

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 13, 2022

Auditor Information

Name: Cynthia Swier **Email:** swierconsultants@gmail.com

Company Name: Swier Correctional Consultants

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

Telephone: 850643707 **Date of Facility Visit:** June 28-30, 2022

Agency Information

Name of Agency: Leon County Detention Facility

Governing Authority or Parent Agency (If Applicable): Leon County Sheriff's Office

Physical Address: 535 Appleyard Drive **City, State, Zip:** Tallahassee, FL 32304

Mailing Address: P.O. Box 727 **City, State, Zip:** Tallahassee, FL 32302

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

Municipal County State Federal

Agency Website with PREA Information: www.leoncountysoc.com

Agency Chief Executive Officer

Name: Walt McNeil

Email: mcneilw@leoncountyfl.gov **Telephone:** 850-606-3500

Agency-Wide PREA Coordinator

Name: Tim Ruth

Email: rutht@leoncountyfl.gov **Telephone:** 850-606-3688

PREA Coordinator Reports to: Chief Ed Lee **Number of Compliance Managers who report to the PREA Coordinator:** none

Facility Information

Name of Facility: Leon County Detention Facility

Physical Address: 535 Appleyard Drive

City, State, Zip: Tallahassee, FL 32304

Mailing Address (if different from above):
P.O. Box 727

City, State, Zip: Tallahassee, FL 32302

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.leoncountysoc.com

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Florida Corrections Accreditation Commission (FCAC))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Steve Harrelson – Assistant Sheriff

Email: harrelsons@leoncountyfl.gov

Telephone: 850-606-3362

Facility PREA Compliance Manager

Name: Tim Ruth

Email: rutht@leoncountyfl.gov

Telephone: 850-606-3688

Facility Health Service Administrator N/A

Name: Paul Zani

Email: zanip@leoncountyfl.gov

Telephone: 850-606-3101

Facility Characteristics

Designated Facility Capacity:

1427

Current Population of Facility:

1185

Average daily population for the past 12 months:	1084
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	15-82
Average length of stay or time under supervision:	9 months
Facility security levels/inmate custody levels:	Maximum, Close, Medium, Minimum
Number of inmates admitted to facility during the past 12 months:	10,350
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	10,020
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	8,064
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	53 <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	258
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	40
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	35
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	17
Number of single cell housing units:	3
Number of multiple occupancy cell housing units:	10
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	119
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	5
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input checked="" type="checkbox"/> N/A

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded: 115.17, 115.21, 115.31, 115.33, 115.43, 115.53, 115.64

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	June 28, 2022
2. End date of the onsite portion of the audit:	June 30, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Refuge House
Audited Facility Information	
4. Designated Facility Capacity:	1427
5. Average daily population for the past 12 months:	1084
6. Number of inmate/resident/detainee 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 residents 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.	17
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1185
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	2
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	131
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	6
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	8
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	2
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the	0

<p>facility as of the first day of the onsite portion of the audit:</p>	
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility reported that there were no inmates at the facility as of the first day of the onsite portion of the audit who had disclosed prior sexual victimization during risk screening, however the auditor identified some of these inmates during inmate interviews. There were no transgender inmates reported to be currently housed at the facility during the onsite portion of the audit. This was verified through interviews with inmates as well as staff. There were no deaf or blind inmates currently housed at the facility during the onsite portion of the audit. This was verified through interviews with medical staff. Of the inmates who had reported sexual abuse / sexual harassment in the past 12 months, two remained at the facility during the onsite portion of the audit. The auditor interviewed these inmates.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>258</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>10</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>35</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Due to covid, the number of volunteers and contractors is lower than usual.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>36</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p>

	<input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Inmates were randomly chosen from each of the housing units. Both male and female inmates were randomly selected by the auditor and interviewed.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Random inmates were oversampled due to a lack of inmates in some of the targeted categories.
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Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i> <i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	8
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34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the “Youthful Inmates” protocol:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	N/A
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	1 (wheelchair)

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	N/A
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interviews with the PC and medical staff stated that the facility did not have any cognitively impaired inmates as of the dates of the on-site audit.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with medical staff corroborated that there were no inmates currently at the facility who were blind or with low vision.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with medical staff corroborated that there were no inmates currently at the facility who were deaf or hard-of-hearing.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff and inmates corroborated that there were no transgender inmates currently at the facility.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All of the other inmates who had reported sexual abuse or sexual harassment had been transferred or released and were no longer at the facility as of the dates of the onsite audit.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>

<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility policy indicates that inmates are not placed in segregated housing for risk of sexual victimization unless no other means of protection exists. These inmates are generally moved to another pod.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The targeted populations of inmates which were not represented were oversampled in the random inmate interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still</p>	<p>N/A</p>

unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
<i>Specialized Staff, Volunteers, and Contractor Interviews</i> <i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations

	<input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) N/A
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
Site Review and Documentation Sampling	
Site Review	

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor had access to all areas of the facility and was able to observe areas where inmates are housed as well as other areas where only staff have access. The staff only areas were accessed by keys or by other security staff granting access. The auditor conducted informal conversations with both inmates and staff during the onsite review. The auditor observed the cross-gender announcement when entering the housing units, strip search areas, video surveillance, staffing levels, posting of PREA information which included how to report sexual abuse and sexual harassment. The auditor also observed information regarding how to access the outside victim emotional support services (The Refuge House). Signage was posted in English and in Spanish. The audit notice was also observed to be posted throughout the facility. In the area where the 2 youthful inmates were housed, the auditor observed how the facility</p>
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maintains sight and sound separation from confined adults. The showers were observed which allowed for individual showers with doors which allowed for privacy as well as security. The housing units also allowed for inmates to use the toilet and change clothes with reasonable privacy from staff and other inmates. The video surveillance was observed and the technology which allows for rotation and zoom capabilities. This video surveillance does not have placement which allows for the direct viewing of inmates in the toilets or showers. The office areas in classification and medical were also observed. These offices show the confidential records are kept in secured offices with locked file rooms and/or filing cabinets. Other confidential information on the facility database is only accessible to those staff with the security profile to access certain screens. Drop boxes for mail were observed throughout the facility in hallways and housing units. These boxes are locked and accessible for inmates to drop mail or other correspondence to staff. This correspondence includes reports of sexual abuse and sexual harassment. A review of the intake area was observed during the site review with staff conducting a walk through of the intake process. Information was also given to the auditor of the the contents of the inmate intake packet which contains PREA information. The risk screening staff (classification and medical) also walked the auditor through the risk screening process. The inmate phone system was also tested and allows the inmates to call toll free and without an identifying pin number. It was observed that inmates have regular access to phones as well as the ability to make phone calls from their tablets.

Documentation Sampling

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

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes No

<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The auditor was able to request and receive documentation. Documents were requested for those staff and inmates interviewed.</p>
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	3	3	3	3
<u>Staff-on-inmate sexual abuse</u>	3	3	3	3
Total	6	6	6	6

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p align="center">N/A</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	2	0	2	0
<u>Staff-on-inmate sexual harassment</u>	2	0	2	0
Total	4	0	4	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p align="center">N/A</p>
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	1	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	1	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	1	1	1	0
<u>Staff-on-inmate sexual abuse</u>	0	1	2	0
Total	1	2	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

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

sexual harassment					
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	2	0	0
Total	0	3	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	10
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a. If 0, explain why you were unable to review any sexual abuse investigation files:	N/A
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74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
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Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
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76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
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79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
a. If 0, explain why you were unable to review any sexual harassment investigation files:	N/A
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	N/A
<p>Non-certified Support Staff</p>	
<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	N/A

<p>Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire (PAQ)
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. PREA Coordinator (PC)

Findings (by provision):

115.11 (a): The Leon County Detention Facility (LCDF) has a policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. Their Standard Operating Procedure (SOP) 450.K15 contains the bulk of the agency's sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency's zero-tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The agency's policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The facility policy addresses the requirement of "Preventing" by establishing a zero-tolerance policy for sexual misconduct. The facility also has also designated a PREA Coordinator who reports directly to the Detention Facility Director. In addition, the facility conducts criminal backgrounds of both staff, contractors and volunteers and provides PREA education for inmates both through written materials as well as through an information video and signage throughout the facility. The policy addresses the requirement of "Detecting" by requiring training for staff, volunteers and contractors and intake/risk screening of inmates. The policy addresses the requirement of "Responding" by mental health and medical services, investigations, disciplinary action against staff and inmates, sexual abuse and sexual harassment reporting, incident reviews following the investigation, and victim services such as provisions for emotional support during and after investigations. This policy provides for the requirements of the PREA standard and how the agency approaches sexual safety in the facility.

115.11(b): The agency has designated a facility wide PREA Coordinator (PC) who is assigned the duties indicated in the PREA policy along with other operational compliance duties in the facility. The facility's organizational chart was provided for review. The chart shows the PC position as reporting directly to the facility Chief. The auditor interviewed the PC and confirmed that he has other responsibilities, but dedicates a majority of his time in oversight of the agency's efforts to comply with the PREA standards. He also confirmed that he has direct access to the Chief in his chain of command and will report PREA issues directly to him.

115.11(c): The agency operates one facility and has a PC rather than a PREA Compliance Manager (PCM). The Detention Facility is the only confinement facility under the jurisdiction of the Leon County Sheriff's Office. Based on this, a PCM is not required.

The facility's SOP 450.K15, the facility PREA Compliance Manual, the facility organizational chart as well as the interview with the PC confirm that the facility has PREA implementation in compliance with this standard. The preparation by the PC for this audit and overall incorporation of institution sexual safety practices demonstrates that the PC has the time and authority to incorporate the policies and practices for the agency. Based on this, the standard is determined to be compliant.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ

Interviews:

1. Agency Head

Findings (by provision):

115.12 (a): The agency does not contract with any other agency for the confinement of inmates. The agency has not entered into or renewed any contracts for the confinement of inmates. The PAQ and the Agency Head confirmed that the agency does not contract for the confinement of inmates with other agencies.

115.12 (b): The agency does not contract with any other agency for the confinement of inmates. The agency has not entered into or renewed any contracts for the confinement of inmates. The PAQ and Agency Head confirmed that the agency has not entered into any new contract or contract renewal for the confinement of inmates.

Based on the information in the PAQ as well as the interview with the agency head, this standard is determined to be compliant.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Facility Staffing Plan
5. Documentation of Unannounced Rounds

Interviews:

1. Warden or Designee
2. PC
3. Upper-level Supervisors who conduct unannounced rounds

Observations:

1. Site review observation of the facility

Findings (by provision):

115.13 (a): The facility provided the LCSO Staffing Plan. The document is well written and provides a wide view of the activities and staffing in the facility. The plan includes a review of the inmate population, the programs and activities available for inmates, the medical and mental health care available, video monitoring, physical plant and the coverage plan for staff. The plan was updated this year (2022). The Warden (Facility Director) was interviewed and stated that at least once a year, the Command Staff meet to review the staffing plan. This meeting also includes the PC. This staffing plan is documented and takes into consideration all requirements under this provision.

115.13 (b): The facility did not have any documentation related to deviations from the staffing plan. Interviews with the Warden and PC indicated that the facility has a staffing plan and that the leadership staff meet at least once a year to discuss the plan. All areas of the facility where inmates are housed and work are supervised by staff at all times. The facility utilizes a system for overtime which allows them to avoid deviations from the staffing plan.

115.13 (c): The 2022 staffing plan was provided to the auditor and reviewed. The required factors of the staffing plan were included in the minutes of the staffing plan meeting. The facility's deployment of video monitoring systems as well as other monitoring systems and the resources the facility has available, ensure adherence to the staffing plan. The PC confirmed in the interview that the staffing plan is reviewed annually by himself and the Command Staff.

115.13 (d): The auditor was provided SOP 450.K15, page 4, section e, which indicates that immediate-level or higher-level supervisors are required to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are conducted by the shift lieutenant and are documented on the housing pod electronic log. Interviews with supervisors indicated that rounds are performed at all times of the day and night. These staff stated that rounds are made randomly to prevent staff from alerting other staff that they are conducting rounds. A review of the copies of these logs showed various upper-level supervisors logging in PREA rounds throughout the facility. These rounds were completed at varying times during the day and night.

Based on a review of the PAQ, SOP 450.K15, interviews with the Warden, PC and supervisory staff, observations during the site review, and review of the documentation of unannounced rounds and the staffing plan, this standard is determined to be compliant.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. Standard Operating Procedure (SOP) 450.K15

3. Standard Operating Procedure (SOP) 450.I4
4. LCSO PREA Compliance Manual
5. Daily Population Reports

Interviews:

1. Youthful Inmates
2. Line Staff who Supervise Youthful Inmates

Observations:

1. Site Review of Facility

Findings (by provision):

115.14 (a): The facility provided SOP 450.I4 which prohibits youthful offenders from placement in a housing unit with adult inmates (pg. 3, section 2). SOP 450.K15, pg. 4, section 3 also prohibits youthful offenders from placement in a housing unit with adult inmates where they would have sound, sight or physical contact with adult inmates through a common area or shared dayroom. The daily population reports were reviewed and indicated that all youthful inmates were housed separately from adult inmates. During the site review, the auditor observed that there were two youthful inmates at the facility who were housed in a separate room away from adult inmates. The facility only houses youthful inmates on a temporary basis while they are awaiting transfer to another facility which will house them for longer durations. Education and programming are not conducted with the youthful inmates at this facility due to their short-term housing at the facility. Interviews were conducted with both of these inmates and it was observed that staff escort the youthful inmates to their destination and return them to their housing area. The officers also are posted directly outside of the rooms where the youthful inmates are housed. Interviews with the youthful inmates as well as interviews with staff who supervise the youthful inmates indicate that the inmates do not share a housing area with adult inmates.

115.14 (b): The facility maintains sight and sound separation between youthful inmates and adult inmates and provides direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Youthful inmates have separate housing areas and are fed in their rooms. During the site review, it was observed that security staff escort the youthful inmates when moving outside of their housing area. Interviews with staff who work with youthful inmates and interviews with the youthful inmates it was determined that these inmates are kept under direct staff supervision and separate from adult inmates.

115.14 (c): SOP 450.I4 and SOP 450.K15 state that the facility will avoid placing youthful inmates in confinement to comply with provision. Interviews with staff and interviews with youthful inmates indicate that the youthful inmates were not placed in confinement. Staff were not aware of any instance where a youthful inmate was housed in isolation for the sole purpose of keeping them separated from adult inmates. During the site review, it was observed that there was one female youthful inmate and one male youthful inmate at the facility. Each of these youthful inmates had a separate room which they were housed in. The facility only houses youthful inmates on a temporary basis until they are transferred to a facility with longer term housing.

Based on a review of the SOP 450.K15, SOP 450.I4, the PAQ, daily population reports, interviews with staff and youthful inmates and observations made during the site review, this standard is determined to be compliant.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. PREA Training Curriculum
5. Staff Training Records

Interviews:

1. Random Staff
2. Random Inmates
3. Transgender Inmates (none at this facility)

Observations:

1. Site review of the facility

Findings (by provision):

115.15 (a): SOP 450.K15, pg. 4, section 4, prohibits staff from conducting cross gender strip searched and cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The PAQ states that no searches of this kind were conducted at the facility over the past twelve months. The facility does not conduct searches of this type. Interviews with staff indicates

that inmates are strip searched by staff of the same gender as the inmate. Interviews with inmates also indicated that this was the practice. The curriculum for PREA staff training also indicated that strip searches by staff of the opposite gender as the inmate are not permitted.

115.15 (b): SOP 450.K15, pg. 5, sections e-g prohibit staff from conducting cross gender pat searches of female inmates. The policy also states that the facility will not restrict female inmates access to programming to comply with this provision. The PAQ stated that there were no instances where female inmates were pat searched by male staff. Interviews with inmates as well as staff indicated that searches are conducted by staff of the same gender as the inmates. Male staff also do not work in the female housing unit. Interviews with female inmates stated that male staff rarely come to the female unit and when they do, they announce themselves and are usually escorted by a female staff. During the site review of the facility, it was observed that female staff work in the female housing unit and the male staff who came into the unit for other duties announced themselves and then departed the unit in a short amount of time.

115.15 (c): The PREA Compliance Manual, page 6, section 5 requires the documentation of all cross-gender strip searches, all cross-gender visual body cavity searches and cross-gender pat searches of female inmates. The PAQ indicated that no cross-gender searches were conducted in the previous twelve months.

115.15 (d): SOP 450.K15, pg. 4, section 4b states that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Additionally, all staff of the opposite gender of the inmates are required to announce their presence when entering the housing units. Interviews with random inmates and random staff indicated that the inmates have privacy when showering, using the restroom and changing clothes. Interviews also indicated that staff announce their presence when entering the housing units. Some of the inmates interviewed did not remember hearing these announcements, however, this announcement was observed by the auditor during the site review. During the site review, the auditor also observed a placard on all housing unit entrances as a reminder to staff to announce their presence prior to entering. The auditor also observed in the open bay housing pods that the shower and toilet areas had swinging doors and wall barriers for privacy. The single and multiple occupancy pods had toilets in the cell. The cells have solid doors with a small window which allows for security and privacy. The showers in these pods are single showers with swinging doors which provide privacy.

115.15 (e): SOP 450.K15, pg. 4, section 4c states that staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there have been no searches of this nature within the past twelve months. There were no inmates identified as being transgender as of the dates of the on-site audit. Interviews with staff indicated that inmates would not be searched to determine the inmate's genital status. This would be referred to medical for handling and through conversations with the inmate.

115.15 (f) The curriculum for PREA training is done by utilizing the Bureau of Justice Assistance video on conducting cross gender pat searches and searches of transgender and intersex inmate in a professional and respectful manner. The PAQ indicated that 90% of security staff have received the PREA training which included the video. A review of a random sample of training records indicated that staff have received this training.

Based on a review of the PAQ, SOP 450.K15, the Bureau of Justice Assistance training video, training records from staff, the PREA Compliance Manual, observations made during the site review to include the opposite gender announcement postings, privacy barriers, shower doors, the announcement by staff

of the opposite gender of the inmates as well as information from interviews with inmates and staff, this standard is determined to be compliant.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. LCSO Translator List
5. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure
6. PREA Training Curriculum
7. PREA Video Script
8. Language-line

Interviews:

1. Agency Head
2. Inmates with Disabilities
3. Limited English Proficient (LEP) Inmates

Observations:

1. PREA Informational Signage

Findings:

115.16 (a): SOP 450.K15, pages 5-6, section 5, outlines the procedure which ensures that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Inmates who are blind, low vision or who have cognitive disabilities will be read the PREA information by staff and inmates who are deaf would be provided material they can read. The PREA video also has closed captioning and / or American Sign Language. The facility also has a contract with Language-line which will translate languages for inmates who are limited English proficient. Interviews with inmates including those with physical disabilities and those who are Limited English Proficient indicated that they are given PREA information in a format they can understand. The auditor also utilized a staff member to interpret during interviews with LEP inmates. A review of the inmate files indicated that they received PREA information in a format they could understand. PREA signage was also posted throughout the facility.

115.16 (b): SOP 450.K15, pages 5-6, section 5 addresses the policy to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially. The facility has a list of staff who are able to interpret for inmates who are Limited English Proficient. The facility also has a contract with Language-line which can be utilized to translate for inmates who are LEP. Interviews with the Agency Head and inmates who are LEP indicated that inmates are provided PREA information in a format they can understand. Staff were utilized during the interviews with LEP inmates to interpret during the on-site audit. A review of the inmate files for these inmates indicated that PREA information was provided to them and they understood the information. PREA signage was observed to be posted throughout the facility in both English and Spanish.

115.16 (c): SOP 450K15, pages 5-6, section 5 prohibits the use of inmate interpreters, readers or other types of inmate assistants for instances of sexual abuse or sexual harassment allegations. The PAQ stated that there were no instances in the previous 12 months where inmates were utilized to interpret for other inmates. Interviews with staff also indicates that in these situations, only staff are utilized to interpret for LEP inmates. Staff referenced the Language-line and the use of the translator list if it were needed. Interviews with LEP inmates and one disabled inmate indicated that other inmates were not utilized to provide them PREA information.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the staff translator list, the PREA brochure, interviews with the Agency Head, LEP inmates and a disabled inmate as well as random staff and observations during the site review of PREA signage, this standard is determined to be compliant.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Staff Personnel Files
5. Contractor Files
6. Volunteer Files
7. Application PREA Questions
8. Leon County Disqualifications for Employment

Interviews:

1. Human Resource Staff

Findings (by provision):

115.17 (a): SOP 450.K15, page 6, section 6 states that the agency will not hire or promote anyone who may come in contact with inmates and will not enlist the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did no consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. A review of staff personnel files indicated that all staff are asked about these incidents in their application. All staff, volunteers and contractors have a background completed prior to authorization to begin working at the facility.

115.17 (b): SOP.K15, page 6, section 6, indicates that the agency considers any incidents of sexual harassment in determining whether to hir or promote any staff or enlist the services of any contractor who may have contact with inmates. An interview with Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors.

115.17 (c): The PREA Compliance Manual, page 9, section c states that the facility is required to conduct a criminal background check and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse before hiring new employees who may have contact with inmates. The PAQ stated that 39 new officers and 1 civilian staff were hired in the past twelve months and have received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated that 100% of the random sample reviewed had a criminal background check conducted prior to hire and annually thereafter. All staff are reviewed through the Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), local JIS, and a Drivers License check is also conducted. All staff are also fingerprinted and any future arrest is automatically reported to the agency. An interview with Human Resource Staff indicated that all staff are required to have a criminal background check before they are hired. All law enforcement agencies are contacted related to any information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): The PREA Compliance Manual, page 9, section c, states that the facility is required to perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been 160 contractors and volunteers who have

had a criminal background check conducted in the previous twelve months. A review of random volunteer and contractor files indicated that criminal background checks were completed prior to working at the facility or entering for volunteer services.

115.17 (e): The PREA Compliance Manual, page 9, section e, outlines the system that is in place to capture criminal background information. The agency utilizes the Live Scan process. All staff and contract staff are fingerprinted and any time an individual is arrested, the LCSO is immediately notified. This system is life information which allows the agency and facility to take immediate action when they receive such notifications. A review of personnel files indicated that all staff and contractors are fingerprinted and entered into the Live Scan system. The interview with a Human Resource staff member confirmed that all contractors are also entered into the Live Scan system and that any arrests are immediately reported to the agency.

115.17 (f): The PREA Compliance Manual, page 9, section f, indicates that the agency will ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of personnel files of staff indicated that all staff were asked about these incidents in their supplemental applications. The interview with a staff member in Human Resources confirmed that these questions are contained on the employment application supplement which is required for all applications.

115.17 (g): The PREA Compliance Manual, page 9, section g, states that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The interview with Human Resource staff confirmed that any false information would result in an employee or contractor being terminated.

115.17 (h): The PREA Compliance Manual, page 9, section h, states that the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human Resource staff confirmed in their interview that this information would be provided when requested.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, a review of personnel files of staff, contractors and volunteers as well as information received from the interview with Human Resources staff, this standard is determined to be compliant and is rated as exceeds.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15

Interviews:

1. Agency Head
2. Warden

Observations:

1. Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (by provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility since the last PREA audit in 2019. The PAQ as well as interviews with the Agency Head and Warden confirmed that there have not been any modifications to the facility since the last PREA audit in 2019. During the site review, the auditor did not observe any modifications, expansion or renovations to the facility.

115.18 (b): The facility is currently in the process of upgrading their current video monitoring system and adding additional electronic surveillance equipment including new cameras. The facility is currently awaiting a DOJ PREA grant which will partially be used to install more video equipment. The Agency Head and the Warden confirmed that they will be supplementing and upgrading their video equipment when the grant is received. Evaluation of where and how this upgrade will be implemented will be considered by the leadership staff to enhance their PREA efforts by eliminating blind spots and augmenting their current staffing plan to further protect inmates from sexual abuse. During the site

review, the auditor observed the placement of monitoring technology in hallways, housing pods, common areas and various locations throughout the facility.

Based on the PAQ, SOP 450.K15, interviews with the Agency Head and Warden and observations of the physical plant, this standard is determined to be compliant.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. PAQ
2. General Order 41.12
3. General Order 84.1
4. SOP 450.K15
5. LCSO PREA Compliance Manual
6. MOU with the Refuge House
7. Investigation Files

Interviews:

1. Random Staff
2. PC
3. Inmates Who Reported Sexual Abuse
4. Investigative Staff

Observations:

1. Site Review

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 which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The LCSO conducts their own administrative and criminal investigations. Interviews with Investigators indicate that they follow a uniform evidence protocol. Interviews with random staff indicate that they do not collect evidence, but they do preserve the scene so that any usable evidence can be obtained by investigators.

115.21 (b): The PREA Compliance Manual, page 10, section c, states that the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults / Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. These procedures and protocols are detailed in the General Order 41.12, Sexual Violence and General Order 84.1, Property and Evidence Management.

115.21 (c): The facility does not conduct forensic medical examinations on-site. The facility utilizes Tallahassee Memorial Hospital for forensic exams which would be performed there by licensed nurses who possess SAFE or SANE credentials. The PAQ indicated that in the past twelve months, there were two (2) forensic exams conducted by SAFE/SANE at the local hospital. These exams were conducted without financial cost to the inmate. A review of the investigations of these sexual abuse allegations and medical documents show that the inmates were transported to the local hospital and did receive forensic exams and that they were without financial cost to the inmate. An interview with the SAFE/SANE staff was unable to be conducted due to the exam being conducted at the local hospital. A review of the hospital website for Tallahassee Memorial Hospital provided information regarding forensic evidence collection and stated that nurses at this hospital who perform forensic exams have been trained by the Florida Council Against Sexual Violence (FCASV).

115.21(d): The facility has a Memorandum of Understanding (MOU) with the Refuge House which is a local rape crisis center. The MOU has been in effect since 2017 and is current. Inmates at the facility are provided information at intake which gives the phone number to contact the Refuge House (*700-1-888-956-7273). This number can be accessed from the inmate phone. Contact was made by the auditor with leadership staff at the Refuge House who verified this number and also indicated that they have received calls from the facility inmates and have provided victim advocacy services as well as Sexual Abuse Nurse Examiner services. She also explained that inmates can call the number previous listed as well as 800-500-1119 which is a statewide phone number. When anyone calls this number, the location will ping to the staff receiving the call and the caller will be re-directed to the local provider which is the Refuge House. An interview was also conducted with the PC who confirmed the services offered by the Refuge House. Interviews with inmates who reported sexual abuse indicated that they did not have a forensic exam due to the circumstances of the situation, however they did have access to advocates at the Refuge House if they chose to access the services. During the site review, the advocacy information was observed on PREA signage throughout the facility and in the housing units. As noted previously, the information is also provided on the PREA brochure given to inmates at intake as well as on their tablets.

115.21 (e): The PREA Compliance Manual, page 11, states that all inmates are provided a victim advocate to accompany them during the forensic examination process and investigatory interviews. The MOU with the Refuge House also states that when any inmate is transported the hospital for a forensic exam, a victim advocate will be provided to accompany the inmate. The interview with the PC and the Assistant Executive Director at the Refuge House confirmed these services are offered to the inmates at the facility. Inmates who reported a sexual abuse indicated advocacy services were not offered to them, however they did not receive a forensic exam. They both were aware of the services available to them via the hotline number. Interviews with mental health staff at the facility also indicated that mental health services are available at the facility for the inmates. These services are provided by licensed mental health contracted staff.

115.21 (f): This section is not applicable since the agency is responsible for investigating all administrative and criminal allegations of sexual abuse. These investigations are conducted by the facility investigator and/or the Violent Crimes Unit at the Sheriff's Office. The Violent Crimes Unit and the facility investigator conduct criminal cases and the facility investigator conducts the administrative investigations.

115.21 (g): This section does not apply. The agency conducts all administrative and criminal investigations. The facility investigator conducts both administrative and criminal investigations and the Violent Crimes Unit conducts the criminal investigations.

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

Based on a review of the PAQ, General Order 41.12, General Order 84.1, the PREA Compliance Manual, the MOU with the Refuge House, investigative files and medical files for inmates who reported a sexual abuse, and information from interviews with the PC, inmates who reported sexual abuse and staff at the Refuge House as well as observations made during the facility site review which included posting of advocacy information, this standard is determined to be compliant and is rated as exceeds.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. PAQ

2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Leon County Detention Facility Inmate Handbook
5. Incident Reports
6. Investigative Reports

Interviews:

1. Agency Head
2. Investigative Staff

Findings (by provision):

115.22 (a): SOP 450.K15, pages 6-7, section 7 outline the administrative and criminal investigation process. The policy requires that all allegations will be investigated. The inmate handbook provides information to the inmate population that all allegations of sexual abuse and sexual harassment will be reported and referred for investigation. The PAQ along with a review of incident reports and investigative reports indicated that all reported allegation of sexual abuse and sexual harassment are investigated. The interview with the Agency Head stated that the facility absolutely ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and that the PC and facility investigator are both notified whenever an incident occurs. He also stated that if the investigation is administrative, the PC oversees those cases and will normally investigate those cases himself. If the case could result in criminal charges, the investigation would be referred to the Violent Crimes Unit. The PAQ indicated that there were eleven (11) total allegations received at the facility in the past twelve (12) months. A review of the documentation from these investigations indicated that all were referred for investigation.

115.22 (b): SOP 450.K15, pages 6-7, section 7, outlines the administrative and criminal investigation process. The policy ensures that allegations of sexual abuse or sexual harassment are referred to investigation. The agency investigators have the legal authority to conduct criminal investigations. The policy is published on the agency's website: <http://leoncountysoc.com/about-us/accreditation/prison-rape-elimination-act>. A review of a sample of incident reports regarding sexual abuse and sexual harassment allegations indicate that all were referred for investigation. The interview with the facility investigator also confirmed that all allegations of sexual abuse and sexual harassment are referred for investigation.

115.22 (c): This provision is not applicable. The LCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

115.22 (d): This provision is not applicable. The LCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

115.22 (e): This provision is not applicable. The LCSO conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the Inmate Handbook, incident reports, investigations, the agency website and information from interviews with the facility investigator and the Agency Head, this standard is determined to be compliant.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. PREA Training Lesson Plan
5. Staff Training Records

Interviews:

1. Random Staff

Observations:

1. The PREA Standards for Adult Facilities (flip-book in each housing pod for staff review)

Findings (by provision):

115.31 (a): SOP 450.K15 and the PREA Compliance Manual indicate that all staff are trained on a yearly basis. A review of the PREA Training Lesson Plan confirm that the agency trains all employees who may have contact with inmates on: the zero-tolerance policy for sexual abuse and sexual harassment; how to

fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmate's rights to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates; and how to comply with relevant law related to mandatory reporting of sexual abuse to outside authorities. A review of a sample of staff training records indicated that they have received PREA training on the previous mentioned topics. Additionally, records indicated that staff have a "flip-book" in each pod entitled "The PREA Standards for Adult Facilities" which they can reference.

115.31 (b): SOP 450.K15 as well as the PREA Compliance Manual indicate that staff are required to complete PREA training on an annual basis. The Leon County Detention Facility houses, male, female and juvenile inmates. According to the PAQ, male staff are not assigned to work in the female housing units under any circumstances. Female staff who are assigned to male housing units receive yearly training which is tailored to both male and female inmates. A review of the sample of staff training records indicate that all staff receive the same training which addresses both male and female as well as juvenile inmates.

115.31 (c): The PAQ indicated that in the previous 12 months 479 staff who have contact with inmates were trained in the PREA requirements which is 100%. Staff are required to receive PREA training annually. Since the last audit, 886 staff were trained or retrained on the PREA requirements. The Leon County Sheriff's Office routinely updates General Orders and SOP's on a continuous basis. If changes or additions are done on the current PREA Manual or on SOP 450.K15, the updates are placed in each staff member's training box in DMS (online training program) and the staff member is given ten (10) days in which to read and electronically sign for the changes. In addition to the training bulletins, each officer has been provided a wallet card which provides guidance on their duties and responsibilities. Each housing unit and each supervisor has been issued a PREA guide flip-book that outlines the PREA standards. The PC was interviewed and he stated that he also sends out periodic articles he finds which reference PREA issues. He further states that as he walks around the facility, he periodically asks staff questions regarding PREA. Interviews with staff confirm that they have all received PREA training and that they receive this training through the formalized annual training and also through the previous mentioned methods.

115.31 (d): The PAQ indicated that all staff are required to electronically sign an acknowledgment that they have read and understood the PREA training. The auditor was shown the DMS inbox and was able to observe how the electronic signature worked. A review of a sample of staff training records indicated that all of those reviewed and electronically signed that they understood the training they had received.

Based on a review of the PAQ, SOP 450.415, the PREA Compliance Manual, The PREA Training, staff training records, the "PREA Standards for Adult Facilities" flip-book, as well as interviews with staff and the PC, this standard is determined to be compliant and is rated as exceeds.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. PREA Training Lesson Plan
4. Volunteer Training Records
5. Contractor Training Records
6. Inmate PREA Sexual Abuse Powerpoint

Interviews:

1. Volunteers
2. Contractors

Findings (by provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ further indicated that in the past year, 187 volunteers and contractors have received PREA training. This is equivalent to 100%. The PC advised that the 2018 PREA Lesson plan is used to train all new staff, contractors and volunteers. The

2020 Inmate Sexual Abuse Power-point is used for recertification for all staff. A sample of volunteer and contractor training records indicate that they have signed electronically the training in the DMS inbox. At the time of the on-site audit, there were no volunteers available for the auditor to interview. Interviews with contractors indicated that they have received PREA training and that receive this training at least annually.

115.32 (b): The PAQ indicated that all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. They are notified of this policy in the PREA training they are required to attend when they are first hired or approved to enter the facility, and annually every year thereafter in re-training. During the site review, PREA signage was observed throughout the facility reminding all staff and volunteers of the zero-tolerance policy. A review of the training records for contractors and volunteers indicated that they have received training on the zero-tolerance policy. Interviews with contract staff indicate that they were all received this training. There were no volunteers available to interview during the on-site phase of the audit.

115.32 (c): The PAQ indicated that all volunteers and contractors sign off for the training they have received on the DMS system. A review of a sample of training records for both volunteers and contractors indicate that they have received training on PREA. Interviews with contract staff also verified they had received training. There were no volunteers available during the on-site phase of the audit to be interviewed.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Leon County Detention Facility Inmate Handbook
5. Leon County Detention Facility Sexual Battery Prevention and Reporting Inmate Informational Brochure

Interviews:

1. Intake Staff
2. Random Inmates
3. Limited English Proficient (LEP) Inmates

Observations:

1. Intake Area
2. PREA Signs in English and Spanish

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. These documents also explain the agency's zero-tolerance policies regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. The PAQ indicated that in the previous 12 months 9,552 inmates have received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This is equal to 100%. The inmate handbook also provides information on the zero-tolerance policy as does the PREA Informational Brochure given to inmates at intake. The auditor observed the booking process and was given an overview by staff. Inmates are provided with the Inmate Handbook and given PREA information brochure which is read by the inmate and if, necessary, read to the inmate by staff. Risk assessment questions are also asked of the inmates at the time of intake. PREA information is posted in the intake area and is readily visible. Interviews with inmates indicated that they were provided PREA information the same day they arrived at the facility. Interviews with intake staff also indicated that they provide this information to the inmates upon arrival at the facility. The facility has recently began utilizing tablets which are issued to each inmate. The inmates are required to complete the PREA education on the tablet prior to being able to use the tablet for other purposes such as phone calls, etc.

115.33 (b): SOP 450.K15 as well as the PREA compliance manual states that the facility will provide comprehensive education to inmates within 30 days of intake, either in person or via video regarding the inmates' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ indicated that in the past twelve months, there were 8,387 inmates who received comprehensive PREA education within 30 days of intake. Most of these inmates received the education within 72 hours. The remaining inmates were released prior to the 30 days. This is equivalent to 100% of those remaining at the facility for longer than 30 days. A review of inmate files indicated that there was documentation of the completed PREA training. The video is normally played for the inmates with classification staff who can answer any questions or concerns. Interviews with classification staff indicated that they provide comprehensive inmate education regarding PREA within 30 days of their intake. Random inmates were interviewed and they indicated that they had received PREA education via the video. They stated that this information is also in the inmate handbook and on the tablets.

115.33 (c): This provision is not applicable to the Leon County Detention facility. The PREA standards were effective as of 2013 and all inmates were required to be trained as of 2014. Current inmates have all received PREA education as indicated by a review of a sample of inmate files. Because this facility is a county jail, inmates are not transferred here from other facilities and the inmates are typically at this facility for less than a year. Interviews with inmates and with intake staff also indicate that they receive the PREA information at intake and comprehensive PREA education within 30 days of their arrival.

115.33 (d): SOP 450.K15, pages 5-6, section 5, specifies the procedure to provide PREA education in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired otherwise disabled, as well as to inmates who have limited reading skills. The policy states that if inmates are blind or with low vision or have a cognitive disability, the PREA information would be read to them. Inmates who are deaf or hard of hearing would be provided with reading material and the ability to view the PREA video with closed captioning and/or American Sign Language. LEP inmates would be provided the PREA information (brochure and video) in Spanish or a staff member would translate for them. If a translator was unavailable at the facility, the Language-line would be utilized. There were no disabled inmates at the facility at the time of the on-site audit, however the auditor interviewed an inmate in a wheelchair and some LEP inmates. These inmates indicated that they were provided information in a method they were able to understand. A review of the inmate files also indicated that they were given information in a format they could understand. During the site review of the facility, PREA signage was observed in English and Spanish, on colored background with large font.

115.33 (e): The PAQ provided sample documents of the online inmate file system which contains documented PREA education. The facility also provided documentation of a PREA Training Details Report which shows all inmates who have received PREA training during a specified amount of time. Review of inmate files also verified that the agency maintains documentation of inmate participation in these education sessions.

115.33 (f): The PAQ indicated that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks and other written formats. The facility makes PREA information available to the inmate population through PREA signage throughout various locations in the facility, through the inmate handbook, the inmate tablets and a PREA brochure. During the site review, the auditor observed the PREA signage and was able to view the PREA information on the inmate tablets. Inmates interviewed also indicated that they had received a PREA brochure and inmate handbook. The inmates also referred to the PREA information which is on their tablets and posted by the inmate phones in the housing pods.

Based on a review of the PAQ, the PREA Compliance Manual, the PREA brochure, SOP 450.K15, the inmate handbook, the PREA education video, the information on the inmate tablets, a sample of inmate records, observations of the intake area, PREA signage and documents and information obtained through interviews with intake staff and random inmates and LEP inmates, this standard is determined to be compliant and is rated as exceeds.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. General Order 42.1
3. LCSO PREA Compliance Manual
4. PREA Resource Center Specialized Training: Investigating Sexual Abuse in Correctional Settings Curriculum
5. Investigator Training Records
6. Florida Sheriff's Association (FSA) Webinar

Interviews:

1. Investigative Staff

Findings (by provision):

115.34 (a): General Order 42.1 states that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training in conducting such investigations in confinement settings. The training is completed utilizing the PREA Resource Center (PRC) Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum. Documentation was provided to the auditor of the completion of this training and indicated that all investigators in the Violent Crime Unit have completed this training. The PC as well as the jail investigator have both received the training.

115.34 (b): General Order 42.1 states that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training which shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigator training records were reviewed and verified that the Violent Crime Unit investigators had received the required training. The interview with the jail investigator indicated that the previous mentioned topics were covered as part of the training he had received.

115.34 (c): The PAQ indicated that there are ten (10) agency investigators who have completed the specialized training and four (4) facility investigators who have completed the required specialized training. A review of the training documentation confirms that staff have completed the specialized training and received a certificate of completion. The interview with the PC indicated that all investigators who investigate sexual abuse and sexual harassment complete this training.

115.34 (d): This provision does not apply to the Leon County Detention Facility. No other entity is responsible for conducting investigations. This was confirmed by interviews with the PC and other investigative staff as well as by review of the PAQ, the agency website.

Based on a review of the PAQ, General Order 42.1, the PREA Investigator Training Curriculum, the investigator training records, the FSA webinar and interviews with the PC and facility investigator, this standard is determined to be compliant.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. PREA Training Curriculum
5. Medical and Mental Health Staff Training Records

Interviews:

1. Medical Staff
2. Mental Health Staff

Findings (by provision):

115.53 (a): SOP 450.K15, pages 7-8, section 9, requires that all medical and mental health care staff are to complete training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The PAQ states that 24 of 32 medical and mental health staff have completed the required training which is equivalent to 85%. The remainder of the medical and mental health staff who have not received specialized training are administrative staff who do not perform medical services. A review of the curriculum for the specialized training indicates that the required topics are covered. A review of the training records for the medical and mental health staff indicated that those reviewed had received the required training. Interviews with medical and mental health staff also verified that they had received the training.

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

115.35 (c): The PAQ and a review of training documents for medical and mental health care staff confirm that they have received the required training and that the facility also maintains this documentation.

115.35 (d): Medical and Mental Health care staff at this facility are contract employees under Corizon. The facility provided documentation that medical and mental health staff receive the same PREA education as all other staff. Contractors are required to complete the PREA training in the DMS inbox within 10 days. The documentation provided to the auditor verified that medical and mental health staff have received PREA training. Interviews with medical and mental health staff also confirmed that they had received the same PREA training that is required for all other staff at the facility.

Based on a review of the PAQ, SOP 450.K15, medical and mental health training documentation, the LCSO PREA Compliance Manual, the PREA training curriculum as well as interviews with medical and mental health staff indicate that this standard is compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

- Does the facility reassess an inmate's risk level when warranted due to a request? Yes
 No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. PREA Intake Screening Form
5. Inmate Assessment and Reassessment Documentation
6. Intake Questionnaire

Interviews:

1. Staff Responsible for Risk Screening
2. Random Inmates
3. PC

Observations:

1. Intake Area

Findings (by provision):

115.41 (a): SOP 450.K15, pages 8-9, section 11, requires that all inmates will be assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. During the site review of the facility, the auditor observed the intake area and was walked through the intake process by staff. The initial risk screening is conducted one-on-one with each inmate as they are booked into the facility. Staff ask the incoming inmates questions which are on the booking intake questionnaire. This is completed the same day the inmate arrives or the next day, if the inmate is under the influence of alcohol or drugs. An interview with intake staff verified this process. Inmate interviews also indicated that they were asked the initial screening questions the same day they arrived at the facility.

115.41 (b): SOP 450.K15, pages 8-9, section 11, states that all inmates will be assessed during intake for their risk of being sexually abused by other inmates as well as for their risk of being sexually abusive towards other inmates within 72 hours of their arrival at the facility. The PAQ indicated that inmates are screened within this time frame and that in the past 12 months, 8,996 inmates were received at the facility. The PAQ indicated that 100% of these inmates were screened within 72 hours. A review of a sample of inmate records indicated that they were all screened at intake within 72 hours of arrival at the facility. Interview with staff who perform the intake screening also confirm that the screening is completed the same day the inmate arrives at the facility or the next day.

115.41 (c): A review of the intake questionnaire confirms that the required questions are asked utilizing an objective screening instrument. The questions are asked in yes and no format and are followed up by staff reviewing the inmate's file.

115.41 (d): A review of the intake questionnaire confirms that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability. The facility does not house inmates that are held for civil immigration purposes, therefore, this portion of the screening is not included. An interview with staff who performs risk screening indicated that all of these items are reviewed and included in the risk screening.

115.41 (e): A review of the intake questionnaire confirms that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Interviews with staff who perform risk screening confirm that these criteria are considered and are used to determine housing.

115.41 (f): The PREA Compliance Manual, page 16, section c, states that within 30 days from the inmate's arrival at the facility, inmates would be reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ indicated that the facility requires inmates to be reassessed and 11,000 were reassessed within 30 days. The PAQ indicated that 8,064 inmates' length of stay was for 30 days or more, while 10,020 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 all inmates are evaluated 30 days for classification reassessment and every 30 days thereafter. Interviews with classification staff also indicated that inmates are assessed every 30 days while incarcerated at the facility. Interviews with random inmates also indicated that they were asked the

risk screening questions and that other staff (classification, medical, mental health and the PC) also ask these questions periodically. A review of the risk screening and re-assessments for a random sample of inmates indicated that most of these were completed within the 30-day time frame.

115.41 (g): The PREA Compliance Manual, page 16, section c, paragraph 2, indicates that inmates would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ indicated that this is the standard practice of the facility. An interview with the PC indicated that inmates are assessed every 30 days while housed at the facility and are reassessed whenever new information arises or if there are incidents occurring which may indicate a change is needed. Interviews with random inmates indicated that they were asked the risk screening questions and many stated that they were asked these questions more than twice. A review of a sample of inmate files indicated that inmates are being reassessed and inmates who alleged sexual abuse were reassessed after their allegation was made. Interviews with staff who perform risk screening (classification) also indicated that this is the standard practice which helps them ensure that inmates are housed appropriately.

115.41 (h): The PREA Compliance Manual, p. 15, section c, paragraph 4, indicates that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked in the risk screening tool. The PAQ also indicated that inmates are not disciplined for refusing to answer any of these questions. Interviews with staff who perform risk screening (classification) indicated that inmates are not disciplined for refusing to answer any of these questions or for not disclosing complete information in response to the questions. Interviews with random inmates also confirmed that they are not disciplined for refusing to answer any of the screening questions.

115.41 (i): Interview with the PC and the staff responsible for risk screening (classification) indicated that the facility has implemented appropriate controls on the dissemination within the facility of the responses to the risk screening questions pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. These staff stated that the information in the risk screening is only accessible to certain staff who are authorized based on their position in the facility. These staff include housing sergeants, the PC and classification staff who use this information to inform their decisions on housing assignment, and work/programs. The information on the data based can only be accessed based on the security profile of these staff.

Based on a review of the SOP 450.K15, the PREA Compliance Manual, the PAQ, the Intake Questionnaire, the PREA Intake Sheet, inmate classification records which includes the risk screenings and reassessments, interviews with the PC, staff who perform risk screening (intake, medical, mental health, classification), and inmates indicates that this standard is compliant.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. PREA Intake Screening Sheet
4. Inmate Case Management Screens
5. Inmate Housing Assignments

Interviews:

1. PC
2. Staff Responsible for Risk Screening

3. Transgender Inmates (none currently at the facility)
4. Lesbian, Gay, Bisexual (LGB) Inmates

Observations:

1. Site review observations of shower areas

Findings (by provision):

115.42 (a): The PREA Compliance Manual, page 16, 2a, indicates that the facility utilizes information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews with the PC and staff responsible for risk screening indicate that the information from the risk screening is used to make housing determinations and job assignment determinations. Inmates who are deemed to be at risk of being abused are housed separately from those inmates deemed to be at risk of abusiveness. The housing configuration of the facility allows staff to separate these inmates in separate pods so that they rarely, if ever, are in contact with each other.

115.42 (b): The PAQ indicated that the facility makes individualized determinations about how to ensure the safety of each inmate. The interview with staff responsible for the risk screening indicated that decisions are made by classification and that they review the risk assessments to determine the safest housing assignments and work/program assignments. The interview with the PC indicated that he is involved in the housing of inmates based on the inmates' risk assessment.

115.42 (c): The PREA Compliance Manual, p. 17, section 2c, indicates that in deciding housing for transgender or intersex inmates, these decisions are made on a case-by-case basis, considering whether the placement decision would ensure the inmate's health and safety and whether the placement would present management or security problems. There were no transgender or intersex inmates housed at the facility during the dates of the on-site audit. The interview with the PC indicated that housing determinations for these inmates would be considered on a case-by-case basis.

115.42 (d): The PREA Compliance Manual, p. 17, section 3, indicates that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to the safety experienced by the inmate. The interview with the PC indicated that all inmates are reassessed every 30 days which is above the requirement in the standard. The interview with staff responsible for risk screening (classification) indicated that the inmates are seen by staff every 30 days to review their housing assignments and to determine if any changes need to be made based on any other information. During the on-site dates of the audit, there were no transgender inmates housed at the facility. Interviews with random inmates indicated that they are reviewed every 30 days by classification staff.

115.42 (e): The PREA Compliance Manual, p. 17, indicates that transgender and intersex inmate's own views with respect to her or her own safety shall be given serious consideration. The Interview with the PC indicated that this is considered in the housing determinations. The staff responsible for risk screening (classification) also stated that this is considered in housing decisions. No transgender inmates were housed at the facility during the dates of the on-site audit.

115.42 (f): The PREA Compliance Manual, p. 17, section 4, states that transgender and intersex inmates are given the opportunity to shower separately. A review of the housing units determined that each housing unit has single person showers with a swinging door barrier. All inmates have privacy while showering. The interview with the PC and the staff responsible for risk screening indicated that inmates all have privacy while showering and transgender inmates are also given consideration for using a shower

in a separate area which allows even further privacy, if they request this. No inmates were identified as being transgender during the on-site phase of the audit, therefore none were available for interview, however, interviews with random inmates all stated that they had privacy when showering.

115.42 (g): The PREA Compliance Manual, p. 17, indicates that inmates who identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in a dedicated facility, unit, wing or established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates. A review of the housing assignments for inmates who identify as LGB are assigned to various housing units around the facility. These inmates are not housed in a specific pod. Interviews with the PC also indicated that LGB inmates are not housed in specific pods, but rather, they are housed according to their risk assessment and custody level. There were no transgender inmates housed at the facility on the dates of the on-site audit, therefore, there were no transgender inmates to interview, however, interviews with inmates to include gay inmates indicated that they were not housed in areas based on their sexual orientation or gender identity.

Based on the review of the PAQ, the PREA Compliance Manual, the PREA Intake Screening Sheet, Inmate Case Management Screens, inmate housing assignments, interviews with the PC, staff responsible for risk screening, random inmates and LGB inmates, this standard is determined to be compliant.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ

2. LCSO PREA Compliance Manual
3. Inmate Housing Assignment Logs

Interviews:

1. Warden
2. Staff Who Supervise Inmates in Segregated Housing
3. Inmates Identified as at-Risk During Risk Screening

Findings (by provision):

115.43 (a): The PREA Compliance Manual, p. 18, section 3a, states that the facility does not place inmates at high risk of victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ indicated that in the previous 12 months, a total of 16 inmates were held from 1-24 hours in segregated housing awaiting completion of the assessment. Due to covid, all inmates are held in quarantine for 14 days upon arrival at the facility. Interview with the Warden indicated that if inmates are placed in segregation involuntarily, they are only maintained in this status until an alternative means of separation from likely abusers can be arranged and that it would only be for as little a time as necessary to make such arrangements. In most cases, this is no more than 24 hours. A review of the housing documentation in segregated housing and an interview with inmates who were identified as having high risk of victimization indicates that inmates are not held in segregation for these reasons. An interview with staff who work in segregated housing also confirmed that they do not house inmates in segregation involuntarily for this purpose, unless it is for a short period of time to determine alternative housing options.

115.43 (b): The PREA Compliance Manual, page 18, section 3, indicates that if an inmate was placed in involuntary segregated housing for risk of victimization, they shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation and the reasons for such limitations. According to the PAQ, a total of 16 inmates were held in involuntary segregation from 1-24 hours in the previous 12 months. An interview with staff who supervise inmates in segregated housing indicated that none of these inmates were restricted of any programs or other opportunities, but if they were, this information would be documented on the housing log. No inmates were in the segregated housing unit for risk of sexual victimization during the dates of the on-site audit, therefore, no inmates of this category were interviewed. During the site review, informal conversations were conducted with staff which indicated that there were no inmates housed in the segregated housing unit for risk of sexual victimization.

115.43 (c): The PREA Compliance Manual, p. 18, section 3, states that if an inmate was placed in involuntary segregated housing due to risk of victimization, the inmate would only be placed there until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The PAQ indicated that no inmates were held in this status for risk of sexual victimization for the past 12 months. Some inmates were held from 1-24 hours, however, these inmates were for other reasons such as behavior or quarantine due to covid. During the on-site review, no inmates were observed to be housed in segregated housing due to risk of victimization. A review as also completed of the housing log in the segregated housing unit and it was determined that there were no inmates housed in this pod for risk of victimization. Interviews with the Warden and staff who supervise inmates in segregated housing confirmed that no inmates are housed in segregation for this reason for more than 24 hours. These staff stated that this would not ordinarily exceed 30 days, if there was a reason for them to be housed in segregation more than 24 hours. There were no inmates segregated for risk of victimization during the dates of the on-site audit, therefore, no inmates were interviewed.

115.43 (d): The PREA Compliance Manual, p. 18, states that if an inmate was placed in segregation due to risk of victimization, this would be documented and state the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Per the PAQ, no inmates were placed in involuntary segregation for more than 24 hours.

115.43 (e): The PREA Compliance Manual, p. 18, section f3, states that if an inmate was placed in segregation due to risk of sexual victimization, the facility will review the inmate's status every 30 days to determine whether there is a continuing need for separation from the general population. Per the PAQ, no inmates have been placed in involuntary segregated housing for more than 24 hours, in the past 12 months preceding the audit. Interviews with staff who supervise inmates in segregated housing verified that no inmates are held in segregation for this purpose and if so, it is for a minimal amount of time. There were no inmates in involuntary segregated housing for risk of sexual victimization during the dates of the on-site audit, therefore, no inmates were able to be interviewed by the auditor.

Based on a review of the PAQ, the PREA Compliance Manual, a review of the segregation housing log, observations from the site review and interviews with the Warden and staff responsible for risk screening, this standard is determined to be compliant and is rated as exceeds.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO 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 Informational Posters
7. MOU with the Refuge House
8. Incident Reports
9. Investigation Reports
10. PREA Training Curriculum

Interviews:

1. Random Staff
2. Random Inmates
3. PC

Observations:

1. PREA Signage

Findings (by provision):

115.51 (a): SOP 450.K15, pp. 10-11, 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 and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of the PREA Inmate Informational Brochure, PREA signage and the inmate handbook cover multiple ways that inmates can report sexual abuse, sexual harassment and retaliation. These methods include: verbally reporting to any staff member, contractor or volunteer; via written inmate request or note placed in a locked drop box and reviewed by the PC, by calling the local rape crisis center (the Refuge House) via the phone number posted and provided to the inmate population, or by having a third party (friend or family member) report to the facility (PC, Warden or other staff member). During the site review, the auditor observed that PREA information was posted in signage throughout the facility, which included reporting information. Interviews with random inmates confirm that they were aware of the various methods of reporting these incidents. Interviews with random staff also confirm that there are multiple ways for inmates to report sexual abuse and sexual harassment.

115.51 (b): SOP 450.K15, pp. 10-11, section 12 indicates that the facility has a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The auditor also reviewed the PREA Informational Brochure, the inmate handbook, and the PREA signage which confirm that the inmate population are provided information and a phone number to report incidents of sexual abuse and sexual harassment to an outside entity. The outside entity is the Refuge House which has an MOU with the facility. Inmates are provided a phone number which they can call directly from the inmate phones in the housing units free of charge and without the necessity of a pin number. The interview with the PC stated that the Refuge House would receive the allegation and immediately call him with the information. The auditor also made contact with leadership staff at the Refuge House who confirmed that they do take calls from inmates at the facility and confirmed the MOU and the services the Refuge House provides to the inmates at the facility. Both the PC and the Refuge House staff stated that the inmate could remain anonymous if they chose to. Interviews with random inmates confirm that they have seen the information posted regarding the Refuge House and are aware of how to contact this organization.

115.51 (c): SOP 450.K15, pp. 10-11, section 12, and the PREA Compliance Manual, p. 19, section D, indicates that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The PREA signage in the facility and the inmate handbook. Interviews with random staff confirm that when they receive a verbal report from an inmate it is immediately documented or documented as soon as possible after they have made sure the inmate is safe and separated and is safe. Documentation was reviewed of a verbal report made by an inmate of sexual abuse by another inmate and the documented report was completed the same day with notations made as to the time each action taken by staff was initiated. Interviews with random staff confirm that they are aware that they can make reports verbally and the inmates stated that they believed that staff would follow up with action on verbal reports. Many of these inmates stated that they had reported other incidents not PREA related in the past and that staff took immediate action so they stated they had no reason to believe it would not be handled if it were a PREA incident.

115.51 (d): The PREA Compliance Manual, p. 19, section I, states that staff will report sexual abuse to his/her supervisor as soon as possible or may report it to another supervisor outside their immediate chain if necessary or directly to the PC. A staff member may also report any sexual abuse by filing a complaint with the Internal Affairs as outlined in LCSO General Order 25.1. SOP 450.415, p. 11, section 12b mirrors this same directive. A review of the PREA Lesson Plan for Staff and the Inmate Sexual Abuse/Harassment Prevention and Intervention power-point also confirms the methods of staff to

privately report these incidents. Interviews with staff confirmed that they are aware of how and to whom to report and how to privately report.

Based on a review of the PAQ, the PREA Compliance Manual, SOP 450.K15, the inmate handbook, the PREA informational brochure, PREA signage, the MOU with the Refuge House, a review of incident reports and investigative reports, observations during the site review, and interviews with the PC, staff at the Refuge House, random inmates and random staff, this standard is determined to be compliant.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

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

115.52 (e)

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.J1
3. LCSO PREA Compliance Manual
4. Leon County Detention Facility Inmate Handbook
5. Incident Reports

Interviews:

1. Inmates Who Reported Sexual Abuse

Findings (by provision):

115.52 (a): SOP 450.J1, Inmate Rights, p. 5, section 4, is the facility policy related to inmate grievances. The PAQ indicates that the facility is not exempt from this standard.

115.52 (b): SOP 450.J1, pp. 34-36, section 9, outlines the grievance process for allegations of sexual abuse and sexual harassment and states that the facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the facility does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an allegation or incident of sexual abuse. 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. The PREA Compliance Manual, p. 20 also addresses the grievance process which corresponds with the previous policy stated.

A review incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous 12 months.

115.52 (c): SOP 450.J1, pp 34-36, section 9, and the PREA Compliance Manual, p. 20 outline the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the inmate handbook indicated on page 35 that the 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, and the PREA Compliance Manual, p. 20, outline the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the facility would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include time consumed in preparing any administrative appeal. The facility may claim an extension up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. The policy also indicates that that if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there have been zero grievances of sexual abuse filed in the previous 12 months. 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 an inmate 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 12 months.

115.52 (e): SOP 450.J1, pp. 34-36, section 9, and the PREA Compliance Manual outline the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that third parties are permitted to assist inmates in filing for administrative remedies to sexual abuse and are permitted to file such requests on behalf of the inmate. In addition, it states that if a third-party files a report on behalf of an inmate that the facility may require the inmate to complete a sworn affidavit stating he/she does not want the grievance to proceed. A review of 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, pp 34-36 and the PREA Compliance Manual, p. 20 outline the grievance process for allegations of sexual abuse and sexual harassment. The facility provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy states that the grievance would be responded to and a response provided within 48 hours and that a final decision will be provided within five calendar days. The final decision will document the facility's determination of whether the inmates is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PC indicated that in the previous 12 months, there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed. A review of the 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, pp. 34-36 and the PREA Compliance Manual outline the grievance process for allegations of sexual abuse and sexual harassment. These policies specify that the inmate may be disciplined for filing a grievance in bad faith. The PC stated that there have been no inmates disciplined for filing a grievance in bad faith in the previous twelve months. A review of incident reports indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months and, therefore, no discipline was given.

Based on a review of the SOP 450.J1, the PREA Compliance Manual, the PAQ, the Inmate Handbook, incident reports and information obtained from interviews with the PC and inmates who had reported a sexual abuse, this standard is determined to be compliant.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. Leon County Detention Facility Inmate Handbook
4. Leon Cuntly Detention Facility PREA Inmate Informational Brochure
5. MOU with The Refuge House
6. PREA Signage

Interviews:

1. Random Inmates
2. Inmates Who Reported a Sexual Abuse
3. Leadership Staff at The Refuge House
4. PC

Observations:

1. PREA Signage

Findings (by provision):

115.53 (a): The PREA Compliance Manual, p. 20, section 3, states that the facility provides access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers of local, State or national victim advocacy or rape crisis organizations. The manual also states that the facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ indicates that inmates are provided access to outside victim advocates by providing them mailing addresses and phone numbers and enabling reasonable communication with these services in as confidential a manner as possible. The auditor reviewed the PREA informational brochure, the MOU with the Refuge House (the local rape crisis center) and the inmate handbook. The auditor tested the phone numbers provided to ensure the inmates had access to emotional support services. The auditor also conducted an informal interview with leadership staff at The Refuge House. This staff member confirmed that this organization does provided services to inmates at the Leon County Detention Facility. Interviews with inmates who had reported a sexual abuse as well as random inmates indicated that they were aware of the victim services available through The Refuge House. Most of the inmates have not utilized these services, but were aware that they existed and referenced information provided to them via the inmate handbook and PREA signage in the housing units and around the facility. Inmates are not detained at the Leon County Detention Facility solely for civil immigration purposes, therefore, that provision does not apply. The PC confirmed that the facility does not house inmates solely for civil immigration purposes.

115.53 (b): The PREA Compliance Manual, p. 20, section 3, states that prior to giving inmates access to outside support services, that they are informed of the extent to which communication will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PAQ as well as the PREA informational brochure indicated that inmates are informed about confidentiality and that all calls made to the outside victim support service are not recorded. Interviews with random inmates and inmates who reported a sexual abuse indicated that victim advocates were available to them, however, most of the inmates who reported a sexual abuse

did not utilize this service. These inmates did state that they believed that staff from this organization would maintain confidentiality with someone who utilized their services.

115.53 (c): The MOU with the facility and The Refuge House specifies the services that the rape crisis center provides for the inmates at the Leon County Detention Center. The auditor made contact with leadership staff at this organization who verified the services provided. The facility provided a copy of the MOU to the auditor which is current and specifies the services provided to the inmates. This organization is also active in the facility and provides classes on sexual violence to the female inmates.

Based on a review of the PAQ, the PREA Compliance Manual, the inmate handbook, the PREA informational brochure, the PREA signage, the MOU with the Refuge House, interviews with random inmates, inmates who reported a sexual abuse, the PC and the leadership staff at The Refuge House, and observations during the site review of the PREA signage with this information posted throughout the facility, this standard is determined to be compliant and is rated as exceeds.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. Leon County Detention Facility Inmate Handbook
3. Leon County Detention Facility PREA Inmate Informational Brochure
4. PREA Signage

Observations:

1. Facility Website

Findings (by provision):

115.54 (a): The PAQ indicated that the facility has a method to receive third-party reports of sexual abuse and sexual harassment and that the information is publicly distributed on how to report sexual harassment and sexual abuse on the behalf of an inmate. A review of the inmate handbook and the PREA informational brochure as well as the agency website (<http://leoncountysoc.com/about-us/accreditation/prison-rape-elimination-act>) confirm that third-parties can report on behalf of an inmate. Addresses and phone numbers are provided on this website. Third-parties can also report to the investigator at the jail, directly to the PC and to The Refuge House. PREA signage throughout the facility also provide this information.

Based on a review of the facility website, the PAQ, Inmate Handbook, the PREA Informational Brochure and PREA signage, this standard is determined to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. PREA Training Lesson Plan
4. Incident Reports

Interviews:

1. Random Staff
2. Medical Staff
3. Mental Health Staff
4. Warden
5. PC

Findings (by provision):

115.61 (a): The PREA Compliance Manual, p. 21, section e, specifies the staff and facility reporting duties. The manual states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident and any staff neglect or violation that may have contributed to an incident or retaliation. The PAQ and random staff interviews confirm that staff take all allegations seriously and that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Staff also stated that incidents of retaliation would be reported.

115.61 (b): The PREA Compliance Manual, p. 21, section e, states that staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. The PAQ and interviews with random staff confirmed that staff will report to their immediate supervisors and that incident reports would

be completed documenting the incident. Supervisors, generally, would then be the staff that would contact other necessary staff for response (medical, mental health) as necessary. No other staff that were not necessary for response would be included in the information distribution.

115.61 (c): The PREA Compliance Manual, p. 20, section e, states that medical and mental health are required to report sexual abuse pursuant to provision (a) and they are also required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews with medical staff and mental health staff confirm that they would immediately report any incident as they become aware of them and that they advise inmates of the limitations of confidentiality and their duty to report.

115.61 (d): The PREA Compliance Manual, p. 20, section e, indicates that if the alleged victim is under the age of 18, or is considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated state or local services agency under applicable reporting laws. Interview with the Warden and PC indicated that in the event that they received a report such as this, it would be reported to the Florida Department of Children and Families as well as the Sheriff's Office. The facility has not had a report of this nature in the previous twelve months.

115.61 (e): The PREA Compliance Manual, p. 20, section e, states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility investigator. The interview with the Warden confirmed that this is the standard practice at the Leon County Detention Facility. The facility investigator will conduct an investigation and if the case appears to be criminal in nature, he will refer it to the Violent Crimes Unit.

Based on a review of the PAQ, the PREA Compliance Manual, incident reports and investigation reports, as well as interviews with random staff, the Warden, the PC, medical staff, and mental health staff, this standard is determined to be compliant.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual

Interviews:

1. Agency Head
2. Warden
3. Random Staff

Findings (by provision):

115.62 (a): The PREA Compliance Manual, p. 21, section e, states that when the facility learns that an inmate is subject to imminent risk of sexual abuse, it shall take immediate action to protect the inmate. The PAQ indicated that in the previous twelve months, there have been no inmates who were determined to be at imminent risk of sexual abuse. A review of the incident investigations confirmed that none of these involved an inmate that was at imminent risk of sexual abuse. Interviews with the Agency Head and the Warden indicated that in the event this occurred, steps would immediately be taken to move the inmate to another pod where they would be safe and that mental health would be contacted to follow up. Classification would also be involved to conduct a reassessment. Interviews with random staff indicated that they would contact their supervisor and remove the inmate from the imminent threat and keep them in visual contact.

Based on a review of the PAQ, the PREA Compliance Manual, investigative reports, and interviews with random staff, the agency head and the warden, this standard is determined to be compliant.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Memo from PC regarding receipt of allegation from third-party

Interviews:

1. Agency Head
2. Warden
3. PC

Findings (by provision):

115.63 (a): SOP 450.K15, pp. 12-13, section 13(i), states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that in the previous twelve months, the facility had one report by a third party of an alleged abuse by an inmate at another facility. Contact was made with the other facility as well as with the alleged victim. The PC confirmed that this was investigated by the facility.

115.63 (b) SOP 450.K15, pp. 12-13, section 13, states that notification as noted in provision (a) shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ indicated that the facility has received one allegation in the previous twelve months of an alleged sexual abuse by an inmate at another facility. A review of the documentation for this allegation indicated that the notification to the other facility was made immediately and within the 72 hour time frame.

115.63 (c): SOP 450.K15, pp. 12-13, section 13, states that the facility shall document that it has provided notification of allegations as noted in the previous provisions. A review of the documentation was provided to the auditor and indicates that the PC made contact with the PC at the facility housing the alleged abuser. This information was documented in a memo from the PC to the Facility Head, through the facility Chief. The auditor provided information to the PC that this notification is required to go from Facility Head to Facility Head. The provision is found to be compliant because the Facility Head was included in the notification and subsequent documentation. The notification was completed within the 72 hour time frame.

115.63 (d): SOP 450.K15, p. 21, section 3, states that if the Leon County Detention Facility receives notification from another facility that a sexual abuse occurred in the facility, the allegation will be investigated in accordance with the PREA standards. The PAQ indicated that in the previous twelve months, the facility has not received any reports of sexual abuse from other facilities/agencies. Interviews with the Agency Head and the Warden indicated that the facility had not received any notifications of this type within the past twelve months, however, if an allegation was received from another facility, it would be documented and referred to the facility investigator.

Based on a review of the PAQ, SOP 450.K15, memo from PC and interviews with the Agency Head, the Warden and the PC confirm that this standard is compliant.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Staff PREA Cards for 1st Responders
4. Incident Reports
5. Investigation Reports
6. PREA Incident Officer's Guide
7. PREA Sexual Assault Check List

Interviews:

1. Security and Non-Security Staff First Responders
2. Inmates Who Reported Sexual Abuse

Findings (by provision):

115.64 (a): SOP 450.K15, p. 13, section 14, states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there have been six (6) allegations of sexual abuse. Two (2) of these occurred within a timeframe where there could be physical evidence, however, they were reported after 24 hours had passed. The auditor reviewed the sexual abuse allegation investigations and confirmed that staff took appropriate measures re notified of a sexual abuse within a time period that still allowed for the collection of physical evidence. The PAQ provided other resources available to ensure staff have taken all of the required steps. These resources are: the PREA Incident Officer's Guide, PREA Staff First Responders Card and the PREQ Sexual Assault Check List. With security staff and other random staff who may be first responders indicated that all of these staff were familiar with the appropriate steps to take in order to collect usable evidence if an incident of sexual abuse occurred. Many of these staff referenced that they had the check list and the Staff First Responders Card.

115.64 (b): SOP 450.K15, page 13, section 14 outlines the first responder duties for staff. The policy specifically states that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated that of the allegations made in the previous twelve months that an inmate was sexually abused, there was not an incident where a non-security staff member was the first responder. Interviews with security staff and non-security staff indicated that staff were aware of their duties and the steps to take in order to preserve any physical evidence.

Based on a review of the PAQ, SOP 450.K15, the PREA Incident Officer's the PREA Sexual Assault Checklist, the staff PREA cards for first responders and the interviews with random staff, security staff and non-security staff, this standard is determined to be compliant and is rated as exceeds.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. Leon County Jail Coordinated Response to a Sexual Assault Incident

Interviews:

1. Warden

Findings (by provision):

115.65 (a): The PAQ provided documentation of a written facility plan which coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners and facility leadership. The auditor reviewed this plan and noted that specific duties for staff were listed which included staff first responders (security and non-security), medical and mental health practitioners, investigators and facility leadership. The interview with the Warden confirmed that the facility has a coordinated response plan which includes all of the staff as required by the standard.

Based on a review of the PAQ, the facility Coordinated Response Plan and the interview with the Warden, this standard is determined to be compliant.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual

Interviews:

1. Agency Head

Findings (by provision):

115.66 (a): The PAQ indicated that the Leon County Detention Facility does not have a collective bargaining agreement. There is no agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf. The interview with the Agency Head confirmed that the facility does not have a collective bargaining agreement.

115.66 (b) The LCSO PREA Compliance Manual, p. 23, section 6, states that nothing in this standard shall restrict the entering into or renewal of agreements that govern: the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.72 and 115.76 or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. The interview with the Agency Head confirmed that the facility does not have a collective bargaining agreement.

Based on the PAQ, the LCSO PREA Compliance Manual and the interview with the Agency Head, this standard is determined to be compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Leon County Detention Facility Retaliation Monitoring Report
4. Incident Reports
5. Investigation Reports
6. LCSO PREA Compliance Manual

Interviews:

1. Agency Head
2. Designated Staff Member Charged with Monitoring Retaliation
3. Inmates Who Reported Sexual Abuse

Findings (by provision):

115.67 (a): SOP 450.K15, p. 12, section 15 states that the all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff will be protected from retaliation by other inmates and staff. The LCSO PREA Compliance Manual also has a section which mirrors this requirement. The facility has designated staff responsible for retaliation monitoring. The PAQ indicated that these staff members are: the PC, Mr. Tim Ruth, Lieutenant William Blanton (facility investigator), and Detective Jimel Norwood and Detective Justin Weatherford (Investigations Unit).

115.64 (b): SOP 450.K15, p. 12, section 15, specifies the facility's protection of staff and inmates against retaliation for reporting sexual abuse and sexual harassment. The policy states that the agency has established multiple protection measures which include housing changes or transfers for inmate victims or abusers, removal of the alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head, the Warden and the Staff Member Charged with Retaliation indicated that protective measures would be taken to ensure the safety of the inmate or staff member from possible retaliation. All of these staff interviewed indicated the steps they would take to ensure safety. These steps included the requirements specified in the standard. Interviews with inmates who reported a sexual abuse indicated that either they were moved to another housing pod or the alleged abuser was moved. No inmates interviewed stated that they were housed in confinement due to risk of sexual victimization.

115.64 (c): SOP 450.K15, p.12, section 15, states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The policy further states that the facility will monitor inmate disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that in the previous twelve months, there has not been any incidents of retaliation. The interview with the Warden and the Designated Staff Member Charged with Retaliation (PC) indicated that there were no incidents of retaliation occurring within the previous twelve months. These staff also stated that retaliation monitoring would continue for 90 days unless the inmate transferred or was released from their custody and would also continue beyond 90 days, if necessary. They both also stated that the monitoring would include a review of inmate's disciplinary reports, housing changes and/or program changes. Staff would be monitored for performance reviews and post assignment changes.

115.67(d): SOP 450.K15, p. 12, section 15, states that the retaliation monitoring will include periodic status checks. A review of the retaliation monitoring by the facility indicated that their periodic status checks. All inmates at the facility are reviewed by classification staff every 30 days and the inmates are able to indicate to staff at that time if they have any concerns related to retaliation. The interview with the monitoring staff member indicated that the inmate would be reviewed for retaliation for at least 90 days and that periodic status checks would be completed with the inmate in person.

115.67 (e): SOP 450.K15, p. 12, section 15, indicates that the facility 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 reported. The PAQ indicated that in the previous twelve months, there has not been an incident of any reported fear of retaliation. Interviews with the Agency Head and the Warden indicated that they would employ the same protective measures as previously stated to monitor retaliation for inmates and staff.

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

Based on a review of the PAQ, SOP 450.K15, the retaliation monitoring documentation, incident and investigation reports, the LCSO PREA Compliance Manual, interviews with the Agency Head, the PC (staff charged with retaliation monitoring), and the Warden, this standard is determined 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)

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

Auditor Overall Compliance Determination

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

Documents:

- PAQ
- LCSO PREA Compliance Manual

Interviews:

- Warden
- Staff Who Supervise Inmates in Segregated Housing
- Inmates Who Reported a Sexual Abuse

Observations:

- Segregated Housing

Findings (by provision):

115.68 (a): The PREA Compliance Manual, p. 24, section 8, states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. The PAQ indicated that no inmates who alleged to have suffered a sexual abuse were involuntarily housed in segregated housing. A review of the investigations for the previous twelve months indicated that none of these inmates were held in involuntary segregated housing. Interviews with the inmates who reported sexual abuse also indicated that they were not placed in involuntary housing, but rather were moved to other pods for their protection. An interview with staff who supervise inmates in segregated housing also indicated that the facility does not house inmates in segregation when they report a sexual abuse. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be

arranged and it would only be for as little a time as possible to make such arrangements and in most cases, this would be no more than 24 hours. He also stated that there was not a need to do this in the past twelve months. During the site review, the auditor did not observe any inmates in the segregated housing pods who were to have reported a sexual abuse. This was confirmed through conversations with staff in the pod.

Based on a review of the PAQ, the PREA Compliance Manual, interviews with the Warden, staff who supervise inmates in segregated housing, inmates who reported a sexual abuse and observations during the site review, this standard is determined 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)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Investigative Reports
5. Record Retention Schedule

Interviews:

1. Investigative Staff
2. Inmates Who Reported a Sexual Abuse
3. Warden
4. PC

Findings (by provision):

115.71 (a): SOP 450.K15, pp. 14-15, section 16, states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The investigative files for the previous twelve months were reviewed by the auditor and these reports indicated that all were completed within 30 days and documentation was made of the investigation process. The interviews with investigative staff confirmed that the investigations are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that there are seven (7) staff who have completed the PREA specialized training. Documentation was provided of this training to the auditor. Interviews with investigation staff indicated that they had received specialized training. The auditor was also provided the training curriculum for investigators.

115.71 (c): The PREA Compliance Manual, pp. 26-27, sections 4-5, describes the administrative investigation process. The policy states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the investigative reports of sexual abuse and sexual harassment for the previous twelve months indicated

that all investigations included physical and electronic evidence as well as documentation of interviews with inmates and other witnesses. Interviews with investigative staff confirmed that an investigator would respond and investigate allegations of sexual abuse and sexual harassment immediately and all available evidence would be collected, reviewed and retained.

115.71 (d): The PREA Compliance Manual, pp. 26-27, sections 4-5, describes the investigation process. The policy states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of the investigation reports for the previous twelve months indicated that there were none that were substantiated or that contained any evidence to support a criminal prosecution. The interview with the investigative staff confirmed that if the case appeared to support criminal prosecution, the State Attorney would be consulted prior to conducting any compelled interviews.

115.71 (e): The PREA Compliance Manual, pp. 26-17, sections 4-5, describes the criminal and administrative investigation process. The policy states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The policy further states that no inmate who alleges sexual abuse will be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews with investigation staff indicated that the facility does not use polygraphs or any such device in the process of the investigation. Interviews with inmates who had reported a sexual abuse confirmed that they were not required to take a polygraph exam or any exam of this nature.

115.71 (f): SOP 450.K15, pp. 14-15, section 16, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigations indicates that all of the aforementioned information is included as part of the investigative file.

115.71 (g): All of the sexual abuse and sexual harassment allegations are reported to the facility investigator. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the investigator who conducts the criminal investigations confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA audit. The interview with the investigator confirmed that if solid evidence was available and the elements were met for prosecution, that the case would be referred.

115.71 (i): SOP 450.K15, pp. 14-15, section 16, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained for as long as the alleged abuser

is incarcerated or employed by the agency plus five years. A review of the older investigative files indicated that the facility maintains files as far back as 2015.

115.71 (j): SOP 450.K15, pp. 14-15, section 16, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody.

115.71 (k): This provision does not apply as no other entity is responsible for conducting investigations. This was confirmed by the PAQ, the agency website and interviews with the Agency Head and the facility investigator.

115.71 (l): This provision does not apply as no other entity is responsible for conducting investigations. This was confirmed by the PAQ, the agency website and interviews with the Agency Head and the facility investigator.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, and investigative staff, and an inmate who reported sexual abuse, this standard is determined to be compliant.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. LCSO PREA Compliance Manual
4. Investigation Files

Interviews:

1. Investigative Staff

Findings (by provision):

115.72 (a): The PREA Compliance Manual, p. 27, section 6 and the SOP 45.K15, p. 15, section 16i, both state that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the investigation files from the past twelve months indicated that a preponderance of evidence was the standard utilized. The investigations contained a summary of the evidence or lack thereof which was used in making a final determination of the outcome. Interviews with investigative staff also confirmed that a preponderance of evidence was the standard used to justify a substantiated finding.

Based on the PAQ, SOP 450.K15, the PREA Compliance Manual, the review of the investigative files and interviews with investigative staff, this standard is determined to be compliant.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Investigative Files

Interviews:

1. Warden
2. Investigative Staff

3. Inmates Who Reported a Sexual Abuse

Findings (by provision):

115.73 (a): SOP 450.K15, pp. 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 facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 6 sexual abuse investigations completed within the previous twelve months. The notifications from these investigations were reviewed. The documents reviewed indicated that the 3 inmates were notified of the outcome of the investigation. The remaining 3 inmates had been released from the custody of the facility. The interviews with the Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. Interviews were conducted with inmates who had filed an allegation of sexual abuse. These inmates stated to the auditor that they were notified of the outcome of the investigation. Documentation of this was noted in the investigation files of these inmates.

115.73 (b): This provision does not apply since no other entity is responsible for conducting investigations. This was confirmed by the PAQ, the agency website and interviews with the Agency Head and Investigator.

115.73 (c): SOP 450.K15, p. 16, section 17b, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there had been no substantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. There were two (2) allegations of sexual abuse by a staff member which were determined to be unsubstantiated. In the first case, the officer was not posted in the inmate's housing unit any longer and the inmate was notified. In the second case, the inmate was released from the custody of the facility during the investigation. Interviews with inmates who had reported sexual abuse indicated that they were informed where the staff member was posted.

115.73 (d): SOP 450.K15, p. 17, 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 agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which an inmate has been indicted on a charge related to sexual abuse within the facility in the previous twelve months. There has also not been an incident in which an inmate has been convicted on a charge related to sexual abuse within the facility in the previous twelve months. There were two (2) investigations of inmate-on-inmate sexual abuse within the previous twelve months. One of these was unfounded and the other was unsubstantiated. Based on the outcomes of these investigations, there would not have been a notification made pursuant to this provision.

115.73 (e): SOP 450.K15, 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 there were six (6) notifications made to inmates in the previous twelve months and that these notifications were documented. The investigative file documents reviewed indicated that the inmates were notified of the outcome of the investigations.

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

Based on a review of the PAQ, SOP 450.K15, notifications to inmates in the investigative files and information from interviews with the Warden and investigative staff and inmates who had reported a sexual abuse or sexual harassment, this standard is determined to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. PAQ
2. SOP 450.K15
3. General Order 26.1
4. LCSO PREA Compliance Manual

Findings (by provision):

115.76 (a): SOP 450.K15, pp. 16-17, section 18, describes the process for disciplinary sanctions against staff. Specifically, it indicates that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): General Order 26.1, p. 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 members who violated the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): SOP 450.K15, pp. 16-17, section 18, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months.

115.76 (d): SOP 450.K15, pp. 16-17, section 18 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months.

The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, SOP 450.K15 and General Order 26.1, this standard is determined 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: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15

Interviews:

1. Warden

Findings (by provision):

115.77 (a): SOP 450.K15, p. 18, section 18c, describes the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.77 (b) The PAQ indicated that the agency 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 indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.

Based on a review of the PAQ, SOP 450.K15 and information from the interview with the Warden, this standard is determined to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Investigative Reports

Interviews:

1. Warden
2. Medical Staff
3. Mental Health Staff

Findings (by provision):

115.78 (a): SOP 450.K15, pp. 17-18, section b, 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, pp. 17-18, section b, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.78 (c): SOP 450.K15, pp. 17-18, section b, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate-on-inmate sexual abuse nor have there been any criminal findings of guilt for inmate-on-inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable. Prior to any discipline the inmate would be seen by mental health and the

mental health staff would complete a form indicating if the inmate's mental health contributed to the actions.

115.78 (d): SOP 450.K15, pp. 17-18, section b, describes the disciplinary process for inmates. Specifically, it indicates that the agency 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 participation as a condition of access to programming and other benefits.

115.78 (e): SOP 450.K15, pp. 17-18, section b, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): SOP 450.K15, pp. 17-18, section b, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): SOP 450.K15, pp. 17-18, section b, 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 and information from interviews with the Warden and medical and mental health care staff, this standard is determined to be compliant.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Corizon Policy and Procedure J-F-06.00, Response to Sexual Abuse
4. Corizon Nurse Encounter Tool / PREA
5. Corizon Emergency Department Referral

Interviews:

1. Inmates Who Disclosed Sexual Victimization at Risk Screening

2. Staff Responsible for Risk Screening
3. Medical Staff
4. Mental Health Staff

Observations:

1. Site review

Findings (by provision):

115.81 (a): This provision does not apply as the 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, p. 19, 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 experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, will be offered a follow up meeting with a medical or mental health practitioner within fourteen days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for a sample of inmates who disclosed prior sexual victimization revealed that inmates were seen by mental health. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization that they are given a referral the same day. The mental health staff then will schedule the inmate for a meeting, often the same day. Inmates were interviewed who disclosed a risk screening and stated that they were offered follow up meetings with medical and mental health. Some of these are still regularly seeing mental health staff and some said they did not feel that they needed additional meetings with mental health after the initial meeting.

115.81 (d): SOP 450.K15, pages 19, section 19, describes medical and mental health screenings related to sexual abuse. Specifically, it states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by Federal, State, or local law. During the site review, the auditor observed the intake area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. The initial risk screening is performed in this area in a private setting. This initial screening assists staff in making housing determinations. The information is not limited to only medical and mental health staff. The PC and some security staff as well as classification also have access to the screening information to make decisions about inmate placement in housing, work, education and other program assignments.

115.81 (e): SOP 450.K15, pages 18, section 19, describes medical and mental health screenings related to sexual abuse. Specifically, it states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under the age of 18. 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, inmates who reported a prior sexual victimization during risk screening and medical and mental health care staff, as well as observations of the area where the risk screening is conducted, this standard is determined to be compliant.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

- PAQ
- SOP 450.K15
- Corizon Policy and Procedure J-F-06.00

4. Corizon Nurse Encounter Tool / PREA
5. Corizon Emergency Department Referral
6. Medical Documents

Interviews:

1. Medical Staff
2. Mental Health Staff
3. Inmates Who Reported a Sexual Abuse
4. Security and Non-Security First Responders

Observations:

1. Medical offices and emergency room and exam rooms

Findings (by provision):

115.82 (a): SOP 450.K15, pages 19, 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 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 site review, the auditor noted that the medical and mental health area was large and had adequate staffing for both medical and mental health staff. Staff were observed conducting routine services and there was an emergency room which is available for immediate response. Interviews with inmates who reported sexual abuse indicate that they were immediately seen by medical and mental health staff. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately or within 24 hours, based on the nature of the allegation. Medical and mental health staff advised that services are based on their professional judgement, but also on 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 is made, that security staff first responders would take the preliminary steps to protect the victim pursuant to standard 115.62 and would notify the appropriate medical and mental health practitioners. The interview with the PC indicated that medical and mental health staff are available at the facility at all times, however, security staff would always take steps to protect the victim and notify the appropriate medical and mental health staff and the inmate would be transported to the local hospital for a forensic exam. Interviews with first responders indicated that the inmate would be separated from the alleged abuser and would remain with the staff member. A review of the investigation files indicated that medical and mental health were always contacted immediately.

115.82 (c): SOP 450.K15, pages 19, section 20, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 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. A review of medical and mental health files for 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. STD testing would be done at the local hospital. Medical records indicate they did receive these tests. Interviews with medical and mental health

care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): SOP 450.K15, pages 19, 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 the investigation files from inmates who reported sexual abuse indicated that they were not charged for any services related to their allegation.

Based on a review of the PAQ, SOP 450.K15, Corizon General Health Services Policy and Procedure J-F-06.00, Corizon Nurse Encounter Tool/ PREA, investigation files, medical and mental health documents, and information from interviews with medical and mental health care staff, inmates who reported a sexual abuse and first responder staff, as well as observations of the medical / mental health area at the facility, this standard is determined to be compliant.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Corizon Policy and Procedure J-F-06.00, Response to Sexual Abuse
4. Corizon Nurse Encounter Tool / PREA

Interviews:

1. Medical Staff
2. Mental Health Staff
3. Inmates Who Reported a Sexual Abuse

Observations:

1. Site Reviews Observations of Medical and Mental Health Offices / Exam Rooms

Findings (by provision):

115.83 (a): SOP 450.K15, pages 20, section 21, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that the facility will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the site review, the auditor noted that the medical and mental health area had adequate medical and mental health staff. Staff were performing services on inmates and the facility had an emergency room available for immediate response.

115.83 (b): SOP 450.K15, pages 20, 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, as appropriate: follow up services, treatment plans, and when necessary, referrals for continued care following the inmate's transfer to, or placement in other facilities, or their release from custody. A review of medical and mental health records indicate that follow up appointments with mental health were offered to inmate victims if appropriate. Additionally, medical care related to any infection prophylaxis was scheduled. Interviews with medical and mental health care staff confirmed that follow up services were being offered. A few of the services include; crisis intervention, counseling follow-up, revised treatment plans and aftercare.

115.83 (c): SOP 450.K15, pages 20, 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 indicated that services being offered are consistent with services provided at a local hospital and through a mental health counselor. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. One staff member indicated that they may even be better.

115.83 (d): SOP 450.K15, pages 20, section 21, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that inmate female victims of sexual abuse involving vaginal penetration will be offered pregnancy tests. During the previous twelve months, one female inmate reported sexual abuse, however, this was against another female inmate so no pregnancy test was necessary. Interviews with medical and mental health care staff confirm that if there was an instance of sexual abuse involving vaginal penetration that they would offer the inmate a pregnancy test.

115.83 (e): SOP 450.K15, pages 20, 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. One female inmate reported sexual abuse within the previous twelve months, however, this was against another female inmate, therefore this provision was not applicable. Interviews with medical and mental health care staff confirm that if there was an instance of sexual abuse involving vaginal penetration that resulted in pregnancy, they would ensure the inmate was provided access to all lawful pregnancy related services immediately.

115.83 (f): SOP 450.K15, pages 20, 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. A review of medical and mental health files for 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 remember receiving sexually transmitted infection testing. A review of the medical records indicate they did.

115.83 (g): SOP 450.K15, pages 20, 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 investigation files of inmates who reported sexual abuse indicated that they were not charged for any services related to their allegation.

115.83 (h): This provision does not apply as the 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 Nurse Encounter Tool/PREA, investigative reports, medical and mental health documents, and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard is determined to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15
3. Incident Reviews
4. Investigative Reports

Interviews:

1. Warden
2. PC
3. Member of the Incident Review Team

Findings (by provision):

115.86 (a): SOP 450.K15, pages 20, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ indicated that three (3) reviews were completed within the previous twelve months. A review of investigative reports indicated that there were six (6) sexual abuse allegations made in the previous twelve months. Of those six, three (3) were

determined to be unfounded and three (3) were unsubstantiated. A sexual abuse incident review was completed for the three (3) unsubstantiated sexual abuse cases.

115.86 (b): SOP 450.K15, pages 20, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews within 30 days of the conclusion of the investigation. The PAQ indicated that two (2) reviews were completed within the 30-day timeframe. One other review was delayed due to computer issues as well as the ongoing Internal Affairs investigation. Once the issue was resolved, the incident was completed immediately and the reasons were noted on the minutes of the meeting. A review of investigative reports indicated that there were six (6) sexual abuse allegations made in the previous twelve months. Of those six, three (3) were determined to be unfounded and three (3) were unsubstantiated. A sexual abuse incident review was completed for the three (3) unsubstantiated sexual abuse cases.

115.86 (c): SOP 450.K15, pages 20, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. A review of the sexual abuse review form indicated that the following staff were in attendance for the reviews: Captains (2), Lieutenants (2), Health Services Administrator, Chief, Director of Nursing, and the PREA Coordinator. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials.

115.86 (d): SOP 450.K15, pages 20, 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 adequacy of staffing levels; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings to include, but not necessarily limited to determinations or recommendations for improvement. The report is to be submitted to the Agency Head and PC. A review of the sexual abuse review form indicated that all requirements were discussed during the review and documented on the form. Interviews with the Warden, 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 20, section 22, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will implement the recommendations for improvement or document the reasons for not doing so. A review of the sexual abuse incident review completed in in the previous twelve months indicated that there were no recommendations other than adding additional video monitoring equipment. Interviews with staff indicate that if there were recommendations that the PC would be the lead on ensuring they were implemented.

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

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. SOP 450.K15

3. LCSO PREA Compliance Manual
4. Aggregated Data
5. PREA Case Log 2020, 2021

Findings (by provision):

115.87 (a): The PREA Compliance Manual, pages 32, section I, and the SOP 450.K15, pp. 1-3, section (d) outlines how PREA data is collected. Specifically, it states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the 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, and the SOP 450.K15, pp. 1-3, section (d), outlines how PREA data is collected. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually.

115.87 (c): The PREA Compliance Manual, pages 32, section I, and the SOP 450.K15, pp. 1-3, section (d), outlines how PREA data is collected. Specifically, it states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. Data is collected from incident reports and maintained by the PC through an Excel Spreadsheet.

115.87 (d): The PREA Compliance Manual, pages 32, section I, and the SOP 450.K15, pp. 1-3, section (d), outlines how PREA data is collected. Specifically, it states that the facility will maintain, review and collect data as needed from available incident-based documents. A review of the PREA case log confirmed that information is obtained from incident reports and maintained by the PC.

115.87 (e): This provision does not apply as the facility does not contract for the confinement of its inmates.

115.87 (f): The PAQ indicated that the facility provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th.

Based on a review of the PAQ, SOP 450.K15, the PREA Compliance Manual, the PREA case logs and aggregated data, this standard is determined to be compliant.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LSCO PREA Compliance Manual
3. PREA Annual Reviews

Interviews:

1. Agency Head
2. PC

Observations:

1. Facility Website

Findings (by provision):

115.88 (a): The PAQ indicated that the facility reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (b): The PAQ indicated that the facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (c): The PAQ indicated that the facility's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that he reviews the report and approves it annually. He advised it is placed on their website. A review of the website: <http://leoncountysoc.com/about-us/accreditation/prison-rape-elimination-act> confirmed that the current annual report as well as previous reports are available to the public online.

115.88 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the annual report, the PREA Compliance Manual, and the website, as well as information obtained from interviews with the Agency Head and the PC this standard is determined to be compliant.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. PAQ
2. LCSO PREA Compliance Manual
3. PREA Annual Review 2020, 2021

Interviews:

1. PC

Findings (by provision):

115.89 (a): The PREA Compliance Manual, page 33, section 4, 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 4, 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: <http://leoncountysoc.com/about-us/accreditation/prison-rape-elimination-act> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.88 (d): The PAQ indicates that the facility maintains sexual abuse data that is collected 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 is determined to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

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 facility was previously audited on August 1-2, 2019.

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 facility is being audited in the third year of the current audit cycle.

115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

Findings (by provision):

115.401 (a). The facility was previously audited on August 1-2, 2019. The final audit report was published and is available on the agency website: <http://leoncountyso.com/about-us/accreditation/prison-rape-elimination-act>.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cynthia Swier

July 13, 2022

Auditor Signature

Date