU between the Center and Refuge House depicts the services that the rape crisis center provides for the inmates. The Center has copies of the MOU and provided a copy with the PAQ and upon request on-site.

Based on a review of the PAQ, the PREA Compliance Manual, the inmate handbook, the PREA brochure, PREA signage, the MOU with Refuge House, observations from the facility tour related to PREA signage and posted information and interviews with random inmates and inmate who reported sexual abuse, this standard appears to be compliant.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ⊠ Yes □ No

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Detention Facility Inmate Handbook
- 3. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
- 4. PREA Poster

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.54 (a): The PAQ indicated that the Center has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the inmate handbook and PREA brochure as well as the agency's website (<u>http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act</u>) confirms that third parties can report on behalf of an inmate. The third-party can report via the Refuge House, the Jail Investigator, the PC, the Watch Commander or they can send a letter to the jail address found on the website.

Based on a review of the PAQ, the inmate handbook, the PREA brochure and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)



Does Not Meet Standard (Requires Corrective Action)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. PREA Training Curriculum
- 4. Incident Reports

Interviews:

- 1. Interview with Random Staff
- 2. Interview with Medical and Mental Health Staff
- 3. Interview with Warden
- 4. Interview with PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.61 (a): The PREA Compliance Manual, pages 20-21, section e, outlines the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

115.61 (b): The PREA Compliance Manual, pages 20-21, section e, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary to make treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor and complete an incident report related to any incident. Staff indicated this would be the extent of distributing information, unless they were to be interviewed for the investigation.

115.61 (c): The PREA Compliance Manual, pages 20-21, section e, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform inmates of the limits of confidentiality. A review of documentation indicated that one of the PREA allegations within the previous twelve months was submitted to a nurse via sick call and she immediately reported the allegation to security.

115.61 (d): The PREA Compliance Manual, pages 20-21, section e, indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the Center to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the Warden's designee and the PC indicated that they had not had any of these reports but if they did, the Department of Children and Families would be notified and the Sheriff's Office would also be notified.

115.61 (e): The PREA Compliance Manual, pages 20-21, section e, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Jail Investigator. The PAQ along with the interview with the Warden's Designee confirm that this is practice. A review of investigative reports indicate that all allegations are reported to the Jail Investigator who will either investigate or refer the allegation to the Violent Crimes Unit.

Based on a review of the PAQ, the PREA Compliance Manual, a review of investigative report and interviews with the Warden's Designee and PC this standard appears to be compliant.

Standard 115.62: Agency protection duties

115.62 (a)

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Warden or Designee
- 3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PREA Compliance Manual, page 21, section e, indicates that when the Center learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. A review of inmate files and housing logs indicate that the if an inmate is having issues with other inmates that the Center will make appropriate housing changes if necessary. The interview with the Agency Head and Warden's Designee indicated that any inmate at risk would be moved to a different pod or a more protected area, would be provided mental health follow up and would be reassessed by classification. Interviews with random sample of staff indicated that they would immediately notify their supervisor and remove the inmate from the situation.

Based on a review of the PAQ, the PREA Compliance Manual, a review of classification files and housing logs and interviews with the Agency Head, Warden's Designee and random sample of staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

115.63 (b)

115.63 (c)

• Does the agency document that it has provided such notification? \boxtimes Yes \Box No

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- Standard Operating Procedure (SOP) 450.K15
- 3. Notification Documents
- 4. Incident Reports/Investigative Reports

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Warden or Designee

Findings (By Provision):

115.63 (a). SOP 450.K15 page 12, section 13, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Chief of the Center will notify the head of the facility where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the Center has had two allegations related to inmates who were abused at another facility (one was during transport by a Tallahassee Police Department Officer and another was while the inmate was incarcerated in Washington State). A review of these records indicated that both allegations were reported to the agency head within 72 hours for review and investigation.

115.63 (b): SOP 450.K15 page 12, section 13, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Chief of the Center will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the Center has had two allegations related to inmates who were abused at another facility (one was during transport by a Tallahassee Police Department Officer and another was while the inmate was incarcerated in Washington State). A review of these records indicated that both allegations were reported to the agency head within 72 hours for review and investigation.

115.63 (c): SOP 450.K15 page 12, section 13, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Chief of the Center will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the Center has had two allegations related to
inmates who were abused at another facility (one was during transport by a Tallahassee Police Department Officer and another was while the inmate was incarcerated in Washington State). A review of these records indicated that both allegations were reported to the agency head within 72 hours for review and investigation. A copy of the correspondence to the agency heads is retained by the PC.

115.63 (d): SOP 450.K15 page 21, section 3, indicates that if the Chief receives information from another agency head that an inmate alleges they were sexually abuse while housed at the Center, the allegation will be documented and investigated. The PAQ indicated that in the previous twelve months there has been one allegation received from another facility. A review of the incident report and investigation confirm that the allegation was received from Pinellas County and that it was referred to the Jail Investigator. The case was investigated and closed as unsubstantiated. Interviews with the Agency Head and the Warden's Designee confirm that when they receive any allegations from other agencies related to inmates who allege they were sexually abused while housed at the Center, they immediately initiate the investigative process.

Based on a review of the PAQ, SOP 450.K15, a review of incident reports and investigative reports, a review of notification correspondence and interviews with the Agency Head and Warden's Designee this standard appears to be compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. PREA Staff First Responder Card
- 4. Incident Reports
- 5. Investigative Reports

Interviews:

- 1. Interview with Security Staff and Non-Security Staff First Responders
- 2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.64 (a). SOP 450.K15 page 12, section 14, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, the Center has had three allegations of sexual abuse. Of those allegations, two were made by inmates still housed in the Center and as such staff were able to separate the alleged victim and alleged perpetrator. Of the two that were still housed at the Center, one occurred within the timeframe where physical evidence was still able to be collected. The inmate was transported to Tallahassee Memorial Healthcare and a forensic examination was completed. The first responder also advised the alleged victim not to take any actions to destroy any physical evidence prior to being transported. None of the allegations had a crime scene that was required to be preserved. A review of incident reports and investigative reports from the three allegations confirm that staff took the appropriate first responder steps. Interviews with first responders (security and non-security) confirm that they are aware of their first responder duties. Staff advised they have a wallet card they are able to refer to if they ever forget their duties. Additionally, all random staff interviewed were well versed on what staff were required to do as first responders. Interviews with inmates who reported sexual abuse indicate that they were separated from the alleged perpetrator and that staff advised the inmate who was transported to the hospital to not take any steps to destroy any physical evidence.

115.64 (b): SOP 450.K15 page 12, section 14, describes staff first responder duties. Specifically, it requires that non-security staff first responders advise the alleged victim and ensure the alleged

perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, the Center has had three allegations of sexual abuse. Of those allegations, one was reported to a non-security staff member who acted as a first responder. An inmate made an allegation via sick call to a nurse that he was sexually abused. The nurse immediately notified security. However, because it was via a sick call request staff were unable to instruct the inmate to not destroy any physical evidence. Interviews with first responders (security and non-security) confirm that they are aware of their first responder duties. Staff advised they have a wallet card they are able to refer to if they ever forget their duties. Additionally, all random staff interviewed were well versed on what staff were required to do as first responders.

Based on a review of the PAQ, SOP 450.K15, the staff first responder wallet card, a review of incident reports and investigative reports and interviews with first responders and inmates who reported sexual abuse this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. Leon County Jail Coordinated Response to a Sexual Assault Incident

Interviews:

1. Interview with Warden or Designee

Findings (By Provision):

115.65 (a): The PAQ indicated that the Center has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is

responsible for and includes information on how all areas work together to respond to allegations. The Warden's Designee confirmed that the Center has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response and the interview with the Warden's Designee, this standard appears to be compliant.

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

115.66 (a)

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

115.66 (b)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

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

Documents:

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1. Pre-Audit Questionnaire

Interviews:

1. Interview with Agency Head

Findings (By Provision):

115.66 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the Center from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head confirmed that the Center has no collective bargaining or any entity that would be able to have collective bargaining on the Center's behalf.

115.66 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the Center from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head confirmed that the Center

has no collective bargaining or any entity that would be able to have collective bargaining on the Center's behalf.

Based on a review of the PAQ and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ⊠ Yes □ No

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ⊠ Yes □ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ⊠ Yes □ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Detention Facility Retaliation Monitoring Report
- 4. Incident Reports/Investigative Reports

Interviews:

- 1. Interview with Agency Head
- 2. Interview with Warden or Designee
- 3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Leon County Detention Facility

4. Interview with Inmates who Reported Abuse

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.67 (a): SOP 450.K15, pages 12, section 15, outlines the Center's protection against retaliation. It addresses that the Center will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the Center has a policy and that Mr. Tim Ruth, PC and Lt. Tyler Bush, Jail Investigator are responsible for monitoring for retaliation.

115.61 (b): SOP 450.K15, pages 12, section 15, outlines the Center's protection against retaliation. It addresses the multiple measures that the Center will take to protect inmates and staff. These measures include; housing changes or transfers, removal of the alleged staff abuser from contact with the victim and emotional support services for inmates or staff who fear retaliation. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Of the three reported sexual abuse allegations, all investigations were closed within 30 days, two were unfounded and one was unsubstantiated. For the unsubstantiated case the inmate reported via Pinellas County and as such was unable to be monitored. While no instances of monitoring have been required in the previous twelve months, the Center does have policy that outlines the procedure and does have a form in place to utilize to ensure all requirements are met and all inmates are safe. Additionally, as previously stated all inmates at the Center are reviewed by classification every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, Warden's Designee and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Inmates who reported sexual abuse indicated they were reviewed every 30 days by classification and that housing changes had occurred. All inmates interviewed had closed cases as indicated above. No inmates were housed in confinement due to risk of sexual victimization and as such no interviews were conducted.

115.67 (c): SOP 450.K15, pages 12, section 15, outlines the Center's protection against retaliation. It addresses that the Center will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process will include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. The PAQ indicated that the Center monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Of the three reported sexual abuse allegations, all investigations were closed within 30 days, two were unfounded and one was unsubstantiated. For the unsubstantiated case the inmate reported via Pinellas County and as such was unable to be monitored. While no instances of monitoring have been required in the previous twelve months, the Center does have policy that outlines the procedure and does have a form in place to utilize to ensure all requirements are met and all inmates are safe. Additionally, as previously stated all inmates at the Center are reviewed by classification every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring

retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Monitoring staff indicated that they would review the inmate for at least 90 days and would periodically (typically every 30 days with the classification review) check the inmate's disciplinary reports, housing change and program changes. Monitoring staff also indicated they have not had to monitor staff in the previous twelve months but if they did they would check performance reviews and post assignment changes.

115.67 (d): SOP 450.K15, pages 12, section 15, outlines the Center's protection against retaliation. It addresses that the Center will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct periodic status checks. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Of the three reported sexual abuse allegations, all investigations were closed within 30 days, two were unfounded and one was unsubstantiated. For the unsubstantiated case the inmate reported via Pinellas County and as such was unable to be monitored. While no instances of monitoring have been required in the previous twelve months, the Center does have policy that outlines the procedure and does have a form in place to utilize to ensure all requirements are met and all inmates are safe. Additionally, as previously stated all inmates at the Center are reviewed by classification every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they would review the inmate for at least 90 days and would periodically (typically every 30 days with the classification review) check on the inmate in person.

115.67 (e): SOP 450.K15, pages 12, section 15, outlines the Center's protection against retaliation. It addresses that the Center will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head and Warden's Designee indicated that they would employee the same protective measures as state previously related to staff and inmates to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, SOP 405.K15, the Monitoring Report form, a review of incident reports and investigative report and interviews with the Agency Head, Warden's Designee and staff charged with monitoring for retaliation, this standard appears to be compliant.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. Housing Records of Inmates who Reported Sexual Abuse

Interviews:

- 1. Interview with Warden or Designee
- 2. Interview with Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.68 (a): The PREA Compliance Manual, page 24, section 8, indicates any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse is subject to the requirements on page 18, section 3. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of documentation indicates the three inmates who alleged sexual abuse were not placed involuntarily in G or H pod. One inmate was housed in confinement; however, this was not involuntarily as he requested protective custody and was currently undergoing the protective custody process. The interview with the Warden's Designee indicated that inmates who alleged sexual abuse would not be placed in confinement over 24 hours unless they specifically requested to be placed there for another purpose. Interviews with staff who supervise inmates in segregated housing indicated that no inmates were involuntarily segregated due to alleging sexual abuse. The staff did advise that if that did occur it would be for less than 24 hours. They also indicated that if there was ever a circumstance where that had to occur that the inmate would not be restricted from recreation, programs or education. During the tour of confinement, no inmates were observed to be involuntarily segregated due to an allegation of sexual abuse. No inmates were in segregated housing due to alleging sexual abuse, therefore, no interviews were conducted.

Based on a review of the PAQ, the PREA Compliance Manual, housing logs of inmates who reported sexual abuse and interviews with the Warden's Designee and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

PREA Audit Report

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

115.71 (f)

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ⊠ Yes □ No

115.71 (g)

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

Auditor is not required to audit this provision.

115.71 (I)

Auditor Overall Compliance Determination

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Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. Investigator Training Records
- 5. Investigative Reports

Interviews:

- 1. Interview with Investigative Staff
- 2. Interview with Inmates who Reported Sexual Abuse
- 3. Interview with Warden or Designee
- 4. Interview with PREA Coordinator/PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.71 (a): SOP 450.K15, pages 13-14, section 16, describes the criminal and administrative investigation process. Specifically, it states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. A review of the investigative reports for the previous twelve months indicated that all investigations were completed within 30 days and that all were detailed and followed the investigative process. The interview with the Jail Investigator confirmed that investigations are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ and a review of sample training documents for investigators confirm that staff who complete the specialized training receive a certificate of completion. The certificate of completion is added to each staff members training file. The PAQ indicated that currently there are eight investigators who complete PREA investigations and that 15 investigators have completed the specialized training. The interview with the PC indicated that all investigators who investigate sexual abuse and sexual harassment allegations receive this training, as well as other investigator who elect to take the training.

115.71 (c): The PREA Compliance Manual, pages 26, section 4, describes the criminal and administrative investigation process. Specifically, it states that investigators will gather and preserve direct and circumstantial evidence, including; physical, DNA, electronic monitoring data and interviews and they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. A review of the investigative reports for the previous twelve months indicated that all investigations included appropriate evidence to include video, DNA and interviews. The interview with the Jail Investigator confirmed that evidence is collected and preserved appropriately.

115.71 (d): The PREA Compliance Manual, pages 26, section 4, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the Center will conduct compelled interviews only after consulting with the prosecutors. A review of the investigative reports for the previous twelve months indicated that no investigations were substantiated or contained evidence that would support criminal prosecution. The interview with the Jail Investigator confirmed that they would confer with the State Attorney prior to conducting any compelled interviews.

115.71 (e): The PREA Compliance Manual, pages 26, section 4, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator or witness will be assessed on an individual basis and will not be determined based on the individual's status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the Jail Investigator confirmed that the Center does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. Also, inmates who reported sexual abuses confirmed that they were never required to take a polygraph test or anything equivalent.

115.71 (f): SOP 450.K15, pages 13-14, section 16, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation 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. A review of the investigative reports for the previous twelve months indicated that all investigation completed were criminal due to the nature of the allegations. However, the PAQ and the interview with the Jail Investigator confirm that administrative investigations would be 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. None of the reports reviewed indicated that staff actions or failure to act contributed to the abuse. However, the interview with the Jail Investigator indicated that staff actions or failure to act contributed to the abuse. However, the interview with the Jail Investigator indicated that would be included in the report if applicable.

115.71 (g): SOP 450.K15, pages 13-14, section 16, describes the criminal and administrative investigation process. Specifically, it states that all criminal investigation will be documented in a written report that includes a description of the physical, testimonial and documentary evidence. A review of the investigative reports for the previous twelve months indicated that all 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 Jail Investigator 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. A review of the investigative reports for the previous twelve months indicated that all investigations were closed either unfounded or unsubstantiated. The interview with the Jail Investigator confirmed that any substantiated allegation that appears to be criminal would be referred to the State Attorney for prosecution.

115.71 (i): SOP 450.K15, pages 14, section 6, 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 investigative reports for the past five years confirmed that the PC retains all written reports pursuant to the retention schedule

115.71 (j): SOP 450.K15, pages 14, section 6, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or control of the facility does not provide a basis for terminating an investigation. A review of the investigative reports for the previous twelve months indicated that investigations were completed on all allegations whether or not the alleged victim or alleged abuser was at the Center. The investigation was completed for the inmate who alleged sexual abuse via Pinellas County. The interview with the Jail Investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the Center'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 Jail Investigator.

115.71 (I): 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 Jail Investigator.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, investigative reports, training records and information from interviews with the Agency Head, Warden's Designee, PC, the Jail Investigator and inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination



Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): SOP 450.K15, pages 14, section 6, describes the administrative investigation process. Specifically, it indicates that the Center does not impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the investigative reports for the previous twelve months indicated that no administrative investigations were completed. The three investigations completed were criminal investigations. However, the interview with the Jail Investigator confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.

Based on a review of the PAQ, SOP 450.K15 and information from the Jail Investigators interview it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

■ Does the agency document all such notifications or attempted notifications? ⊠ Yes □ No

115.73 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Investigative Reports

Interviews:

- 1. Interview with Warden or Designee
- 2. Interview with Investigative Staff
- 3. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.73 (a): SOP 450.K15, pages 14-15, section 17, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the Center will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that three investigations had been completed in the previous twelve months and two of those inmates were notified verbally of the outcome of the investigation. The other inmate was not in the custody of the Center when he made the allegation, therefore they could not notify him of the outcome of the investigation. All verbal notifications are documented in the investigative report. A review of the investigative reports indicate that the two inmates were verbally advised of the outcome of the investigation (both were unfounded). The interview with the Warden's Designee and the Jail Investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. Interviews with inmates who reported sexual abuse indicated that one was notified of the outcome while the other was not sure if the alleged perpetrator was charged.

115.73 (b): 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 Jail Investigator.

115.73 (c): SOP 450.K15, pages 14-15, section 17, 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 Center will inform the inmate as to whether the staff member is no longer posted within the inmates unit/pod, the staff member is no longer employed at the Center, if the Center learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the Center learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. A review of the investigative reports confirmed that no sexual abuse allegations against staff had been substantiated or unsubstantiated within the previous twelve months. Only one inmate made an allegation of sexual abuse against a staff member and the allegation was unfounded, therefore the inmate would not have been informed of any of this information.

115.73 (d): SOP 450.K15, pages 14-15, section 17, 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 Center 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 substantiated or unsubstantiated allegations of sexual abuse committed by an inmate against another inmate in the previous twelve months. A review of the investigative reports confirmed that no inmate on inmate sexual abuse allegations of sexual abuse against another inmate, however one was not in the custody of the Center and therefore notifications were not made. The second inmate's allegation was unfounded; therefore, the inmate would not have been informed of any of this information.

115.73 (e): SOP 450.K15, pages 14-15, section 17, 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 two notifications were made to the inmates and that both were documented. A review of the investigative reports indicate that the two inmates were verbally advised of the outcome of the investigation (both were unfounded).

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, SOP 450.K15, investigative reports and information from interviews with the Warden's Designee, the Jail Investigator and inmates who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

115.76 (b)

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

115.76 (c)

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

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. General Order 26.1
- 4. Leon County Sheriff's Office PREA Compliance Manual

Findings (By Provision):

115.76 (a): SOP 450.K15, pages 15-16, section 18, describes the process for disciplinary sanctions against staff. Specifically, it states 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 26.1, pages 25, section 54a, 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 who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): SOP 450.K15, pages 15-16, section 18, describes the process for disciplinary sanctions against staff. Specifically, it states that disciplinary sanctions for violations of the Center'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 had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. It should be noted that one staff member was retrained in proper search techniques after an allegation related to a pat search was made and the investigator determined it to not be sexual abuse but rather that the staff member needed retrained on proper pat search techniques.

115.76 (d): SOP 450.K15, pages 16, section 8, 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 (Florida Department of Law Enforcement - FDLE). The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or to FDLE within the previous twelve months.

Based on a review of the PAQ, SOP 450.K15 and General Order 26.1, this standard appears to be compliant.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ⊠ Yes □ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ⊠ Yes □ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15

Interviews:

1. Interview with Warden or Designee

Findings (By Provision):

115.77 (a): SOP 450.K15, page 17, section 18, 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 or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.77 (b): The PAQ indicated that the Center takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden's Designee 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 revoked. An investigation would follow.

Based on a review of the PAQ, SOP 450.K15 and information from the interview with the Warden's Designee, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

■ Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Ves Description

115.78 (b)

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

115.78 (g)

 If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ⊠ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Investigative Reports

Interviews:

- 1. Interview with Warden or Designee
- 2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): SOP 450.K15, pages 16-17, section 18, 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): SOP 450.K15, pages 16-17, section 18, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will 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 of the Warden's Designee indicated that the inmate abuser would be classified as a predator, that there would be disciplinary sanctions, that the inmate would be placed in a confinement setting and that if appropriate, the inmate would receive criminal charges.

115.78 (c): SOP 450.K15, pages 16-17, section 18, 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 of the Warden's Designee indicated that the inmate abuser would be classified as a predator, that there would be disciplinary sanctions, that the inmate would be placed in a confinement setting and that if appropriate, the inmate would receive criminal charges. He also indicated that mental health would evaluate the inmate and their evaluation would be taken into consideration during the disciplinary process.

115.78 (d): SOP 450.K15, pages 16-17, section 18, describes the disciplinary process for inmates. Specifically, it indicates that the Center will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. 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's participation as a condition of access to programming and other benefits.

115.78 (e): SOP 450.K15, pages 16-17, section 18, describes the disciplinary process for inmates. Specifically, it indicates that the Center 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): SOP 450.K15, pages 16-17, section 18, 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. One inmate had charges filed for filing a false police report. A review of the investigative report indicated that the alleged victim admitted he fabricated the story to get out of jail faster. The report indicated discrepancies with the inmate's statement and the evidence that was collected.

115.78 (g): SOP 450.K15, pages 16-17, section 18, describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, SOP 450.K15, investigative reports and information from interviews with the Warden's Designee and medical and mental health care staff, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Medical/Mental Health Documents

Interviews:

- 1. Interview with Staff Responsible for Risk Screening
- 2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

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

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

115.81 (c): SOP 450.K15, pages 17-18, section 19, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the 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 files for a sample of inmates who disclosed prior sexual victimization revealed that inmates were seen by mental health. The records were slightly unorganized but notes were made in the medical charts indicating inmates were seen by mental health after the disclosure and within fourteen days. One inmate who reported victimization during intake (2/20/19) was seen by mental health on 2/22/19 related to the prior victimization. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization that they stop the risk screening and immediately take the inmate to mental health. The mental health staff then determine if they need to see the inmate right then or they can schedule a follow up within fourteen days. No inmates who disclosed prior victimization were at the facility at the time of the audit, therefore, no interviews could be conducted.

115.81 (d): SOP 450.K15, pages 17-18, section 19, describes medical and mental health screenings related to sexual abuse. Specifically, it states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health staff and other staff, as necessary, to inform treatment plans and security and management decisions. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. During the tour, the auditor observed the intake/booking area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. A computer with a chair was in between the booking area and the holding area, which is where it was confirmed that the risk screening was completed. The area was private and medical and mental health

staff had an area within the booking area. The relay of information from risk screening to medical and mental health would be confidential in this setting.

115.81 (e): SOP 450.K15, pages 17-18, section 19, 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 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting and that they have not had any instances of this in the previous twelve months.

Based on a review of the PAQ, SOP 450.K15, medical and mental health documents and information from interviews with staff who perform the risk screening and medical and mental health care staff, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

 Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Xes
 No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ⊠ Yes □ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ⊠ Yes □ No

115.82 (c)

 Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ⊠ Yes □ No

115.82 (d)

 Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Xes
 No

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Corizon General Health Services Policy and Procedure J-F-06.00
- 4. Corizon Nursing Encounter Tool PREA
- 5. Incident Reports
- 6. Medical/Mental Health Documents
- 7. Medical Bills Showing Free Services to Inmates

Interviews:

- 1. Interview with Medical and Mental Health Staff
- 2. Interview with Inmates who Reported Sexual Abuse
- 3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.82 (a): SOP 450.K15, pages 18, section 20, 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 the two inmates who reported sexual abuse indicated that they were immediately seen by medical (same day as the allegation) and they were seen by a mental health practitioner within a few days. During the tour, the auditor noted that the medical and mental health area was large and had adequate medical and mental health staff. Staff were performing services on inmates and the Center had an emergency room available for immediate response. Interviews with inmates who reported sexual abuse indicate that they were immediately seen by medical, but they still wanted to see mental health. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours. They also advised that services are based on their professional judgement, but also on Corizon 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, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. The interview with the PC indicated this would never happen as medical and mental health staff are on-site 24/7.

115.82 (c): SOP 450.K15, pages 18, section 20, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. Corizon's General Health Services Policy J-F-06.00 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. When the inmate is transferred to the local hospital, medical and mental health care at the

Center determine if these services were already provided at the hospital and if they were not, they are provided at the Center upon the inmates return. A review of medical and mental health files for the two inmates who reported sexual abuse indicate that they received information on infection prophylaxis. Interviews with inmates who reported sexual abuse indicate that they were immediately seen by medical, but they did not receive STD testing. While the inmates indicated they did not receive this, the medical records indicate they did. 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): SOP 450.K15, pages 18, section 20, describes 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 a medical bills from the two 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, SOP 450.K15, Corizon General Health Services Policy and Procedure J-F-06.00, Corizon, the Nursing Encounter Tool PREA, incident reports, medical and mental health documents, medical bill documents and information from interviews with medical and mental health care staff, this standard appears to be compliant.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

 Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ⊠ Yes □ No

115.83 (b)

■ Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Ves Does Yes Does No

115.83 (c)

115.83 (d)

Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ⊠ Yes □ No □ NA

115.83 (e)

If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ⊠ Yes □ No □ NA

115.83 (f)

 Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ⊠ Yes □ No

115.83 (g)

 Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Xes
 No

115.83 (h)

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 □ Yes □ No ⊠ NA

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Corizon General Health Services Policy and Procedure J-F-06.00
- 4. Corizon Nursing Encounter Tool PREA
- 5. Incident Reports
- 6. Medical/Mental Health Documents

Interviews:

- 1. Interview with Medical and Mental Health Staff
- 2. Interview with Inmates who Reported Sexual Abuse
- 3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.83 (a): SOP 450.K15, pages 18, section 21, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the Center 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 tour, the auditor noted that the medical and mental health area was large and had adequate medical and mental health staff. Staff were performing services on inmates and the Center had an emergency room available for immediate response. A review of inmate medical files indicated that the two inmates who reported victimization outside of the Center were offered services.

115.83 (b): SOP 450.K15, pages 18, section 21, 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; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or 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): SOP 450.K15, pages 18, section 21, 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 indicate 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 Center 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): SOP 450.K15, pages 19, section 21, 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. No female inmates have reported sexual abuse within the previous twelve months, therefore there were no medical records to review. 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): SOP 450.K15, pages 19, section 21, 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. No female inmates have reported sexual abuse within the previous twelve months, therefore there were no medical records to review. 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): SOP 450.K15, pages 19, section 21, 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. Corizon's General Health Services Policy J-F-06.00 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. When the inmate is transferred to the local hospital, medical and mental health care at the Center determine if these services were already provided at the hospital and if they were not, they are provided at the Center upon the inmates return. A review of medical and mental health files for the two inmates who reported sexual abuse indicate that they were offered tests for sexually transmitted infections. Interviews with inmates who reported sexual abuse indicate that they were immediately seen by medical, but they did not receive sexually transmitted infection testing. While the inmates indicated, they did not receive this, the medical records indicate they did.

115.83 (g): SOP 450.K15, pages 19, section 21, 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 whether the victim names the alleged abuser or cooperates with any investigation. A review of a medical bills from the two 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 Center is not a prison but rather a county jail.

Based on a review of the PAQ, SOP 450.K15, Corizon General Health Services Policy and Procedure J-F-06.00, Corizon, the Nursing Encounter Tool PREA, incident reports, medical and mental health documents, medical bill documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

 Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ⊠ Yes □ No

115.86 (b)

Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 ☑ Yes □ No

115.86 (c)

 Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ⊠ Yes □ No

115.86 (d)

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☑ Yes □ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Simes Yes Does No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 ☑ Yes □ No

115.86 (e)

 Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

Documents:

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- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Sexual Abuse Incident Reviews
- 4. Investigative Reports

Interviews:

- 1. Interview with Warden or Designee
- 2. Interview with PREA Compliance Manager
- 3. Interview with Incident Review Team

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.86 (a): SOP 450.K15, pages 19, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the Center will conduct sexual abuse incident reviews at the conclusion of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that one review was completed within the previous twelve months. A review of investigative reports indicated that there were three sexual abuse allegations made in the previous twelve months. Of those three, two were deemed unfounded and one was unsubstantiated. A sexual abuse incident review was completed for the unsubstantiated sexual abuse case.

115.86 (b): SOP 450.K15, pages 19, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the Center will conduct sexual abuse incident reviews within 30 days of the completion of the investigation. The PAQ indicated that one review was completed within the 30-day timeframe. A review of investigative reports indicated that there were three sexual abuse allegations made in the previous twelve months. Of those three, two were deemed unfounded and one was unsubstantiated. A sexual abuse incident review was completed on March 20, 2019. The investigation was completed on March 13, 2019.

115.86 (c): SOP 450.K15, pages 19, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. A review of the sexual abuse review form indicated that the following staff were in attendance for the review; the Mental Health Director, the Jail Investigator, the PC, the Acting Chief (Warden), the Director of Nursing and the Watch Commander. The interview with the Warden's Designee confirmed that these reviews are being completed and they include upper management officials.

115.86 (d): SOP 450.K15, pages 19, section 22, 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 staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The report is to be submitted to the Agency Head or 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 Warden's Designee, 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 will 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 Center and would alleviate the incident from occurring again.

115.86 (e): SOP 450.K15, pages 19, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the Center will implement the recommendations for improvement or document the reasons for not doing so. A review of the sexual abuse incident review completed in March indicated that there were no recommendations. However, interviews with staff indicate that if there were recommendations that the PC would run point on ensuring they were implemented.

Based on a review of the PAQ, SOP 450.K15, investigative reports, sexual abuse incident reviews and information from interviews with Warden's Designee, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.87: Data collection

115.87 (a)

■ Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Ves Does No

115.87 (b)

Does the agency aggregate the incident-based sexual abuse data at least annually?
 ☑ Yes □ No

115.87 (c)

 Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ⊠ Yes □ No

115.87 (d)

Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Xes
 No

115.87 (e)

 Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) □ Yes □ No ⊠ NA

115.87 (f)

 Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 ☑ Yes □ No □ NA

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Standard Operating Procedure (SOP) 450.K15
- 3. Leon County Sheriff's Office PREA Compliance Manual
- 4. PREA Case Log Spreadsheets
- 5. Aggregated Data

Findings (By Provision):

115.87 (a): The PREA Compliance Manual, pages 32, section I, outlines how PREA data is collected. Specifically, it states that the Center 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 Center 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): The PREA Compliance Manual, pages 32, section I, outlines how PREA data is collected. A review of collected data confirmed that the Center aggregates sexual abuse data at least annually.

115.87 (c): The PREA Compliance Manual, pages 32, section I, outlines how PREA data is collected. Specifically, it states that the Center 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 Center 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): The PREA Compliance Manual, pages 32, section I, outlines how PREA data is collected. Specifically, it states that the Center 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 Center does not contract for the confinement of its inmates.

115.87 (f): The PAQ indicated that the Center 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, SOP 450.K15, the PREA Compliance Manual, the PREA case log and aggregated data, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

 Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ⊠ Yes □ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Xes
 No

115.88 (b)

 Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ⊠ Yes □ No

115.88 (c)

 Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ⊠ Yes □ No

115.88 (d)

 Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. PREA Annual Review (2016/2017 & 2017/2018)

Interviews:

- 1. Interview with Agency Head
- 2. Interview with PREA Coordinator/Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the Center 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 Center'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. 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 Center'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: <u>http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act</u> confirmed that the current annual report as well as previous reports are available to the public online.

115.88 (e): The Center 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 and the website, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 ☑ Yes □ No

115.89 (b)

 Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ⊠ Yes □ No

115.89 (c)

 Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ⊠ Yes □ No

115.89 (d)

Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ⊠ Yes □ No

Auditor Overall Compliance Determination

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

Documents:

- 1. Pre-Audit Questionnaire
- 2. Leon County Sheriff's Office PREA Compliance Manual
- 3. PREA Annual Review (2016/2017 & 2017/2018)

Interviews:

1. Interview with PREA Coordinator

Findings (By Provision):

115.89 (a): The PREA Compliance Manual, page 33, section I, 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): The PREA Compliance Manual, page 33, section I, 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: <u>http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act</u> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The Center does not include any identifiable information or 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.

115.88 (e): The PAQ indicates that the Center 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.

Based on a review of the PAQ, the PREA Compliance Manual, annual reports, the website and information obtained from the interview with the PC, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

PREA Audit Report

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) □ Yes ⊠ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) □ Yes □ No □ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ⊠ Yes □ No □ NA

115.401 (h)

Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 ☑ Yes □ No

115.401 (i)

115.401 (m)

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 ☑ Yes □ No

115.401 (n)

Auditor Overall Compliance Determination



Exceeds Standard (Substantially exceeds requirement of standards)

Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Findings (By Provision):

115.401 (a). The Leon County Detention Center is a stand-alone facility and does not have any other facilities that are operated by the agency. The Center was previously audited on March 22-23, 2016.

115.401 (b): The Leon County Detention Center is a stand-alone facility and does not have any other facilities that are operated by the agency. The Center is being audited in the third year of the current audit cycle.

115.401 (h) – (m): 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.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a). The Center was previously audited on March 22-23, 2016. The final audit report was publicly available via their website: <u>http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act</u>.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.² Auditors are not permitted to submit audit reports that have been scanned.³ See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kendra Prisk

Auditor Signature

August 18, ,2019

Date

² See additional instructions here: <u>https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110</u>.

³ See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.