

# PREA Facility Audit Report: Final

**Name of Facility:** Moore Haven Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/13/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 06/13/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	05/08/2023
<b>End Date of On-Site Audit:</b>	05/10/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Moore Haven Correctional Facility
<b>Facility physical address:</b>	1282 FL-78, Moore Haven, Florida - 33471
<b>Facility mailing address:</b>	P. O. Box 69, Moore Haven, Florida - 33471

<b>Primary Contact</b>	
<b>Name:</b>	Ron Thoreson
<b>Email Address:</b>	rthoreson@geogroup.com
<b>Telephone Number:</b>	863-265-3026

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Micha Neal
<b>Email Address:</b>	mneal@geogroup.com
<b>Telephone Number:</b>	863-946-2420 ext1131

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Natalia Cruz
<b>Email Address:</b>	natalia.cruz@geogroup.com
<b>Telephone Number:</b>	
<b>Name:</b>	Ronald Thoreson
<b>Email Address:</b>	rthoreson@geogroup.com
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Crystal McCain
<b>Email Address:</b>	cmccain@geogroup.com
<b>Telephone Number:</b>	863-9462420

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	985
<b>Current population of facility:</b>	978

<b>Average daily population for the past 12 months:</b>	975
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-80
<b>Facility security levels/inmate custody levels:</b>	Community to medium
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	190
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	10
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	60

**AGENCY INFORMATION**

<b>Name of agency:</b>	The GEO Group, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4955 Technology Way, Boca Raton, Florida - 33431
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

**Agency Chief Executive Officer Information:**

<b>Name:</b>	Jose Gordo
<b>Email Address:</b>	jgordo@geogroup.com

<b>Telephone Number:</b>	5618930101
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<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Manuel Alvarez	<b>Email Address:</b>	Manuel.Alvarez@geogroup.com
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<b>Facility AUDIT FINDINGS</b>
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<b>Summary of Audit Findings</b>
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

<b>Number of standards exceeded:</b>	
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6	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.13 - Supervision and monitoring</li> <li>• 115.17 - Hiring and promotion decisions</li> <li>• 115.35 - Specialized training: Medical and mental health care</li> <li>• 115.51 - Inmate reporting</li> <li>• 115.81 - Medical and mental health screenings; history of sexual abuse</li> </ul>
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<b>Number of standards met:</b>	
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39	
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<b>Number of standards not met:</b>	
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0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-08
2. End date of the onsite portion of the audit:	2023-05-10

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Abuse and Counseling Treatment Inc. (ACT)

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	985
15. Average daily population for the past 12 months:	975
16. Number of inmate/resident/detainee housing units:	22
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	954
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	47
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	17

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>12</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>190</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>60</p>



<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>10</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>18</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Interviewed inmates from each of the housing units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility utilizes a Florida Department of Corrections database that includes medical classification from the FDC intake center. There were no blind or visually impaired identified on the database. An interview with the medical staff during the tour and formally indicated they did not have any blind or low vision to the point they were visually impaired at the time of the onsite audit.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>5</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Florida Department of Corrections maintain a database of all targeted populations. The database did not indicate anyone that had claimed sexual abuse at the facility during the on site audit. This was confirmed by interviewing the mental health, medical and administrative staff.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PAQ did not identify anyone placed in segregation. The interview with the staff that supervises segregation unit confirmed there were no inmates housed in segregation for risk of sexual victimization. The one transgender that was in segregation was interviewed. She is being housed in Pre Hearing detention for a rule violation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>18</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>16</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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 checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The MHCRF is located in South Central Florida two miles north of Moore Haven at 1282 St. Rd. 78 E. and sits on 52 acres of land. The facility was constructed in 1994 and began accepting inmates in July 1995. The Geo Group, Inc. operates the facility and is currently under contract with the Florida Department of Corrections to house 985 medium custody inmates. The actual population at the time of the audit was 954 and the average population over the past 12 months was 975 inmates. The facility has four inmate housing buildings: two multi housing cell-block buildings with five housing units per building which contain two bed cells and two open bay buildings with five housing units per building. Each housing unit has its own dining area and a day room. There is a total of 21 separate housing units within the facility. During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information is in both English and Spanish and posted in all housing units and in numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing units. The speed dial inmate telephone was tested in several living units. Inmates are not required to utilize a PIN to contact the Florida OIG, the Florida Tip Line, or the Victim Advocate. During the site review, the auditors spoke informally to inmate questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Several inmates were able to show me how to utilize the telephone system. Most inmate were talkative and could articulate the agency policies about zero- tolerance. Staff interviewed were engaging with the auditor and it was noted that they were also engaging

with the inmate population. All inmates knew the facility administrator, the PREA compliance manager and the other staff that were on the tour. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Inmate stated they are not seen by staff when showering or using the restroom. The inmates stated that female announce their presence when entering their living unit and don't come in the area where they shower and use the toilet when that area is being utilized by inmates in medical.

The facility's PREA Manager is responsible for initial PREA Orientation and demonstrated the process for the auditor. The process included PREA educational pamphlets in both English and Spanish, Sexual Harassment and Abuse lecture and a PREA video presented by the Florida Department of Corrections. Following the PREA intake demonstration the visited the Classification department where intake sexual victimization assessments are conducted. The auditor sat with an assigned intake specialist and asked that the process be demonstrated. The classification specialist demonstrated the process to include the utilization of an electronic intake screening tool. The area where these screenings are normally conducted is private in an effort to ensure a level of confidentiality.

All areas that contained confidential information was toured during the audit. All areas that contained confidential were secure and staff interviewed indicated that files are locked in secure cabinet when not in use or when staff leave the area. The majority of files are electronic files that is maintained by Florida Department of Corrections IT department. Each file maintained on the database or coded to determine staff that have permission to review information on the databased. Each of these files require a secure password. There were no computers noted to be open during the tour of the different areas of the facility.

## Documentation Sampling

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

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

Yes

No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

Inmate files are computer based on the Offender Based Information System Twenty-four (24) randomly selected resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/education: Mental health documentation for inmates referred to mental health were reviewed with mental health staff. A total of Fifteen (15) background clearance files including eight (8) new hired staff, five (5) staff that had been promoted and two (2) contactors. One volunteer file was reviewed. All background checks had been completed for staff and contractors prior to contact with inmates or prior to promotion. The background review include clearance from the Florida Department Management Services for NCIC background checks. Accurate for NCIC and past history of employment checks. The facility maintains the yearly staff work appraisal that includes PREA questionnaire. Reviewed fifteen (15) employee training records were reviewed. Included in the employee training records were random officers, supervisors, Investigator, PREA Compliance manager. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last six (6) months. The correctional staff indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties prior to the audit and were prepared for the audit. Investigations: There were two reported allegations of sexual abuse/sexual harassment investigative files that were reviewed utilizing the PREA Investigative worksheet. These investigations were for the last 12 months. There were four investigations that were documented in the

PAQ that were for the previous years were reviewed. These investigations were not captured in the last 12-month investigation, however, were reviewed with the facility investigator. The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The auditor spent additional time looking at all of the cameras from a computer to determine functionality, coverage and any cameras that would provide staff an opportunity to see inmates shower, use the toilet or change clothes.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	1	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	2	2	0	0

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

2

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility provided documentation of 4 allegations in the PAQ that were for the last year. These files were reviewed with the facility investigative staff and were uploaded in the OAS. These allegation and investigations were outside the last 12 months of the time of the audit and were not included in the investigative files reviewed.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention</p> <p>GEO Policy 5.1.2-E PREA Investigation Procedure</p> <p>GEO Organizational Chart</p> <p>Moore Haven Correctional and Rehabilitation Facility Organizational Chart</p> <p>Employee Handbook</p> <p>Inmate Handbook</p> <p>Medical SANE</p> <p>MOU Victim Advocate</p>

MOU Law Enforcement

PREA Reporting MOU

115.11 (a): GEO Corporate Policy 5.1.2. A -and GEO Policy 5.1.2.E- exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

GEO Policies includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Inmate manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for Inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero tolerance. Yearly GEO conducts a PREA review of the facility to determine level of compliance and to identify concerns that need to be addressed by the PREA compliance manager and the facility administrator.

115.11 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversee the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO has a team of staff that support the PREA coordinator efforts in meeting all PREA standards. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. The PREA Coordinator's team are deeply knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations.

115.11 (c): GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. At Moore Haven, the PREA compliance manager is supervised by the Facility Administrator. MHCR provides support staff for assisting the PREA compliance manager with his task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. Though out the tour, staff, and es new the PREA compliance managers name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have

	<p>sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to corporate PREA coordinator's office with questions or concerns.</p> <p>Compliance was determined by review of agency organization chart, agency, and facility policies, both staff and inmate training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteer, and inmates further provided exceed compliance with this standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>Florida Department of Corrections Policy 205.002 Contract Management</p> <p>Moore Haven Correctional and Rehabilitation Facility Contract</p> <p>Statement of Work</p> <p>Statement of Fact</p> <p>GEO is a private provider and does not contract for the confinement of their detainees; therefore, this standard is not applicable to this facility. The contracting statement of work mandates that Moore Haven Correctional and Rehabilitation Facility remain in full compliance with PREA standards.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Florida Department of Corrections 601.503 Sexual Abuse/Assault Prevention and Intervention Program</p> <p>FDC Policy - 602.030 - Security Staff Utilization</p>



Daily unit logbooks

FDC Policy - 602.033 Video Camera/Housing Unit Fixed Camera Digital Video Maintenance and Retention

Post Order - 03 - Shift Supervisor

PREA Annual Facility Assessment

Staff Rosters

Moore Haven Correctional and Rehabilitation Facility Schematics

Unannounced Rounds

115.13 (a)(b): FDC Policy - 602.030 - Security Staff Utilization requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The facility provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Facility Administrator meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA Florida Department of Corrections requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Facility provides bimonthly reports that includes mandatory post and holds over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The staffing plan is based on a population of 975 detainees.

The staffing plan is based on the following criteria:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.

- The composition of the detainee population.
- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
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Other relevant factors.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan based on interviews with facility administrator and PAQ.

115.13 (c): GEO mandates that whenever necessary and no less than annually, the staffing plan is reviewed and documented during the Annual PREA Facility Assessment. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In interview with GEO's PREA Coordinator, she reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments she reviews and approves for each of the agency facilities annually. The latest staffing assessment was in April 2023. At the time of the assessment, the facility had 0% vacancies in its correctional staff staffing plan.

13 (d): According to facility policy and practice requiring department heads, facility executive staff and intermediate and higher-level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds.

The facility housing unit logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and

document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the intermediate staff were interviewed. Each shift supervisor visits areas of the facility during the days, evenings, and weekend. The Shift Supervisor documents the visits on logbooks located in housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that supervisory staff document these visits on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her computerized PREA rounds documentation. The facility provided a page on each housing unit logs books for a 24-hour period of time.

Exceed Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Facility Administrator, PCM, Human Resource Manager and Correctional Staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that detainees are assigned. A detailed review of the cameras was conducted by the auditor during the onsite tour. It was determined that the additional cameras and mirrors has enhanced the facility and reduced the blind spots where possible. The facility has made additional funding available to enhance in recruiting staff. The additional pay and sign on bonuses has provided a 0% vacancy at the time of the annual assessment in April 2023.

115.14	Youthful inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Florida Correctional Statue</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Moore Haven Correctional and Rehabilitation Facility (MHCRF) Contract for Service</p> <p>Statement of Fact</p> <p>Moore Haven Correctional and Rehabilitation Facility does not house youthful detainees. Compliance was determined by review of Contract for Services, State law, policy and interviews with intake staff, facility administrator and agency designee.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Policy - 602.033 Video Camera/Housing Unit Fixed Camera Digital Video Maintenance and Retention</p> <p>FDC Policy - 602.018 Contraband and Searches of Inmates</p> <p>FDC Policy - 602. 033 Video Camera/Housing Unit Fixed Camera Digital Video Maintenance and Retention</p> <p>FDC Policy - 602.036 Gender Specific Security POSTs and Assignment</p> <p>FDC - 601.503 Sexual Abuse/Assault Prevention and Intervention Program</p> <p>FDC Training Curriculum</p> <p>MHCRF Staff Training</p> <p>FDC - 601.503 Sexual Abuse/Assault Prevention and Intervention Program</p> <p>FAC 33-602.294 Searches of Inmates</p> <p>Strip Search Log</p> <p>Shift Logs- Announced gender presence</p> <p>Housing Unit Logbooks</p> <p>Unannounced Rounds</p> <p>Transgender Lists with Shower and Pat Down Search Preference Statement of Fact PAQ</p> <p>115.15 (a): FDC Policy - 602.018 Contraband and Searches of Inmates mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. All security staff receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing &amp; Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic</p>

Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

115.15 (b): The facility houses male inmates. It does have transgender inmates that are in hormone therapy. Each transgender meets with the Transgender Care Committee and are allowed to provide staff preference for pat down searches.

The auditor interviewed all transgender inmates. One of the inmates noted as transgender on the data base provided by the Florida Department of Corrections indicated he was not transgender, gay, or bisexual and asked how he could get that out of his file. The auditor advised the PREA compliance manager to meet with the inmate and resolve the conflict.

115.15 (c): All staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and inmate's gender and gender of persons conducting the strip searches. The auditor reviewed the log which contained no entries of cross-gender searches.

115.15 (d): FDC - 601.503 Sexual Abuse/Assault Prevention and Intervention Program 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. The living areas showers have curtains that provide for inmate privacy while showering. Toilet areas have partitions with doors to allow inmates to use the restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toilet to provide privacy. All other areas that were reviewed during the tour had partitioned or single toilets with a door to provide privacy. All residents stated they can shower, use the toilet, and change clothes without being seen by staff members.

The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.

Postings are located throughout the living units that female staff are assigned to work in housing units.

115.15 (e): FDC Policy - 602.018 Contraband and Searches of Inmates address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of

	<p>a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there were 6 inmates who disclosed being transgender or intersex.</p> <p>115.15 (f): All staff at MHCRF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing &amp; Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and interviews with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of a different sex except in exigent circumstances.</p> <p>Interviews with transgender inmates indicated they are allowed to shower by themselves. and are provided a preference sheet upon arrival as to what gender they preferred to conduct pat search. Based on documentation in the logbooks of shower times, interviews with random staff and six transgender inmates that stated they are allowed to shower by themselves it was determined that transgender inmates are allowed to shower by themselves.</p> <p>Based on the review of policies, training, and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that MHCRF is in compliance with this standard.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p>FDC Procedure 604.101 Americans with Disabilities Act Provisions for inmates</p> <p>FDC Procedure 602.053 Prison Rape: Preventions, Detection, and Response (PREA)</p> <p>PREA Language Line Service Directions</p> <p>PREA Language Line Services</p> <p>Facility Translator List</p> <p>MOU MHCRF and Lakeview Center Inc, Rape Crisis/Trauma Recovery Program (RCC)</p>

PREA Posters (English, Spanish, Creole, French, German, and Russian)

ADA training

Statement of Fact

MHS 23 - MH report inmate Handbook

TTY Tablet

115.16 (a): FDC 604.101 mandates that the facility shall not discriminate against inmate with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. The center has several bilingual staff at the facility and interviews with residents and staff indicated they knew staff members that were bilingual and utilized their services in communicating with the inmate population. Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard or hearing inmates.

115.16 (b)(c): The targeted inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, Brochures and handouts are available in English, and Spanish. The facility has access to translation services and written access in other languages. Staff also may read information to inmates when necessary. Agency and facility policies prohibit inmates from being relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The facility maintains a list of staff that are bilingual. During the onsite audit there was one hard of hearing inmates, one blind inmate and one visually impaired inmate interviewed. All indicated they were aware of PREA, had received training on PREA and were aware of the auditor being at the facility during the onsite audit. The facility provided a list of inmates that were Spanish speaking. Interviews with the randomly selected target inmates indicated there was only one inmate at the facility that did not speak Spanish and the targeted inmates provided the name of this inmate. He was interviewed using the language line to determine the accessibility of the service. The language line staff were extremely fluent and provided the appropriate service to the auditor. The other targeted inmates indicated they received their orientation and comprehensive PREA education brochures and handbook in Spanish.

Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, Case Manager, Medical Administrator, bilingual staff members, ESL inmates and hard of hearing inmate.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="256 188 991 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1433 418">The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p data-bbox="256 454 1235 488">GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention</p> <p data-bbox="256 524 1362 602">Florida Department of Corrections Procedure 208.049- Procedure- Background Investigation and Appointment of Certified Officer</p> <p data-bbox="256 638 355 672">Officer</p> <p data-bbox="256 707 1302 741">Florida Department of Management Services, Criminal History Face Sheet</p> <p data-bbox="256 777 898 810">FAC 33-602.202 Use of Inmate in Public Work</p> <p data-bbox="256 846 667 880">GEO on-line application form</p> <p data-bbox="256 916 692 949">PREA annual disclosure waiver</p> <p data-bbox="256 985 767 1019">PREA promotional disclosure waiver</p> <p data-bbox="256 1055 1129 1088">Background Checks for contractors with contact with inmates</p> <p data-bbox="256 1124 1054 1158">Promotion Letter and PREA Promotion Disclosure Waiver</p> <p data-bbox="256 1193 520 1227">Personnel Records</p> <p data-bbox="256 1263 673 1296">Accurate Background Checks</p> <p data-bbox="256 1332 1211 1366">Florida Statutes Chapter 435 Employment Screening section 435.03</p> <p data-bbox="256 1402 1465 1962">115.17 (a)(b): The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring, promotions or contracting of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors, and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this standard. Prior to a transfer to the facility or promotions, employees' background review is conducted utilizing the Accurate Background Checks and answer the following questions. These same questions are asked each member of staff during the annual staff appraisal.</p> <p data-bbox="256 1998 1465 2076">1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? (Please note that sexual</p>



abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.).

2. Have you ever 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?

3. Have you ever been civilly or administratively adjudicated 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?

115.17 (c): The agency requires that all applicants and employees who may have contact with inmates have a criminal background check. Criminal background checks for all potential employees are completed through the Florida Department of Corrections background division and through a contract with Accurate background checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through the Accurate are completed. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested.

According to the PAQ in the past 12 months, there were 126 background checks completed.

115.17 (d): The facility performs criminal background checks through the FDC Background division before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there was one (1) background check for a contractor.

115.17 (e): FDC utilizes a Live Scan system in which any time an employee is arrested and fingerprinted, the Florida Department of Law Enforcement are notified. All staff who work inside the correctional facility is fingerprinted prior to employment. All new employees are made aware that their fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Department of Corrections

115.17 (f): MHCRF asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form - Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant.

115.17 (h): Unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon

	<p>receiving a request from an institutional employer for whom the individual has applied for work.</p> <p>Exceed compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of twenty random staff files including new hires, promotions, and contractor files. All required information was noted utilizing the PREA Employee/Contractor worksheet and reviewing personnel files.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p>Facility Camera System</p> <p>Annual PREA Assessment</p> <p>Monitoring System Upgrades</p> <p>Statement of Fact</p> <p>There have been no additional modifications or expansions to MHCRF during the last audit period. The facility has made upgrades to the camera system utilizing advanced enhanced cameras and monitoring programs. Compliance was determined by review of facility camera coverage and interviews with Agency Head Designee, GEO Group PREA coordinator, Facility Administrator and Chief of Security (Major).</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Performance Work Statement</p> <p>Florida Department of Corrections 601.503 Sexual Abuse/Assault Prevention and Intervention Program</p> <p>Florida Statute 944.31</p>

FDC Policy 108

Adult/Adolescent Forensic Sexual Assault Examination blank form

MOU with The Abuse Counseling and Treatment, Inc. (ACT)

Statement of Fact

Resume Rape Crisis Center Advocate

115.21 (a): FDC is responsible for conducting administrative sexual abuse investigations and the Office of the Inspector General (OIG), who not only reports to the Agency Secretary, but also to the Inspector General of the governor's office and has Florida statutory authority and responsibility to conduct criminal investigations at MHCRF and in all of the FDC. The OIG is responsible for all investigations of sexual abuse and/or sexual harassment. Administrative investigations may be handled internally after review or approval by the OIG.

115.21 (b): The agency and the facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Florida Facilities utilizes the Florida State Police Forensic Assault Examination Adult/Adolescent.

115.21 (c): An MOU was signed with The Abuse Counseling and Treatment, Inc. If a SANE/SAFE is required ACT will provide the services at their Center. The services are available for services 24/7. The MOU requires the agency to pay for forensic services. The examiner is required to document and follow the agency's Adult and Child Sexual Assault Protocols. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no SANE exams performed.

115.21 (d): MHCRF has a MOU with ACT. for victim advocate service. Inmates are made aware of the victim Advocacy support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in English and Spanish.

115.21 (e): The terms of the require an advocate to accompany and support the victim through the forensic medical exam process and the investigatory process and provide additional emotional support services. The SANE staff indicated they include a victim advocate to meet with the victim prior to the examination.

15.21 (f): Based on statement of fact by MHCRF facility administrator, FDC OIG staff conduct all investigations at the facility. OIG may refer to local law enforcement for assistance in criminal investigations and may request the facility to assist in conducting sexual harassment or non-criminal administrative investigations or some parts of administrative investigations such as staffing levels, blind spots, or staff neglect.

Compliance of this standard were confirmed by review of the policies, MOUs, Statement of Fact, PAQ, investigative files and interviews with SANE staff, facility

	investigator and OIG investigators, PREA compliance manager, and facility administrator.
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Policy - 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</p> <p>FDC Policy - 602.053 - Prison Rape: Prevention, Detection, and Response Report to FDC regarding sexual abuse allegations</p> <p>FDC Website</p> <p>Monthly PREA tracking Report.</p> <p>GEO Website</p> <p>MHCRF PREA Case Tracking Log</p> <p>Referral for OPR</p> <p>Investigative Report</p> <p>GEO Corporate Website Posting</p> <p>PAQ</p> <p>115.22 (a): Policy - 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations establishes responsibility for investigations. The facility refers allegations to the Office of Inspector General. All sexual abuse allegations are investigated by the Office of Inspector General. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. An Inspector from the Office of Inspector General will process evidence from the crime scene. Facility investigators and the Office of Inspector General staff are trained in conducting sexual assault investigations in confined settings/prisons. The Office of Inspector General are law enforcement staff. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons.</p>

	<p>Interviews with staff as well as an examination of supporting documentation confirm the facility's compliance with this standard. During the last 12 months there have been 2 allegation of sexual abuse or sexual harassment that have been referred to the OIG for investigations. Bothe investigations are ongoing at the time of the onsite audit.</p> <p>115.22 (b): Policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on statement of fact by MHCRF facility administrator, MHCRF refers all allegations of sexual abuse or sexual harassment to the Florida OIG office. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <a href="https://www.geogroup.com/PREA">https://www.geogroup.com/PREA</a>.</p> <p>115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p> <p>Compliance was determined by review of investigations, policy, statement of fact, GEO website and interviews with investigator, agency head, PREA coordinator, PREA compliance manager and facility administrator.</p>
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<b>115.31</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p>FDC Policy 601.053 Sexual Abuse/Assault Prevention and Intervention Program</p> <p>Training and roll call meetings.</p> <p>Annual Refresher Training</p> <p>PREA Lesson Plan 1-10 Slides 1-37</p> <p>Training Power Point Presentation Curriculum</p> <p>Staff attendance Record</p> <p>Random staff training records.</p>

115.31 (a): All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the detainees and preserving the possible crime scene. Staff at the center go to the Florida Department of Corrections Academy in Miami, Florida for their Pre-Service training. The training lasts for 6 weeks and includes PREA training during this academy training.

Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
  - Detainees' right to be free from sexual abuse and sexual harassment.
  - Detainees on the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
  - 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 detainees.
- How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees.
  - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
  - How to conduct cross gender pat searches:

Employees carry a PREA first responder reference card. All staff receive annual refresher training in all areas of the PREA standards. Yearly refresher training is through the Computer Based PREA training program Certification. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it.

115.31 (b): FDC Policy recognizes that the facility houses male detainee. Policy mandates that the facility will be required to modify training to meet the needs of a different population. Staff assigned to specialized Post such as transportation officers, supervisors, and investigators receive additional training.

115.31 (c): According to the computer database for training, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At MHCRF staff receive annual in-service training. According to the PAQ and in interviews with staff between pre-

	<p>service and in-service training, the facility provides additional training on a monthly basis through staff meetings and employees receive emails regarding PREA updates and information. Training Posters are displayed in various locations throughout the facility.</p> <p>115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign an Acknowledgement of Receipt</p> <p>of Training and Brochures Sexual Assault Prevention form and a Preservice Training Record and an In-service Training Record form acknowledging receipt and understanding of all training received, including PREA. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches &amp; Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for employees is maintained recorded on individual training records maintained by the Training Coordinator.</p> <p>A sampling of fifteen (15) staff training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. A review of documentation and staff interviews further confirmed that the facility is compliant with this standard.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>Volunteer Training</p> <p>Approved Volunteer Roster</p> <p>Documentation of Volunteer Training</p> <p>Acknowledgment of Receipt of Training and Brochures</p> <p>115.32 (a): FDC Procedure 602.053 mandates that all volunteers and contractors</p>

	<p>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 facility employees 10 contractor. The facility has 60 volunteers that have received volunteer training in the last 12 months.</p> <p>115.32 (b)(c): All contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form and an Acknowledgement of Receipt of PREA Brochures.</p> <p>The volunteer training curriculum was provided for review. The training included 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 intimates. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer, and contractor training is maintained in the volunteer electronic files.</p> <p>Compliance with this standard was determined through review of procedure, FDC PREA lesson plan, contractor, and volunteer information, signed PREA acknowledgements and interviews with contractor and volunteer.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <ul style="list-style-type: none"> <li>FDC Procedure 602.053</li> <li>FDC Procedure 601.201 Orientation</li> <li>Inmate Handbook</li> <li>Receipt of training for new arrivals</li> <li>Receipt of training for transfers</li> <li>Inmate PREA Brochure</li> <li>Facility PREA Postings</li> <li>Inmate Receipt of PREA Brochure</li> <li>Inmate Receipt of PREA Comprehensive Education</li> <li>Inmate Orientation PowerPoint</li> </ul>



Twenty inmate files reviewed.

OBIS report showing any inmates no receiving PREA orientation after receipt

115.33 (a): FDC Procedure 601.201 Inmate Orientation mandates all inmate receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, inmate receive an Inmate Handbook, and a Sexual Assault Prevention and Reporting Inmate/Student Information brochure and sign a Receipt for Adult Inmate Handbook and Adult Disciplinary Procedures form. This was observed by the audit during the intake of an inmate. Also, during the intake inmate were watching a PREA video that included the same information.

115.33 (b): Inmate receive comprehensive PREA education as part of the orientation process usually on the second day of their arrival, however by policy at a minimum within the first seven days of arrival to the facility. Inmate in Prison Rape Elimination Act (PREA) Inmate Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to inmates was provided for review.

115.33 (c): The intake staff and PREA compliance manager stated that all inmates have received the training with the exception of the inmate that arrived during the audit. They had received the PREA intake orientation and were scheduled to receive the additional comprehensive training after I completed my onsite audit. According to the PAQ 863 inmates received the information at intake and 863 received the comprehensive PREA training.

115.33 (d): All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The Inmate Handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. A contract for ESL inmates to provide translation of any other languages. The facility has a TTY for deaf or hard of hearing inmates. The inmates that were interviews utilizing the disability protocol indicated they received the orientation and comprehensive training. The hard of hearing inmate was able to answer all of the question including receiving training. The cognitive inmate indicated that his counselor had gone over the brochure with him and explained PREA and how to report sexual abuse or sexual harassment.

115.33 (e): The facility maintains documentation of inmate' participation in PREA education. In review of 20 random inmate files reviewed, all had the documentation of receipt of written PREA education material. Additionally, over forty inmates were interviewed and stated they had received orientation training and PREA handbooks as well as comprehensive training when they arrived at the facility.

115.33 (f): Throughout the facility were posters including Sexual Assault Prevention

	<p>and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. and Victim Advocacy Services. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.</p> <p>Based on review of the training curriculum, interviews with inmates and staff it was determined that the facility meets the standards for training inmates.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Policy 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct.</p> <p>Investigative Training Curriculum</p> <p>Specialized Training Certificates</p> <p>Training Rosters</p> <p>115.34 (a): FDC Policy 108.015 Sexual Battery, Sexual Harassment, and Sexual Misconduct. mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensure that, to the extent the agency itself conducts or assist in conducting investigation they will have been trained to conduct sexual abuse investigation in a correction setting.</p> <p>115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the 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 OIG staff interviewed indicated that OIG attends training throughout their careers including national training program provided through the Florida Police Academy and conferences throughout the nation.</p> <p>115.34 (d): The facility has one trained investigator. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In</p>

	<p>the interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received. At MHCRF, OIG conducts all investigations. However, they rely on the facility to conduct administrative investigation regarding determining whether staff actions or failures to act contributed to the abuse. Florida Department of Corrections has developed a form that facility administrative investigator can utilize to capture this information and provided as an addendum to the OIG investigation.</p> <p>Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews with PREA Coordinator, Agency Head, facility investigators, OIG investigator and facility administrator.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC HSB 15.03.36 Post Sexual Battery Medical Action</p> <p>Certificates of Completion of PREA Specialized Training</p> <p>Signed PREA training acknowledgements\</p> <p>PREA Training Certification</p> <p>Mandatory Pre-Service PREA Questions- Nurse</p> <p>Acknowledgment of Receipt of Training - Nurse</p> <p>115.35 (a): The medical staff at MHCRF received the generalized training and specialized training through GEO and FDC. The training curriculum includes 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, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.</p> <p>115.35 (b): The medical and mental health staff do not conduct forensic examinations.</p>

	<p>115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledgement to training for the generalized PREA training. Both documents were provided in the pre audit documentation and verified through interviews with nurses.</p> <p>115.35 (d): All medical staff assigned to the facility attend the same training as required mandated for employees by §115.31. They sign and acknowledge the statement that they received this training. In addition to this training the staff that were assigned to the facility through a contractor received specialized training. Staff that are now full-time employees of GEO receive specialized training for mental health and medical staff through GEO and additional training from the Florida Department of Corrections.</p> <p>Exceed compliance was determined by review of the training curriculums, copy of certificates and acknowledgement statement and interviews with the medical director and mental health staff.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Procedure 601.209 Reception Process-Initial Classification</p> <p>Completed SRI Questionnaire</p> <p>Completed SRI Reassessment log</p> <p>SIR Screening Instrument</p> <p>115.41 (a): The policies indicate all inmates shall be assessed at intake and upon transfer for their risk of being sexually abused by another individual or being sexually abusive towards another individual housed at the facility. This screening takes place within 72 hours of arrival at the facility utilizing an objective screening instrument. The facility conducts initial and reassessments utilizing the Sexual Risk Indicators (SRI) which is an objective and standardized screening instrument by a trained Classification staff member. The assessment process is computerized, and information becomes part of the Agency Inmate Behavioral Assessment Scale (IBAS). The system has been designed to identify the potential risk each inmate presents for predatory behaviors or their potential risk to be preyed upon by other inmates. The intent is for this system to be designed as an integrated web application that pulls required information from the Inmate Based Information System (IBIS) mainframe,</p>

calculates the IBAS and Sexual Risk Indicators (SRI) designations and delivers those designations to specific IBIS screens. According to information provided on the PAQ, in the past 12 months, 863 inmates that entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of inmate files and inmate interviews confirm inmates were typically screened within 24 hours of arrival.

115.41 (b): Intake screening takes place within 24 hours of the inmate's arrival to the facility. The process that is utilized includes part of the initial intake. Once the inmate is searched, they receive PREA pamphlets and handbooks. During that time, the case manager or staff assigned to conduct the screening review the inmate's file and meets with the inmate. During this meeting staff introduce PREA to the inmate and explains the purpose of the screening with the residents. The inmate is then asked to sign to acknowledge they have received the screening. If the inmate has past history of victimization or predator behavior or if the inmate admits to being transgender the screening staff completes a referral that is sent to the mental health staff to set up an interview with the resident. Medical and mental health staff are available during the screening process conducting a medical review and suicide screening. Most often the mental health staff will meet with the inmate prior to the referral, however according to the screening staff a referral is still completed as required by the data base for tracking.

115.41 (c): The Sexual Risk Indicators (SRI) is an objective and standardized screening instrument that is conducted by a trained Classification staff member.

115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the inmate's risk assessment. The Sexual Risk Indicator Tool was reviewed.

It contains:

- 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 inmates' 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?

Perpetrators of sexual abuse during incarceration?

- Prior conviction of violent offenses?
- History of Assaultive Conduct in DOC in the past 5 years?
- Whether the inmate is detained solely for civil immigration purposes

115.41 (f): Within a set time period, not to exceed 30 days of inmate' arrival to the facility, inmates are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool. In information provided on the Pre-Audit Questionnaire, 863 inmates were reassessed within 30 days of arrival. A review of the database found that 863 inmates were reassessed within 30 days of arrival at the facility. Sixteen were reassessed during their stay at the facility for additional rescreening outside the mandated 30-day screening.

115.41 (g): A inmate's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually during annual classification review assessments, inmates are reassessed for risk of victimization or abusiveness using the Annual Reassessment Sexual Violence Assessment Tool. Transgender inmates are reassessed a minimum of every six months.

115.41 (h): Policy mandates that inmates are not be disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an inmate to answer Screening questions.

115.41 (i): MHCRF implemented appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.

The IBAS will notify staff of time for a 30-day reassessment and maintains a tracking when the facility or facility staff does not conduct the screening within 72 hours or the rescreening within 30 days of arrival at the center. All inmates are screened when they transfer into the facility including inmates that leave the facility for court appearance or other administrative transfer from the facility.

Compliance was determined by interview with Case Managers and the PREA Compliance Manager and in review of random inmate records and interview with inmates. Additional exceed compliance was determined by auditor reviewing the IBAS mainframe and reviewing monthly reports that are generated through this program.

In interview with inmates, they confirmed they were screened upon arrival to the facility and remembered being asked PREA questions again by their Case Manager or the PREA compliance manager.

<b>115.42</b>	<b>Use of screening information</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 1422 423">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 456 557 490">Sexual Risk Indicator</p> <p data-bbox="256 524 592 557">FDC Procedure 602.053</p> <p data-bbox="256 591 592 624">FDC Procedure 601.209</p> <p data-bbox="256 658 1445 748">FDC Procedure 403.012 Identification and Management of Transgender inmates and Inmates Diagnosed with Gender</p> <p data-bbox="256 781 400 815">Dysphoria</p> <p data-bbox="256 848 651 882">List of Transgender inmates</p> <p data-bbox="256 916 780 949">Transgender 6-month reassessments</p> <p data-bbox="256 983 647 1016">Transgender preference log</p> <p data-bbox="256 1050 608 1084">IBAS system information</p> <p data-bbox="256 1128 1477 1845">115.42 (a): Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk. All bed assignments made at MHCRF are processed through the CDC (Classification Data Center) that is part of the IBAS system. It utilizes all inmate data from the SRI and will not allow the double bunked cell assignment of a victim and abuser, inmates with significant age differences and inmates with size differences. Should someone try and move an inmate when these differences are noted, the computer will not allow the cell change. The classification staff are employees of Florida Department of Corrections and are responsible for the housing assignment for inmates. The classification staff interviewed by the Auditor provided an overall process that utilized in the screening and housing of inmates. The team works with GEO supervisors in determining risk placement. The Mental Health staff interviews all at risk inmates and work collaboratively with the Classification staff in housing assignments.</p> <p data-bbox="256 1868 1477 2047">115.42 (b): Individualized determinations are made about how to ensure the safety of each inmate. Inmates who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Inmates have an option of refusing these services.</p>

	<p>115.42 (c): Policy and practice mandates that making housing and programming assignments for transgender or intersex inmate, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Inmates who self-disclose being gay, bisexual, transgender or intersex are tracked on a LGBTI List that is maintained by the Classification Data System. Transgender and intersex inmates are housed based on their score utilizing the SRI score. At the time of the on-site audit visit, there were 6 inmates who self-disclosed being transgender or intersex assigned to the facility.</p> <p>115.42 (d) - (f) A transgender or intersex inmate's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the inmate. Transgender and intersex inmate' placement and programming are reviewed as needed, but at least every six months. A transgender or intersex inmate' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex inmate are given an opportunity to express their views. Transgender and intersex inmates are offered the opportunity to shower separately from other inmates as indicated in their Statement of Search/Shower/Pronoun Preference Form. MHCRF does not place lesbian, gay, bisexual, transgender or intersex inmate in dedicated units or wings solely based on such identification. In interview with inmates who self-disclosed being gay, they did not feel they was housed any differently because of his sexual orientation. Inmates that claim prior victimization or prior sexual predator behavior. Each was referred to the mental health staff. The IBAS system maintains a roster of inmates that claim victimization and provided verification of referral and inmates decision to be seen by mental health professionals. During the onsite audit 2 gay inmates,6 transgender inmates were interviewed. All transgender inmates interviewed indicated on the first day of arrival they were provided a preference sheet that included showering alone, shake down preference and pronoun preference. All transgender inmate that had been at the facility for more than six months had been rescreened. According to interviews with medical, mental health and inmates, inmates on the hormone program are seen by the mental health and medical staff two times a month. Three of the transgender inmates indicated that the classification supervisor meets with them from time to time and readily available when they have concerns or questions.</p> <p>Compliance was determined by FDC policy, IBAS data-based information and interviews with Medical, Mental Health, classification staff and classification supervisor and targeted inmates.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives and documentation were reviewed in formulating compliance with this standard:



	<p>FDC Procedure 602.053</p> <p>FAC Chapter 33-602.220 Administrative Confinement</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.43 (a): The procedure prohibits the placement of inmates at high risk for victimization in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 72 hours).</p> <p>115.43 (b): Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.</p> <p>115.43 (c): Based on interviews, when there is a situation of an inmate alleging risk of victimization and needing to be separated from the alleged abuser, segregation would be utilized as a last alternative. If this placement was necessary, staff stated that the inmate would have access to the appropriate privileges and the justification for the placement would be documented. The inmate would be reviewed by the Institution Classification Team every 30 days.</p> <p>115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the inmate's safety and the reason no alternate means of separation can be arranged.</p> <p>115.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.</p> <p>According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator and security staff who supervise inmate in RHU, in the past 12 months there has not been a time that an inmate found at high risk of victimization or a inmate who alleged sexual abuse was placed in involuntary segregated housing.</p> <p>Compliance with this standard was determined through review of procedures, observation during tour and interviews.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	The following policies, directives and documentation were reviewed in formulating

compliance with this standard:

FDC Procedure 602.053

Inmate Handbook

PREA Brochures English/Spanish PREA Posters

PREA Reporting Hotline

Employee Handbook

MOA with Abuse Counseling and Treatment (ACT)

Interview with ACT

Documentation of Verbal Reports.

115.51 (a): FDC policy mandate that facilities provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the inmate to remain anonymous upon request. Inmates are informed in the Inmate Handbook and on posters located throughout the facility and by almost all inmate telephones.

The handbook and PREA Posters specifically provide the following ways for inmates to report:

HOW TO REPORT:

Note: You have the right to be free from sexual abuse and sexual harassment without retaliation

Reports made to the TIPS line, outside agency, via inmate request or grievance, or in writing to include those to the OIG or the PREA office can be made privately / anonymously. FDC, GEO and contracting staff have a requirement to report as mandatory reporters.

Below are multiple internal ways for inmates to privately report:

1. Tell any staff member, volunteer or contractor
2. Call \*TIPS (enter 1 then \*113)
3. Call \*511 to report to an outside agency (enter 1 then \*511)

All calls made to this secure line will not be recorded

4. Submit an inmate request or grievance
5. Tell a friend or family member who can report for you
  - a. Citizen Compliant Form
  - b. Verbally
6. Write or e-mail the Office of the Inspector General
  - a. Central Office OIG at 501 S Calhoun Street Tallahassee, FL 32399
7. Write or e-mail the PREA Office at 501 S. Calhoun Street Tallahassee, FL 32399

VICTIM ADVOCATE INFORMATION:

1. Call \*511 (enter 1 then \*511)

All calls made to this secure line will not be recorded and remain confidential.

2. Write to: ACT P.O Box 60401 Fort Myers FL. 33906

Inmates interviewed knew of the multiple way to report. Most stated they would tell a staff member they trusted.

The auditor called the speed dial numbers several times during the tour. Each telephone call was completed in a timely manner and appropriate staff answered the calls and were ready to take the report or to talk to a victim advocate or report in the case of the call to the ACT victim advocate program.

115.51 (b): The facility also provides multiple external ways for inmate to report allegations to a public or private agency that is not part of MHCRF. Inmates are informed on posted information they can dial TIP, OIG Investigators or the ACT victim advocate.

115.51 (c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/PREA>. Third Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting.

Staff interviewed knew how to privately report sexual abuse and sexual harassment of inmate.

	Compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the resident handbook. Compliance was also determined by interviews with inmates, staff, shift supervisors, PCM, and facility administrator.
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FAC 33-103.005 Grievances</p> <p>Inmate Handbook</p> <p>Grievances Form</p> <p>115.52 (a) FDC Procedure 602.053 and FAC 33-103.005 Grievances provides a procedure in place for inmate to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The resident handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to OIG Investigators</p> <p>115.52 (b): There is no time limit when an inmate can submit a grievance regarding sexual abuse. FDC does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Inmates are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In the interview with the PREA Compliance Manager and information provided on the Pre- Audit Questionnaire, in the past 12 months there were no PREA related grievances filed.</p> <p>115.52 (c): Policy provides that inmate have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p>115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p>

	<p>Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. The agency can claim an extension of time to respond, of up to 70 days. The inmate will be notified in writing of the extension and a date by which a decision will be made.</p> <p>115.52 (e): Third parties such as fellow inmate, family members, attorneys or outside advocates may assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of inmate. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p>115.52 (f): Policy provides inmate may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p>115.52 (g): A inmate can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There were no inmates disciplined for filing a grievance in bad faith.</p> <p>Compliance was determined by review of the policies, grievance, and by interviews with GEO PREA coordinator, PREA compliance managers, and facility administrator.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Acknowledgement of Receipt of Orientation</p> <p>Inmate PREA Handbook</p> <p>Acknowledgement of Receipt of Handbook</p> <p>FDC Procedure 602.053</p>

	<p>Victim Advocate Posters</p> <p>MOU with Abuse Counseling and Treatment (ACT)</p> <p>Victim Advocacy PREA posters (English and Spanish)</p> <p>115.53 (a): FDC Procedure 602.053 addresses the agency/facility’s policies on providing offenders with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the offenders and these agencies in a confidential manner. The inmates are informed by the facility and according to interviews with the ACT staff of the extent to which communications will be monitored. According to the PREA compliance manager and ACT the facility would monitor only to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>115.53 (b): Residents PREA Handbook provides a phone number and address of the speed dial number and address of the ACT Center in the inmate handbook and poster located throughout the facility. The auditor called the speed dial number and spoke with a counselor with the ACT Center.</p> <p>115.253 (c): The facility has an MOU with Abuse Counseling and Treatment Center Inc. to provide victim advocacy services and follow up services following sexual abuse if requested. Interviews with the center indicated they are certified through Florida Coalition Against Sexual Violence. The center indicated that inmates that call or write their office are provided with victim advocacy and emotional support services during the call. The center will make arrangements through the Facility to provide emotional support by telephone in a private office or visit inmates at an approved private office and time. The staff that visit the facility have had background checks approved prior to visiting. The facility is responsible for paying for the background checks.</p> <p>Compliance was determined by review of handbook, poster located throughout the center and interviews with the Abuse Counseling and Treatment executive director and review of the victim advocates website.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FAC 33-103.006 Formal Grievances</p>

	<p>FDC website</p> <p>GEO website</p> <p>Third Party reporting posters</p> <p>115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. GEO provides Reporting system on GEO Website <a href="http://www.geogroup.com/PREA">http://www.geogroup.com/PREA</a> (Social Responsibility-PREA Certification Section) provides information on ways for third party reporting including anonymous reporting. Florida Department of Corrections website outlines methods to report sexual abuse and sexual harassment on behalf of inmate. Third party grievance forms are available on the website and are sent to the facility's Warden. Inmates can accomplish third-party reporting by having a friend or family member contact the OIG Bureau of State investigations through the complaint form on the OIG's website. The electronic form will go directly to the OIG for review.</p> <p>Posters on display at the facility provide the visitors, staff, and inmates with third party reporting options. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.</p> <p>Family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the inmate. This information is posted in areas visible to staff and visitor Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed.</p> <p>Compliance was determined by review of the postings, reviewing the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC procedure 944.35 Authorized use of force; malicious battery and sexual misconduct prohibited; reporting required; penalties.</p> <p>FDC Procedure 602.08 Incident Reports – Institutions</p>

FDC Procedure 794.027 Duties to Report sexual battery: penalties.

Staff training

Specialized medical training.

Mandatory reporting Survey of Vulnerable Persons

FDC PREA Lesson Plan

Statement of Fact

Staff Report

115.61 (a): FDC Procedure 602.053 mandates staff, volunteers, and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmate or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff, volunteers, and contractors, they knew their reporting duties. Staff receive training on reporting. GEO and FDC have implemented a specialized training program for medical and mental health professionals that includes duties to report, State's vulnerable persons' reporting duties and confidential reporting duties. The facility provided a statement of fact that there have been no allegations by vulnerable persons in the last 12 months.

115.61 (b): Policy and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers, and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations.

115.61 (c)(d): Medical specialized medical training includes medical staff are required to report sexual abuse and to inform inmate of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable persons statute, under applicable mandatory reporting laws.

The facility does not house inmates under the age of 18. Medical and mental health staff interviewed confirmed this practice.

The Nurse indicated that the inmate signs a statement that includes her limitation of confidentiality.

115.61 (e): In interview with the facility administrator and his executive team, the MHCRF reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to OIG and facility investigators, GEO PREA coordinator or regional supervisor. There are staff reporting posters located throughout the facility. Staff carry a PREA card with this information for easy reference in making



	<p>reports.</p> <p>According to statement of fact there have been no reports from third parties, contractors, or volunteers in the last 12 months. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all sections of this standard.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator.</p>
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<b>115.62 Agency protection duties</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC PREA lesson plan</p> <p>Statement of Fact</p> <p>115.62 (a): FDC Procedure 602.053 mandates when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental.</p> <p>The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding an inmate being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected an inmate was at substantial risk of sexual abuse, he would immediately separate the inmate abuser or victim and investigate. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse. Random staff and shift supervisor indicated the inmate that was in imminent danger would be separated from the accuser. The facility administrator indicted the decision to transfer the victim or abuser would be made in concert with Florida Department of Corrections. There has been no incident when an inmate was moved to another facility for a separation of victim or abuser.</p> <p>Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, random staff, and RHU Lt.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>Email and MINS documentation</p> <p>Notification of allegation received from a receiving facility.</p> <p>PAQ</p> <p>115.63 (a)-(c): FDC Procedure 602.053 mandates on receiving an allegation that an inmate was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The Facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the OIG office and GEO PREA Coordinator.</p> <p>115.63 (d): Interview with the facility administrator and PREA compliance manager they indicated along with notification to the sending facility director the facility administrator will notify OIG investigative division and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the facility investigator during the investigative process.</p> <p>According to the PAQ and statement of fact there have been one allegations of inmate being sexually abused while confined at MHCRF. The allegation was forwarded to OIG for investigation. The investigation is ongoing at the time of the onsite audit.</p> <p>The facility provided documentation of notifications between facility administrators, OIG and GEO cooperate office.</p> <p>According to interview with the Facility the allegations is being investigated by OIG. The investigative file was reviewed and confirmed that the allegation was forwarded to OIG and is being investigated by OIG.</p> <p>Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA coordinator and facility administrator.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

FDC Procedure 602.053

PREA First Responder Card

Staff Training

Volunteer Training

Contractor Training

PAQ

Statement of Fact

115.64 (a): FDC Procedure 602.053 and staff training requires that correction staff that are the first responders of a sexual assault shall:

- Separate the alleged victim and abuser,
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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,
- 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.
- Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.

Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.

115.64 (b): Staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

All non-contact staff that were interviewed knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. During the last 12 months there

	<p>were 2 allegations of sexual abuse that were reported to Correctional Staff. There were no reports made to non-correctional staff.</p> <p>Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour the administrative, classification area and educational areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if an inmate came to you and said it was sexual assaulted". All staff were able to articulate they would follow the above requirements.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>MHCRF PREA Coordinated Response Plan dated 1/24/22</p> <p>Staff PREA Cards</p> <p>115.65 (a): FDC Procedure 602.053 mandates that facilities have a coordinated response plan. MHCRF Coordinated</p> <p>Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are conducted and proper notifications are made. The Coordinated Response Plan includes:</p> <p>Action required after report of sexual abuse:</p> <p>Initial response</p> <p>Shift supervisors Responsibility</p> <p>Facility Crime Scene</p> <p>Notification required when a sexual abuse is alleged</p> <p>Evidence Protocol</p> <p>Medical Response</p>

	<p>Mental Health Response</p> <p>Investigative Responsibilities</p> <p>Responsibilities when sexual harassment is alleged</p> <p>Responsibilities when sexual activity is alleged</p> <p>Each of the above responses includes but not limited to staff, contractors, victim advocates, OIG, and GEO PREA coordinator</p> <p>A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the administrative staff are responsible to ensure compliance to the plan.</p> <p>Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>FDC Procedure 602.053</p> <p>Statement of Fact</p> <p>GEO and or the facility did not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any inmate pending the outcome of an investigation. Per the statement of fact, MHCRF does not participate in collective bargaining agreements</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

FDC Procedure 602.053

Florida Department of Corrections 33-208.003 Range of Disciplinary Actions.

Documentation of Monitoring

Protection from Retaliation Logs

Statement of Fact

115.67 (a): FDC has as policy to protect inmate who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmate or staff. The policy provides procedures to protect individual in FDC facilities. MHCRF designated the PCM/Assistant Warden is responsible for monitoring retaliation.

15.67 (b): The procedure states the agency has 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 inmate or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.67 (c): Inmates who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of inmate is documented on the FDC database program

115.67 (d): Procedure also requires Monitoring of inmate includes periodic status checks. The PREA compliance manager was interview and indicted he would review the monitoring logs on the data base on an ongoing basis and randomly will see the inmate during tour to check on his/her status.

115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring will end, the facility would continue to check on the inmate for retaliation for making a report.

In interview with Retaliation Monitor, the PREA Compliance Manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.

	<p>FDC has developed a monitoring log that is uploaded into the agency database for review to assure retaliation monitoring in occurring in all FDC contracting and agency operated facilities.</p> <p>Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitor, agency head, and facility administrator.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>Completed PREA Victim Housing Preference form</p> <p>Statement of Fact</p> <p>PAQ</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Rule 33-602.220</p> <p>FDC Rule 33-602.221</p> <p>Completed PREA Victim Housing Preference form.</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.68 (a): FDC Procedure 602.053 requires involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the detainee. 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. The facility has not utilized involuntary restrictive housing for a PREA related incident for protection of inmates for sexual abuse in the last 12 months. This was verified by statement of fact, PAQ, and interview Restrictive Housing Unit LT.</p>

	Compliance was determined by review of the PAQ and interviews with Restrictive Housing Unit LT and facility administrator.
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Procedure 108.015</p> <p>PREA Allegation Tracking log</p> <p>Investigative Reports</p> <p>Florida Statue Chapter 944. 31 Criminal Procedures and corrections</p> <p>PAQ</p> <p>115.71 (a): FDC Procedure 602.053 and FDC Procedure 108.015 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the MHCRF, promptly, thoroughly, and objectively, including third party and anonymous reports. The Office of the Inspector General (OIG), who not only reports to the Agency Secretary, but also to the Inspector General of the governor's office and has Florida statutory authority and responsibility to conduct all investigations at MHCRF. Administrative investigations may be handled internally after review by the OIG. Florida Statue mandates that the inspector general shall be responsible for prison inspections and investigation. Internal affairs investigations and management reviews.</p> <p>115.71 (b): The facility has one trained investigator and facility investigators have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators. Inspector General investigator training was conducted by the Moss Group and additional training was conducted by Department of Corrections trainers. An interview with the IG Inspector found a strong working knowledge of both administrative and criminal investigations.</p> <p>115.71 (c): It is the responsibility of OIG, with the assistance of the facility investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigator will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.</p>



115.71 (d): When the quality of evidence supports criminal prosecution, OIG may conduct compelled interviews only after consulting with prosecutors.

115.71 (e): 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. An inmate who alleges sexual abuse is not required to submit to a polygraph examination.

115.71 (f): In interviews with the OIG, she indicated that OIG does attempt to determine whether staff actions or failures to act contributed to the abuse. When discovered this information is documented and shared with Facility Administrators and PREA incident review committee. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. The facility shall request a copy of completed investigative reports from the FDC. Allegations will be tracked on the GEO PREA Tracking Log.

115.71 (h): According to the assigned Inspector General, all substantiated allegations of conduct that appears criminal are referred to the assigned state attorney for criminal prosecution. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility.

115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Florida Statute 944.31 and Florida Department of Corrections Inspector General Policy 108.015 to confirm the requirement to maintain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. During the onsite review, the auditor observed the secured file record retention area and such files are ink stamped as "Sex Crimes" in an effort to avoid accidental destruction.

115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation

115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required.

GEO has developed a template for monthly request from Law Enforcement that are conducting investigations to obtain information on the investigations and to provide assistance as requested.

In interview with facility investigators and OIG staff, they were knowledgeable of their

	<p>responsibilities and knew when to refer allegations that appear to be criminal for criminal investigation.</p> <p>Compliance was determined by review of the agency policy and procedures, training curriculum, PAQ, investigative reports and interviews with facility investigator, OIG investigator and agency head designee, PREA coordinator and facility administrator.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Procedure 108.003</p> <p>Administrative report of investigation</p> <p>FDC criminal report of investigations</p> <p>FDC OIG Directive 2.005</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on FDC Procedure 108.003 and Investigator training the facility or agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In an interview with facility and OIG investigators confirmed this practice. Based on interviews with investigators; investigators make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance was determined by review of policy, training curriculum, and interview with trained investigators.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 1422 423">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 456 592 490">FDC Procedure 602.053</p> <p data-bbox="256 524 592 557">FDC Procedure 108.015</p> <p data-bbox="256 591 719 624">Administrative Investigative files</p> <p data-bbox="256 658 320 692">PAQ</p> <p data-bbox="256 725 767 759">Notice of Outcome of Investigations</p> <p data-bbox="256 792 1469 1095">115.73 (a): FDC Procedure 602.053 and FDC Procedure 108.015 indicate that following an investigation of sexual abuse of a inmate, the inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The OIG or facility investigator is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The inmate receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.</p> <p data-bbox="256 1128 1453 1341">115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate. In interview with OIG, she indicated that OIG completes a notice of outcome of the investigations and forwards to the facility to provide to the inmate.</p> <p data-bbox="256 1375 1469 1789">115.73 (c): Per the procedures, every allegation is investigated, and every investigated allegation outcome are reported to the inmate with a finding as to whether it was substantiated, unsubstantiated or unfounded. If the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate, the facility shall inform the inmate whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="256 1823 1469 2036">115.73 (d): Policy and procedure requires following an inmate's allegation that he has been sexually abused by another inmate, the agency will inform the alleged victim if the alleged abuser has been indicated 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.</p>

	<p>115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. There were no notifications during the last 12 months. It was noted in the PAQ there was one notification prior to the last 12 months in which the inmate was notified. There was one concluded allegation in which the inmate was no longer at the facility.</p> <p>Compliance was confirmed by review of policies, investigative worksheets, review a notice to inmate and the PAQ.</p>
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115.76	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 208.039 Employee Counseling and Discipline</p> <p>FDC 33-208.003 Range of Disciplinary Actions.</p> <p>GEO Employee Handbook</p> <p>Reports to Law Enforcement SOF</p> <p>115.76 (a): FDC Procedure 208.039 Employee Counseling and Discipline establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.76 (b): Based on policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.76 (c): Based on policy and facility administrator and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.</p> <p>In an interview with the facility administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, one staff member received adverse action regarding a PREA violation. There were no substantiated cases of staff-on-inmate sexual abuse. Staff training includes personnel policies involving violation of</p>

	PREA standards or having any sexual activity with inmate.
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<b>115.77 Corrective action for contractors and volunteers</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Procedure 205.002 Contract Management</p> <p>PREA training curriculum</p> <p>PAQ</p> <p>115.77 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.77 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.</p> <p>During the previous year, there were no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at MHCRF.</p> <p>Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with contractor and volunteer, PREA compliance manger and facility administrator confirm compliance with this standard.</p>

<b>115.78 Disciplinary sanctions for inmates</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

FDC Procedure 602.053

FAC Chapter 33-601-301 Inmate Discipline

FAC Chapter 33-601-314 Rules of Prohibited Conduct and Penalties for Infractions.

FAC Chapter 33-601-800 Close Management

Statement of Fact

Inmate Handbook

MOA with ACT

Posters located throughout the facility

115.278 (a): According to FDC Procedure 602.053, if an inmate is found guilty of engaging in sexual abuse involving another inmate, either through administrative or criminal investigations, the inmate will be subject to formal disciplinary sanctions. The inmate handbook outlines violations an inmate will be disciplined for and the sanctions to be imposed.

115.278 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.278 (c): Based on FAC Chapter 33-601-301 Inmate Discipline the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The Florida Department of Corrections will determine if the inmate will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

115.278 (e): Disciplining an inmate for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g): The agency prohibits all sexual activity between inmates. Facilities may not deem that sexual activity between inmate is sexual abuse unless it is determined that the activity was coerced. In information provided on the Pre-Audit Questionnaire

	<p>and in interview with the facility director, in the past 12 months there were no disciplinary sanctions imposed for inmates violating the sexual abuse policies.</p> <p>Compliance was determined by review of the policy, review of an incident report and interviews with the investigator, PREA compliance manager and facility administrator.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>Email from Intake staff notifying a Mental Health referral</p> <p>Mental Health evaluation notes</p> <p>115.81 (a): If during initial PREA screening, the inmate reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the inmate will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the inmate discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the inmate to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 100% of the inmate assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider. As part of the mental health program at the facility, all inmates that are considered at-risk or forwarded to the mental health staff for interviews. The mental health provider indicated during interviews that several of the detainees that were referred to the mental health are now being seen on a routine basis and have been placed on the mental health caseloads.</p> <p>115.81 (b): Any inmate who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will be offered a follow meeting with medical or mental health within 14 days of the screening. There was no inmate that claims he perpetrated a sexual abuse.</p> <p>115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or otherwise federal, state or local law.</p>

	<p>115.81 (e): Medical and mental health providers obtain consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting. Inmates have a right to refuse these services.</p> <p>Based on interview with medical provider that coordinates for mental health services inmate who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained. The mental health staff are available during the intake process and conduct suicide screening and interviews with transgender inmates. In an interview with the mental health provider, typically the mental health staff will interview inmates with history of victimization during their intake process. However, the facility is required to forward a referral in order to comply with the IBAS database. The facility exceeds the standard based on inmates that are considered at risk during the screening are referred to the mental health and placed on the mental health caseload as indicated based on the mental health evaluations.</p> <p>Compliance with this standard was based on policies, mental health referrals, interview with the medical administrator, intake staff and PREA compliance manager.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>FDC Procedure 401.010 Co-Payment Requirement</p> <p>FDC Office of Health Services Alleged Sexual Battery Protocol</p> <p>HSB 15.03.36</p> <p>Statement of Fact</p> <p>115.82 (a): FDC Procedure 602.053 and the coordinated response plan provide a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. The facility would notify Panhandle SANE Services or ACT to report to the facility or other area as directed by the OIG.</p> <p>115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately. The Mental</p>



	<p>Health Provider would request an inmate sign a Consent to Evaluate form to prior seeking their consent to conduct a mental health evaluation of an alleged victim of sexual abuse.</p> <p>115.82 (c): Inmate victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Medical staff indicated that is part of the SANE process and she would follow up when the inmate returns to the facility.</p> <p>115.82 (d): Based on review of policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance was determined by review of the coordinated response plan, MOU with ACT Center. Compliance was also determined by interviews with nurse, first responders, random staff, PREA compliance manager and facility administrator. There was one inmate that claimed to be sexually abused during 2022 that was offered a SANE evaluation, however he refused. The investigation was outside the last 12 month prior to the audit. It was investigated by OIG and determined to be unsubstantiated. This information was provided to the auditor for review and uploaded in the OAS database.</p>
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>HSB -15.03.36</p> <p>FDC Procedure 401.010 Co-Payment Requirement</p> <p>Inmate Handbook</p> <p>MOU with Abuse and Counseling Treatment Inc. (ACT)</p> <p>115.283 (a): The facility offers ongoing medical and mental health care to all inmates who have been victimized by sexual abuse. The mental health staff indicated that inmates that are considered to be at risk during the screening are referred and evaluated by the mental health staff. These inmates are assigned to the mental health caseload based on the mental health evaluation.</p>

	<p>115.283 (b): According FDC Procedure 602.053 the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release. According to the mental health and medical administrator medical and mental health care provided is consistent with the community level of care.</p> <p>115.283 (d): The facility does not house females at this time.</p> <p>115.283 (e): The facility does not house females at this time.</p> <p>115.283 (f): Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.</p> <p>Based on information provided by the PREA Compliance Manager, in the past 12 months, there were no inmates who required ongoing medical or mental health treatment due to being sexually abused in a correctional facility. The facility has a sex abuse program and some of the inmates in the program were interviewed and indicated they had received counseling due to prior victimization. Inmates also have access to a victim advocate program including if they are released in the community. ACT is part of the Florida Coalition against Sexual Abuse and would provide post incarceration services throughout Florida in the Coalitions network of providers.</p> <p>Exceed compliance was determined by review of the FDC policy, interviews with medical, mental health staff and ACT Center for sexual abuse or trauma.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>FDC Procedure 602.053</p> <p>Administrative Investigative Report</p> <p>Report of Investigation</p> <p>After Action Review</p>

	<p>PAQ</p> <p>115.86 (a-b): FDC Procedure 602.053 requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated within 30 days of the conclusion of the investigation. At the time of the PAQ there were 4 allegations of sexual abuse in the last 12 months. There have been no findings of any allegations of sexual abuse or harassment in the last 12 months. There are two open investigations in the last 12 months.</p> <p>An after-action report was completed on all substantiated or unsubstantiated investigations.</p> <p>115.86 (c): The Incident Review Committee consists of the facility administrator, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor and the nurse, and the PREA Coordinator may attend via telephone or in person.</p> <p>115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.</p> <p>115.86 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so.</p> <p>When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on Sexual harassment when substantiated. Moore Haven Correctional and Rehabilitation Facility utilizes the Florida Department of Correction Incident Review Reports. There were three reports completed in the 12 months prior to the PAQ being completed. All reports included all requirements of standard 86 and a corrective action plan was completed as appropriate.</p> <p>Compliance was determined by agency and facility policies, Florida Department of Corrections OIG data base which mandates after action reports on all allegations of sexual abuse or sexual harassment except when they are unfounded.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives and documentation were reviewed in formulating

compliance with this standard:

FDC Procedure 602.053

GEO Corporate Annual Report

FDC Annual Report

Florida Department of Corrections SSV 2 for 2021

PREA Tracking Log

GEO Corporate Policy 5.1.2-A

115.87 (a): FDC Procedure 602. mandates that all facilities under the FDC umbrella collect uniform data for every allegation of sexual abuse under their control. MHCRF provides the information as required by FDC utilizing a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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.

GEO Group also requires that facility under their umbrella collect uniform data for every allegation of sexual abuse MHCRF provides the information as required by GEO utilizing a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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.

115.87 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.

115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of inmate.

115.287 (f): Upon request, FDC or GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy. The review of the log and interview with

	PREA compliance manager and PREA coordinator confirmed compliance with this standard.
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>FDC Annual PREA Data Report</p> <p>Corrective Action Plan</p> <p>115.288 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p>115.288 (b): The PREA Coordinator reviews the data collected and the 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 agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.</p> <p>Florida Department of Corrections annual report was also reviewed. It had recommendation in 2021. As was noted in the corrective action plan for GEO Florida Department of Corrections also noted a need to hire more staff through incentive bonuses and recruitment efforts.</p> <p>Compliance of this standards was determined by reviewing annual reports for FDC and GEO, review the facility policy and interviews with the PREA coordinator and PREA compliance manager. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <p data-bbox="256 344 1422 423">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="256 456 815 490">GEO Corporate PREA Procedure 5.1.2-A</p> <p data-bbox="256 524 592 557">FDC Procedure 602.053</p> <p data-bbox="256 591 687 624">GEO Annual PREA Data Report</p> <p data-bbox="256 658 687 692">FDC Annual PREA Data Report</p> <p data-bbox="256 736 1485 1196">115.289 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A. FDC Procedure 602.053 ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A. The facility maintains hard copies of investigations in a lock file cabinet located in the PREA Compliance Managers office. The office was locked whenever the PCM was not in the office. The investigative files are stamped to ensure no file is mistakenly taken out of the office. The auditor was asked to review files that had been archived in the locked cabinet in the PREA compliance manager’s office. The investigations for the last 12 months were separated from the archived files and were reviewed in the conference. The PCM requested the auditor to return the files to his office when not being reviewed.</p> <p data-bbox="256 1229 1469 1442">115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. A review of the website confirmed that the agency has PREA reports from 2017 until 2022 uploaded in the above website. Florida Department of Corrections makes the same information from all of the facilities under its umbrellas on the FDC website <a href="http://www,dc,fl.us">http://www,dc,fl.us</a></p> <p data-bbox="256 1464 1390 1543">115.289 (c): Before making aggregated sexual abuse data public, FDC and GEO removes all personal identifiers.</p> <p data-bbox="256 1576 1485 1744">115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.</p> <p data-bbox="256 1778 1422 1856">Compliance was determined by review of three (3) annual report, corporate policy, and interview with the Agency PREA Coordinator.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

FDC Procedure 602.053

GEO policy 5.1.2-C

PREA Audit Postings

115.401 (a): GEO policy 5.1.2-C require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the

Department of Justice audits each facility at least once. The initial PREA audit of Moore Haven Correctional and

Rehabilitation Facility was conducted June 2016 by a DOJ certified PREA auditor. The second audit was conducted in July 2020 by a DOJ Certified auditor. This is the third audit of this facility and is being conducted by a certified PREA auditor.

This auditor’s recertification was effective January 1, 2022. This is the third certification or recertification of this auditor.

115.401 (b): According to GEO’s PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle, many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.

115.401 (h): During the audit, I was allowed access to all areas of Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.

115.401 (i): I requested personnel files, detainee files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.

115.401 (m): I interviewed random staff on duty for 24 hours during the audit and random sample of inmates during the onsite audit. Three inmates declined to be interviewed and the facility did not prohibit me from interviewing inmates selected for interview. Each inmate was asked to speak with the auditor privately to decline the interview. Two inmates advised the auditor they did not care to participate and were not interviewed. One inmate refused to speak with the auditor and the auditor documented the refusal and replaced the inmate with another random inmate.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at ( <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a> ) to be available to the public. The reports from June 2016 and July 2020 audits were located on the GEO website and reviewed by the auditor.



<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</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.)	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	na

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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



<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

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

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	Does this specialized training include proper use of Miranda and	yes

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



	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

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

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

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

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes



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

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

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

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

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

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes



	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b) Reporting to inmates</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
<b>115.73 (c) Reporting to inmates</b>		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d) Reporting to inmates</b>		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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



<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

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