

PREA Facility Audit Report: Final

Name of Facility: Baker County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/06/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: James Kenney	Date of Signature: 10/06/2021

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	jimkenney33@earthlink.net
Start Date of On-Site Audit:	08/24/2021
End Date of On-Site Audit:	08/26/2021

FACILITY INFORMATION	
Facility name:	Baker County Detention Center
Facility physical address:	1 Sheriffs Office Drive, Maccleny, Florida - 32063
Facility Phone	
Facility mailing address:	1 Sheriff's Office Drive, Macclenny, Florida - 32063

Primary Contact	
Name:	Brad R. Harvey
Email Address:	brad.harvey@bakerso.com
Telephone Number:	904-259-3311

Warden/Jail Administrator/Sheriff/Director	
Name:	Evelyn Blue
Email Address:	evelyn.blue@bakerso.com
Telephone Number:	904-259-2674

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

Facility Health Service Administrator On-site	
Name:	Justina Roberts
Email Address:	justina.roberts@armorhealthcare.com
Telephone Number:	904-259-9171

Facility Characteristics	
Designed facility capacity:	508
Current population of facility:	419
Average daily population for the past 12 months:	0
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	17-80
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Baker County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	1 Sheriff's Office Drive, Macclenny , Florida - 32063
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Brad Harvey	Email Address:	bharvey@bakerso.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Onsite Audit Phase

In preparation for their Prison Rape Elimination Act (PREA) audit, the Baker County Sheriff's Office contacted Department of Justice (DOJ) certified PREA auditor James Kenney on July 4, 2021. The agency requested onsite audit dates as soon as possible for the PREA audit of the Baker County Detention Center in Macclenny, Florida. The agency and auditor selected August 24-26, 2021, as the dates for the onsite audit. The auditor sent a contract draft to the facility on July 8, 2021. The facility provided an executed copy of the contract on July 11, 2021.

This will be the third PREA audit for the Baker County Detention Center, the first completed in 2014. This facility is the only facility operated by the Baker County Sheriff's Office.

On 07/12/21, the auditor conducted an audit kickoff meeting by telephone with PREA Coordinator Lieutenant Brad Harvey and their PREA Compliance Manager, Investigator Combs. During the meeting, the auditor provided the facility with information about the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the facility, documents, and the staff. The auditor also explained the corrective action process and the auditor's responsibility to work with the facility to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The facility was also provided the audit process map for their review. The auditor discussed the need for the agency to provide the auditor with access to the Pre-Audit Questionnaire (PAQ) and the audit documentation as soon as possible. The auditor explained the use of the Online Audit System (OAS) for the audit and gave the PREA Coordinator information to review regarding the use of the OAS. It was confirmed that PREA Coordinator Harvey would be the point of contact throughout the audit process.

The auditor also supplied the facility with a copy of the required audit notice and explained the need to have it posted throughout the facility and in all housing areas. The auditor also explained the need to allow confidential correspondence from inmates if the facility locates mail sent to the auditor's mailbox. The auditor requested that the notice be printed on color paper in two languages, English and Spanish. The facility agreed to send photos of the audit notice to the auditor.

The OAS for the audit was initiated on 07/14/21 and the facility began the process of updating the PAQ and uploading documentation for the auditor's review.

The facility posted the required audit notice throughout the facility on 07/12/21 and photos showing the posted audit notice in several areas of the facility were sent to the auditor on 07/14/21. The notice was printed in both languages on bright yellow paper. The auditor will confirm the posting of the notice during the onsite review.

On 08/12/21, the auditor was notified that the facility had completed the PAQ and upload of documentation into the OAS and the auditor was granted access to the OAS. The auditor began the review of the PAQ and submitted compliance documentation immediately. On 08/19/21 the auditor completed the documentation review and sent an issue log to the PREA Coordinator for review and response. The issue log requested additional information for only two (2) open items. The PREA Coordinator provided additional documentation and a response to the auditor to each of the open items during the onsite phase of the audit.

On 08/14/21 the auditor contacted the PREA Coordinator to confirm arrangements for the onsite audit and requested the following additional documentation from the facility:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria. These lists were uploaded to the OAS days prior to the onsite audit:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates

3. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

The facility was also asked to provide a complete staff roster for the days of the onsite audit. The staff roster and the inmate lists will be provided to the auditor on the first morning of the onsite audit.

The auditor performed an independent internet search for the Baker County Detention Center, which resulted in no news stories related to the facility and nothing related to sexual abuse claims at the facility. The facility also reported no open legal claims.

The auditor viewed the Baker County Sheriff's Office website information related to PREA and located the agency's 2014 PREA audit report as well as the survey of sexual victimization (SSV) for 2014, 2015, and 2016. The page also includes a third-party PREA reporting form that is available for the public to complete on behalf of an inmate. The auditor completed a test report and submitted it by email to the address shown on the website.

The State of Florida requires mandatory reporting of sexual abuse of an inmate to authorities under Florida State Statute (FSS) 944.35(3)(d). Also, in the State of Florida, criminal courts must file criminal charges for youthful offenders in the adult court for the court to certify a youthful offender as an adult. The youthful offender under the age of 18 must be held separate from adult offenders, out of sight or sound of the adults.

The auditor contacted the Women's Center of Jacksonville (WCJ), the certified rape crisis center for Duval, Nassau, and Baker Counties and the approved provider for services at the Baker County Detention Center. The agency has a written Memorandum of Understanding with the WCJ to provide forensic examinations for victims and to provide victim advocacy. The auditor spoke with the Program Director, who confirmed the WCJ's work with the Corrections Department. She explained the process for the WCJ to take hotline calls for the agency and to provide information back to the agency, as required. She also explained how the WCJ provides victim advocacy and support for victims and persons of past victimization. It was also confirmed that there were no forensic examinations for inmates in custody over the last 12 months. The auditor performed a test phone call to the advertised hotline number, which was handled promptly by staff at the WCJ. The agency was notified immediately regarding the contact from the hotline.

The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the Baker County Detention Center. They showed no information that referenced the facility.

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

Onsite Audit Phase

The auditor arrived at the Baker County Detention Center on 08/24/21 and attended a welcome meeting with the agency's PREA Coordinator, Lt. Harvey, and the Chief of Security for Corrections, as well as several members of the security team. The health services administrator with the contracted health services vendor, Armor Health, attended the welcome meeting also. The meeting was held in the training room outside the secure facility, which also served as the auditor's work room during the onsite audit. The auditor was provided an itinerary for the week and a resounding welcome by the Chief of Security and her staff. The auditor explained the onsite audit was intended to observe the operations of the facility and assess the day-to-day practice of the staff's interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the facility's compliance with the PREA standards, which the auditor believed the facility was already meeting, based on the pre-audit review of the agency policy, and submitted facility documentation. The auditor complimented the work of the PREA Coordinator, and the work performed on the audit thus far. The auditor provided staff with the list of randomly selected staff members and inmates for interviews. The auditor was notified that the inmate count on the first day of the onsite audit was 369.

The auditor was provided a list of several specialized staff members who were available for interviews and the auditor made selections for interviews to be conducted during the onsite audit.

The auditor then began the site review in the facility's main control room. The civilian operator showed the auditor the video screens available in the control room and the auditor was able to verify that the main control staff had no access to view inmates in restrooms or showers throughout the facility. All of the cameras provided views of public areas of the facility only. There are a total of 125 cameras employed within the facility to provide video coverage of housing unit dayrooms and public areas of the facility.

The auditor was then escorted to the booking and intake area. The auditor observed a wide-open booking area with adequate cameras viewing the booking area, but not inside the booking cells. During the onsite audit, the booking cells were being utilized as housing cells for quarantine due to the ongoing national pandemic. The auditor viewed the room where inmates are scanned for contraband, and they are strip searched. The room has no cameras and there are no windows. The auditor was told that inmates are searched one at a time, by a deputy of the same gender of the inmate. Since there were no inmates being processed for booking at the time, the auditor was walked through the booking process. The auditor had his property removed and inventoried, then simulated the strip search. The auditor was then given intake paperwork, including the intake PREA education documentation. The auditor signed a document indicating receipt of the PREA documents.

Following booking, the auditor was escorted to the facility's medical unit. The auditor then met with a nurse, who performed an intake medical screening, which included the intake risk screening. The risk screening was performed extremely well, with professionalism. The auditor purposely answered questions to indicate a potential victim. This caused staff to indicate that the auditor would then be immediately classified and housed in a manner separately from any potential predator in the facility.

The medical unit has four (4) cells available to house inmates that require medical care or isolation from the rest of the inmate population. There are no cameras inside the cells. Cells in the medical unit are double-bunked, wet cells, with large windows that provide the deputies a clear view of the inmates for safety. There is a shower available at the far end of the unit for inmate use. The shower has a door, which provides privacy for the inmates while they use the shower. Treatment rooms are open to provide easy viewing by staff unless the curtain is pulled for privacy during actual medical treatment. The auditor was told that medical staff is not allowed to provide treatment one-on-one and must have a deputy present for safety during medical care. The offices were secure unless staff were working inside. Inmates were not allowed in the offices, except for mental health providers. Mental health staff provide services alone with inmates but with the door open for safety. All storerooms were secured. The auditor viewed cameras throughout the medical unit.

The auditor next toured the facility's kitchen. The kitchen is operated by a contractor, Trinity Services Group. The auditor met with the Trinity supervisor, who escorted the auditor around the kitchen. The freezer and refrigerator were secured, and the stockroom was secured. The auditor did not view any blind spots or areas where inmates could be at risk of sexual abuse in the kitchen. The kitchen office was off limits to inmates. The auditor spoke to two inmates in the kitchen, who were able to explain that staff are always present in the kitchen when inmates are at work. Both inmates said they felt safe in the facility, and both told the auditor several ways to report an incident of sexual abuse if something happened.

The auditor then entered the laundry area and met with three inmate workers. The inmates are secured into the laundry area to complete their tasks daily. The auditor did not observe any blind spots or unsafe areas in the laundry area, which is under direct camera observation while the inmates are at work. A deputy comes by to check on them often throughout the day and is available to escort them in the facility for laundry delivery.

The auditor then walked outside to the exterior recreation area to observe the area for safety. The facility assigns a deputy for security when inmates are present at recreation. There are cameras to view both recreation yards. The yards are rectangular with no blind spots.

The auditor then walked upstairs to observe the control rooms over the two housing unit buildings. Each of the control rooms is staffed by a female deputy, who monitors the housing units for safety and provides staff access to the housing units. The auditor viewed the camera monitors in both control rooms and could not identify any cameras with views of the restrooms or showers. The auditor also verified that the operator was unable to view inmates completely naked from the control room.

The auditor then proceeded to tour the two housing buildings. The facility has two housing buildings, A and B, which contain eight units each. There is a programming unit available for each building as well. Each of the eight units has bed space for 32 inmates. Seven of the eight units are double-bunked and the last has four-man cells. All of the facility's cells are wet cells, complete with its own shower. The shower has a blue shower curtain, which is clear at the top and bottom to view the inmate head and feet. Each of the housing units is wide-open and the auditor was unable to observe any blind spots or unsecured doors. The auditor spoke with several inmates during the site review and asked several questions to confirm they had received PREA education. Each of the inmates expressed they felt safe and could clearly state several ways to report incidents of sexual abuse. The auditor observed PREA signs in each of the housing units as well as the required PREA audit notice. The auditor also tested the telephones in the units to ensure they were operational. The auditor had one inmate make a test telephone call to the advertised hotline number.

During the site tour of the facility, the auditor observed staff members making a cross-gender announcement prior to the auditor and escorts entering all of the housing units, as the auditor is a male and one of the escorts was female. Each time, the auditor was asked to wait a moment while the officer on duty or the supervisor made an announcement that a male or a female was entering the housing unit, the group was asked to wait a few additional moments allowing the inmates to cover up, if necessary, before entering the housing unit. The auditor asked inmates throughout the facility about the announcements and all inmates confirmed that the announcements were made routinely before staff members of the opposite gender entered the units.

The auditor met with a staff member who processed the facility's inmate mail and discussed how they would process privileged mail, including mail that would be addressed to the auditor. He knew the auditor's name and address and explained that the audit notice was posted in the mail processing room and any mail addressed to the auditor would be processed as privileged mail, just as any other legal mail.

The auditor met with the grievance coordinator who explained the process for inmates for file a grievance. Inmates file grievances electronically on the kiosks in the housing units. The grievances are then received by the coordinator electronically and categorized. Those that are submitted related to sexual abuse or sexual harassment are sent directly to the PREA coordinator for investigation. The PREA coordinator initiates an investigation, if necessary, and provides a response to the inmate within the required time frame.

The auditor met with the health services administrator and with the PREA Coordinator. Both verified that forensic medical examinations for the facility are performed either offsite at a local hospital or at the Women's Center of Jacksonville. The agency provided the auditor a Memorandum of Understanding (MOU) with the Women's Center of Jacksonville (WCJ) to provide forensic examinations as well as for inmate counseling services and the external hotline. The WCJ provides a victim advocate during all forensic examinations and would also provide the advocate for follow-up visits at the facility. The auditor completed an interview with the WCJ program director prior to the onsite audit to confirm the details of the MOU and verify their PREA education and actions after receipt of a hotline telephone call.

The auditor toured the visitation area and public lobby. There are several PREA signs posted to provide the public with vital information regarding PREA and how they might be able to file an allegation of sexual abuse or sexual harassment on behalf of an inmate.

Inmate Interviews

The auditor conducted inmate interviews on the first and second days of the onsite audit. They were completed in a private room in each housing building. Based on the inmate population of 369 on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 26 total inmate interviews must be conducted; a minimum of 13 random inmates and 13 targeted interviews are required. The PREA Coordinator and shift sergeant facilitated interviews of all inmates. The interviews were completed in the program room in each housing building, that provided privacy for both the inmate and the auditor. The auditor also interviewed one inmate who was on disciplinary confinement. This interview was completed outside his cell, through the food port, within the confinement unit. The inmate and the auditor were provided privacy for the interview. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmate	Interviews Conducted
Random Inmates (Total)	18
Targeted Inmates (Total)	10
Total Inmates Interviewed	28
Breakdown Of Targeted Inmate Interviews:	
Youthful Inmates	1
Inmates with Physical Disability	2
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are LEP	3
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay, or Bisexual	2
Inmates who Identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization/Suffered Prior Abuse	0
Inmates who Reported Sexual Abuse	0
Inmates who Reported Sexual Victimization During Risk Screening	2
Total Number of Targeted Inmate Interviews	10

The PREA Coordinator provided the auditor with a complete list of inmates for each of the targeted categories for interviews on the morning of the first day of the onsite audit. The auditor randomly selected inmates from each list and provided those names to the PREA Coordinator. There were no inmates held in segregation due to a high risk of victimization, no transgender inmates, no blind, deaf, or hard of hearing inmates, and no inmates who had reported sexual abuse in custody for the auditor to interview. Also, the facility has a low population, so it was not possible to identify other targeted inmates to meet the minimum required per Auditor Handbook. Therefore, the auditor interviewed extra random inmates to meet the required minimum total of inmates overall.

The auditor was also provided a full alphabetical list of inmates housed in the facility. The auditor randomly selected inmates to interview from the full list. The auditor also selected the only youthful inmate to interview. All interviews were completed using the Department of Justice interview protocols.

Staff Interviews

The auditor conducted interviews with facility and agency leadership and are not counted in the totals below:

Captain Evelyn Blue, Chief of Security

Lieutenant Brad Harvey, Facility PREA Coordinator

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

Category of Staff	Interviews Conducted
Random Staff (Total)	12
Specialized Staff (Total)	25
Total Staff Interviewed	37
Breakdown Of Specialized Staff Interviews:	
Intermediate- or higher-level facility staff	1
Facility PREA Compliance Manager	1
Medical and mental health staff	3
Non-medical staff involved in cross-gender strip searches	1
Human resources staff	1
SANE staff	1
Volunteers and Contractors who have contact with inmates	2
Investigative staff	1
Staff who perform screening for risk of victimization	1
Staff who supervise inmates in segregated housing	1
Incident review team	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
Line staff who supervise youthful inmates	1
Education and program staff who work with youthful inmates	1
Intake staff	1
Classification Staff	1
Maintenance	1
Director of Volunteers and Contractors	1
Grievance coordinator	1
Food Services Staff Supervising Inmates	1
Agency contract administrator	1
Total Specialized Interviews	25

The PREA Coordinator supplied the auditor with a list of staff names assigned to participate in the specialized staff interviews. The facility lists 149 volunteers and 35 contractors on their approved entry list. The auditor interviewed two contractors, but no volunteers were available to interview due to the ongoing national pandemic. For random staff interviews, the auditor selected several staff members from each of the four security shift rosters, including supervisors. Random staff interviews were conducted in a private setting, in the training room in the administration building. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. The auditor reviewed a list of 38 grievances and verified that there were no grievances listed that were related to sexual abuse or sexual harassment that were not included in the investigation files. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

Name of Record	Number Reviewed
Employee Files	10
Inmate Files	10
Investigation Files	9
Total Files	29

Employee Files: The auditor was provided ten employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

Inmate Files: The auditor reviewed 10 inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

Investigation Files: During the previous 12 months, there were a total of 9 allegations of PREA related misconduct at the facility. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. The investigation dispositions are shown below:

	Substantiated	Unsubstantiated	Unfounded
Inmate-on-inmate abusive sexual contact	1	1	3
Inmate-on-inmate sexual harassment	0	0	1
Staff-on-inmate sexual misconduct	0	0	2
Staff-on-inmate sexual harassment	0	0	1
Total Allegations	1	1	7

There was one substantiated inmate-on-inmate abusive sexual contact. The allegation was filed by a Federal detainee. By the time evidence was obtained and processed, which verified the victim’s allegation, both the abuser and the victim were relocated by the Federal authorities and were no longer in custody. Therefore, investigators were not able to complete the investigation and file criminal charges.

The investigation files include the initial incident report, inmate statements, witness statements, investigative report, investigative summary, and evidence summary. The PREA Coordinator supplied the Incident Review Report, retaliation monitoring, and medical and mental health records.

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. The auditor found complete investigative files, with proof of immediate action taken upon first notification, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with the Chief of Security, the facility PREA Coordinator, and several members of the security team. The auditor provided staff with an overview of the positive points found during the onsite phase

of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor was impressed with the cleanliness of the facility and the cooperation of the entire team to complete with the audit. The auditor appreciated the cooperation of everyone to assist in not only the onsite portion, but also the preaudit completion of the OAS and gathering of requested documentation.

Post-Onsite Audit Phase

During the post-onsite phase, the auditor requested some minor additional documentation from the PREA Coordinator to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review.

The auditor did not receive any correspondence from staff or inmates through the advertised auditor mailbox.

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the OAS and a final report was submitted to the PREA Resource Center and to the facility PREA Coordinator.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Baker County Detention Center is located at 1 Sheriffs Office Drive, Macclenny, Florida. The facility is operated by the Baker County Sheriff's Office and funded by the non-profit Baker County Development Corporation. The Agency PREA Coordinator is Lieutenant Brad Harvey. The Detention Center maintains agreements with the United States Marshals Service (USMS) and Immigration & Customs Enforcement (ICE), to house Federal pre-trial inmates and ICE detainees, as well as county jail inmates.

The facility has a rated bed capacity of 508. The facility employs 74 personnel, who all work under the leadership of the Chief of Security. The facility assigns four Lieutenants to oversee the four security shifts. Each of the four shifts is supervised by one lieutenant and two sergeants.

The facility houses male and female pretrial inmates and those inmates sentenced to serve sentences less than one year. The age range of offenders spans from 17 to 80. The facility houses youthful inmates, under the age of 18, in separate housing from adult inmates. There were no youthful inmates in custody at the time of the audit, although one inmate had been housed in the facility during the year prior to the audit who had just turned 18 and was still housed in the facility. The average daily population for the last 12 months is 372, with an average length of stay of 48.1 days. Demographically, of the 369 inmates in custody on the first day of the audit, there were 303 male inmates and 66 female inmates. There were 3,336 inmates admitted to the facility over the last 12 months whose length of stay was for 72 hours or more.

The facility has two housing buildings, A and B, which contain eight units each. There is a programming unit available for each building as well. Each of the eight units has bed space for 32 inmates. Seven of the eight units are double-bunked and the last has four-man cells. All of the facility's cells are wet cells, complete with its own shower. The shower has a blue shower curtain, which is clear at the top and bottom to view the inmate head and feet.

There are two control rooms over the two housing unit buildings. Each of the control rooms is staffed by a female deputy, who monitors the housing units for safety and provides staff access to the housing units. The camera monitors in both control rooms do not provide views of the restrooms or showers, and the operator was unable to view inmates completely naked from the control room.

The kitchen is staffed by contracted staff from Trinity Services Group and corrections officers to provide security. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are secured. The officer or Trinity staff member must open these areas before any inmate may access the area to obtain needed items for food preparation. All offices are non-inmate areas, and the walls are constructed of glass to provide for a clear view of the kitchen, thus providing greater sexual safety.

The laundry area is an open room with large laundry appliances. The room is under direct camera observation and there are no blind spots. The laundry is staffed by three inmate workers and supervised by a deputy.

The medical unit has four cells available to house inmates that require medical care or isolation from the rest of the inmate population. There are no cameras inside the cells. Cells in the medical unit are double-bunked, wet cells, with large windows that provide the deputies a clear view of the inmates for safety. There is a shower available at the far end of the unit for inmate use. The shower has a door, which provides privacy for the inmates while they use the shower. Treatment rooms are open to provide easy viewing by staff unless the curtain is pulled for privacy during actual medical treatment.

The medical unit provides medical treatment seven days a week, 24 hours a day. Services available for inmates onsite include medical care, x-ray services, laboratory services, and optometry services. Dental services are available to inmates in the community. The unit does not have an infirmary, and inmates with healthcare needs requiring full care are sent to a local hospital for treatment. Mental health counseling is available to inmates five days a week and a counselor is on call at all times.

Chaplain services are provided to all inmates and detainees. The facility provides interdenominational religious services for all inmates, as well as Muslim services, bible study classes, and Life Skills for Women classes. These services and programs provide the inmates with avenues to channel their free time and assists in the prevention of sexual misconduct.

The facility provides a large comprehensive educational program intended to deter future criminal behavior. They offer several self-help, educational, and vocational programs. These programs include adult basic education, general educational development (GED), male parenting class, Alcoholics Anonymous, and pre-diabetes education.

Inmate visitation is available seven days a week. Visitation is performed by video and the visitors access visitation remotely due to the ongoing national pandemic. Visitation kiosks are available at the facility for use during normal circumstances. The facility has posted signs in the visitation lobby for the public to view the facility's zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

Forensic medical examinations are performed by the Women's Center of Jacksonville (WCJ) or at a local hospital. The agency has a Memorandum of Understanding (MOU) with the WCJ to provide forensic examinations as well as for inmate counseling services and the external hotline. The WCJ provides a victim advocate during all forensic examinations and would also provide the advocate for follow-up visits at the facility. The WCJ staff will provide a treatment plan for the inmate following the examination, which will be followed by the facility medical staff.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

Standards Exceeded: 115.33 and 115.65.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. BCDC Organizational Chart 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.11(a). The Baker County Detention Center has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>, which outlines their zero-tolerance sexual abuse policy. The procedure clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents and establishes immediate reporting guidelines of such incidents. This procedure provides the definitions for sexual abuse and sexual harassment (p. 1-2) that are consistent with the prohibited behaviors in the PREA standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(b). The agency has designated an agency wide PREA coordinator, Lieutenant Brad Harvey, who reports to the Chief of Security in the Corrections Bureau. The agency's organizational chart was provided for review and shows the PREA coordinator's position as a direct report to the Undersheriff. There is no question as to the authority level of the PREA coordinator at this agency. The auditor interviewed the PREA coordinator and confirmed the main function of his position is PREA compliance, retaliation monitoring, review and monitoring of vulnerable inmates, and reporting of PREA data. The auditor worked directly with the PREA coordinator for this audit and was able to assess his knowledge and authority level. Based on this interview, the organizational chart, and my contact with the PREA coordinator, the auditor believes he has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.11(c). The agency has not designated a PREA compliance manager as the agency has only one building and one location. A compliance manager is not needed in this case. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="277 349 906 479" style="list-style-type: none"> <li data-bbox="277 349 906 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="341 387 440 414" style="list-style-type: none"> <li data-bbox="341 387 440 414">1. None <li data-bbox="277 421 440 448">2. Interviews: <ol data-bbox="341 454 692 481" style="list-style-type: none"> <li data-bbox="341 454 692 481">1. Agency Contract Administrator <p data-bbox="242 510 501 537">Findings (by provision):</p> <p data-bbox="242 566 1477 627">115.12(a) The agency did not provide any policy or procedure relative to this standard. In the PAQ, the agency stated there were no contracts currently in place for the housing of Baker County Corrections inmates.</p> <p data-bbox="242 656 1489 786">Through an interview with the agency contract administrator, the auditor was able to confirm that the agency currently has no contracts for any other agency to house inmates for Baker County. Because there are no current contracts, the auditor was not able verify language in any executed contract. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 815 1489 1043">115.12(b) The auditor interviewed the agency contract administrator, who indicated that any new contract entered into with any other agency for the housing of Baker County inmates will include a provision that requires the contractor to comply with the with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA). The contract must also provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. The agency contract administrator confirmed that inmates will not be housed in any facility or with any entity that fails to provide proof of compliance with the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.13 **Supervision and monitoring**

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. Corrections Guideline CO 328 - Prison Rape Elimination Act
 2. Baker County Detention Center Staffing Plan 2021
 3. 2021 Staffing Plan Review
 4. Housing Unit Supervisory Check Log – July 2021
 5. Supervisors Log Book
2. Interviews:
 1. PREA Coordinator
 2. Agency Head
 3. Random Inmates
 4. Random Staff
 5. Specialized Staff
3. Site Review Observations:
 1. Control rooms (electronic monitoring)
 2. Program area
 3. Housing units
 4. Kitchen
 5. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided the auditor a copy of the *Baker County Detention Center Staffing Plan 2021*. The document includes the staffing level guidelines for the Baker County Detention Center and the breakdown of video monitoring technology for the facility. The plan includes a review of the supervision for the institution.

The staffing plan mandated in this provision must take into account 11 considerations:

1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Detention Center conducted a review of the national correctional practices and direction from the National Institute of Corrections (NIC) while preparing the staffing plan. The Detention Center is also in compliance with the minimum standards published in the Florida Model Jail Standards (FMJS) and is inspected annually to show compliance with these standards.
2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – The Baker County Detention Center has not had any judicial findings of inadequacy. There are no current lawsuits/settlement agreements.
3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – The Baker County Detention Center was audited by the Office of Detention Oversight in reference to their contract for housing Federal detainees. There was no findings of inadequacy from this or any other Federal investigative agency.
4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – The Baker County Detention Center performed its latest Florida Model Jail Standards compliance inspection in 2019. There were no findings of inadequacy from this or any other internal or external oversight bodies.
5. Provision 115.13(a)(5) – All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) – The Baker County Detention Center installed an additional 28 cameras in 2020 to address potential safety concerns. There are no noted physical plant concerns noted in the staffing plan.
6. Provision 115.13(a)(6) – The composition of the inmate population – The Baker County Detention Center staffing plan is based on an inmate population of male and female inmates, including youthful inmates (under age 18), Federal detainees, and Federal pre-trial inmates. The plan includes required staffing to maintain the safety of all inmates, regardless of gender, sexual orientation, or age. It also includes adequate staffing for a dormitory specified for housing of the youthful inmates, that is separated from adult inmates by sight and sound. The staffing plan is based on an average daily population of 372 inmates in 2020.
7. Provision 115.13(a)(7) – The number and placement of supervisory staff – The plan considers the placement of supervisors for the proper supervision of staff and safety of the inmates to ensure coverage for the security inspections and

required facility rounds. These tasks help to ensure sexual safety in the facility.

8. Provision 115.13(a)(8) – Institution programs occurring on a particular shift – The Baker County Detention Center plan ensures adequate staff assigned to daily programmatic activities. There are staff members assigned to the educational and vocational programs to ensure all inmates are provided access to education programs without limiting security operations or endangering the sexual safety of inmates.

9. Provision 115.13(a)(9) – Any applicable State or local laws, regulations, or standards – There are no State or local laws, regulations, or standards that relate to the deployment of staff at the Baker County Detention Center or for the jail's staffing levels.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The Baker County Detention Center determined that most inmate allegations of sexual misconduct occurred on the evening shift. To combat that, the agency requested additional staff for the evening shift to deter any forms of criminal and sexual activity.

11. Provision 115.13(a)(11) – Any other relevant factors – The plan considered Baker County's detention of Federal inmates and detainees and the movement of these individuals to and from several jurisdictions prior to incarceration at Baker County. This can cause the individual to file allegations of sexual abuse from an incident that occurred while held in another facility or institution. The Center is then required to take such action necessary to properly notify that agency and provide proper counseling services to the inmate or detainee as needed.

The overall staffing of the facility is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing throughout the compound, as well as supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, medical and mental health, and all housing units. There are clearly visible cameras throughout the facility and the auditor could see where the facility had identified potential areas of concern, as some mirrors had been installed. This would support the assertion in the staffing plan that the facility has done an extensive review. The auditor visited the control rooms where staff actively monitor video within the facility. There appeared to be extensive coverage in all areas of the facility.

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

The auditor interviewed the Chief of Security during the onsite phase of the audit. The Chief of Security talked about the staffing plan and indicated the staffing plan is reviewed annually and updated based on a broad review with a team that includes the PREA coordinator. The Chief of Security explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. Each of the four shifts has adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the inmate population. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Chief of Security confirmed the plan covers each of the 11 points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and addresses any concerns immediately and forward those reports to the Chief of Security's office for additional review and approval. The auditor also interviewed the PREA coordinator, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). The agency reported zero deviations from the staffing plan during the 12 months prior to the audit. However, due to the ongoing national pandemic, there were several instances of deviations due to illnesses and quarantine. These deviations were filled with overtime and adjustments to staffing requirements of supervisors and support staff. The auditor interviewed the Chief of Security, who confirmed the documented deviations through the daily shift reports. The auditor was provided copies of the shift reports and noted the deviations below the required minimum staffing. The auditor could see how the facility corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). The auditor was provided a copy of the 2021 Staffing Plan Review in the PAQ. The annual review was completed in May 2021. The review indicated that no changes to the staffing plan were warranted based on the facility's inmate population, current staffing levels, current video monitoring technology, physical plant, and the number and composition of sexual abuse allegations. The annual review was completed by the PREA coordinator and a team of administrative staff and signed by the PREA coordinator.

The auditor interviewed the PREA coordinator, who confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the executive administration. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided a copy of the *July 2021 Housing Unit Supervisory Check Log*. This log lists the supervisor checks noted for each housing unit throughout the month of July. The log clearly shows supervisors at different levels making checks throughout the facility at various times of the day and night. There did not appear to be a pattern to the checks or a normal flow from unit to unit.

During interviews with 18 random inmates, each inmate stated that supervisors enter the housing units several times a day. When asked, inmates told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 12 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed supervisors during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Also, during the site review, the auditor met supervisors in the housing units while they were performing their unannounced rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline CO 324 – <i>Juvenile Admissions</i> 2. Memorandum – Youthful housing determination 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Youthful housing <p>Findings (by provision):</p> <p>115.14(a). The auditor reviewed Corrections Guideline CO 324 – <i>Juvenile Admissions</i>, which was provided in the PAQ. This guideline outlines the requirements to house inmates within the Baker County Detention Center that are under age 18. The guideline states, “Juveniles will be housed with other juveniles only. Juveniles will be prohibited from sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters (p. 4).” Also, by Florida state law, and facility policy, staff are required to complete security rounds every 10 minutes, without exception.</p> <p>During the site review, the auditor toured the area utilized to house youthful inmates. The cells utilized are off a hallway immediately behind the main booking area. The two cells have direct access to a private restroom and shower. The shower is covered by a shower a blue shower curtain that is clear at the top and the bottom, to provide viewing of the inmate’s head and feet for safety while still providing privacy. The placement of these cells in this hallway maintains a complete separation from all adult inmates within the facility.</p> <p>The auditor interviewed one inmate who was now 18 years old but was held in the facility when he was 16 and 17 years old. He described for the auditor the housing situation and clearly explained the separation from adult inmates. He told the auditor that staff cleared all facility hallways to ensure there were no adult inmates present, if he had to be moved within the facility for any reason. He also explained that he was always under direct supervision of a deputy. He stated that he was provided outside recreation daily and was provided written school materials from the local school district, under guidance from the programming department.</p> <p>The auditor interviewed a deputy assigned to booking, who was also responsible to monitor inmates in the youthful housing area. She confirmed that adult inmates were not allowed to enter the youthful housing areas at any time. She also confirmed separation of the youthful inmates by sight and sound at all times. She told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to this separate area. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.14(b). The auditor reviewed Corrections Guideline CO 324 – <i>Juvenile Admissions</i>, which was provided in the PAQ. This guideline states that youthful inmates will continue to be outside of sight and sound of adult inmates in areas outside of their housing area, and, if unable to do so, will remain under direct staff supervision.</p> <p>The auditor interviewed one inmate who was now 18 years old but was held in the facility when he was 16 and 17 years old. He described for the auditor the housing situation and clearly explained the separation from adult inmates. He told the auditor that staff cleared all facility hallways to ensure there were no adult inmates present, if he had to be moved within the facility for any reason. He also explained that he was always under direct supervision of a deputy. He stated that he was provided outside recreation daily and was provided written school materials from the local school district, under guidance from the programming department.</p> <p>The auditor interviewed a deputy assigned to booking, who was also responsible to monitor inmates in the youthful housing area. She confirmed that adult inmates were not allowed to enter the youthful housing areas at any time. She also confirmed separation of the youthful inmates by sight and sound at all times. She told the auditor the facility does not utilize solitary confinement to achieve this separation, as the youthful inmates are assigned to this separate area.</p> <p>The auditor also interviewed the programs director, who confirmed that education for the youthful inmate was provided in written form. The inmate worked on the educational materials either in his cell or at a table in a separate cell, all in the</p>	

separate housing area for youthful inmates. There were no adult inmates present. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14(c). The auditor reviewed Corrections Guideline *CO 324 – Juvenile Admissions*, which was provided in the PAQ. This guideline states, “The Baker County Detention Center shall make best effort to avoid placing juveniles in an isolation/confinement setting (p. 4).” The auditor was provided a memo written by the PREA Coordinator for the file that specifically addressed the only youthful inmate’s housing situation. As the facility does not routinely housing youthful inmates and based on this inmate’s specific charges, classification, and physical characteristics, the facility determined that housing separately in isolation was the best and only option for the safety and security of the inmate and the facility. This also met the requirements of the Florida state law and the provisions of the PREA standards.

The auditor interviewed one inmate who was now 18 years old but was held in the facility when he was 16 and 17 years old. He described for the auditor the housing situation and clearly explained the separation from adult inmates. He told the auditor that staff cleared all facility hallways to ensure there were no adult inmates present, if he had to be moved within the facility for any reason. He also explained that he was always under direct supervision of a deputy. The auditor viewed the separate housing area during the site review and could clearly see the separation from adult inmates. The area included two cells and one area utilized as a dayroom and programming, as well as a private restroom and shower area. It appeared to the auditor that although the housing was considered isolation, the inmate was provided space for exercise and dayroom so as not to appear to be disciplinary. The auditor did not see alternative housing in any other area of the facility that would be appropriate to provide the required sight and sound separation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline CO 333 – Searches 2. Corrections Guideline CO 328 - Prison Rape Elimination Act 3. Training curriculum 4. Training records 5. Housing Unit Logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Control rooms (electronic monitoring) 2. Strip search room 3. Bathrooms and shower areas 4. Housing units 5. Medical services <p>Findings (by provision):</p> <p>115.15(a). In the PAQ, the facility provided Corrections Guideline CO 333 – Searches. This guideline specifically describes when and how searches are to be performed on inmates in the facility. The guideline states, “The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners (p. 5).” The PAQ shows that no body cavity searches were performed in the previous 12 months.</p> <p>During the site review, the auditor viewed the strip search area in the facility’s booking area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the facility. During the onsite audit, the auditor interviewed two officers that were responsible for cross-gender searches. Both officers confirmed that body cavity searches must be first be approved by administration and then only performed by medical staff at the hospital. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.15(b). In the PAQ, the facility provided Corrections Guideline CO 333 – Searches. The guideline states, “The facility shall not permit cross-gender pat/frisk searches of inmates/detainees absent exigent circumstances. Female inmate/detainee access to regularly scheduled out-of-cell opportunities shall not be restricted in order to comply with this standard (p. 2).” The PAQ shows that no pat down searches of female inmates were performed by male staff members in the previous 12 months. The PAQ also shows there were no inmates who had out of cell opportunities restricted in order to comply with this provision.</p> <p>During the site review, the auditor experienced the intake process in booking and saw where searches of inmates would be performed and was told the search of a female inmate would always be performed by a female deputy, based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that pat searches of female inmates are always performed by female deputies. The auditor interviewed 12 random staff members during the onsite phase of the audit. All 12 deputies stated that pat down searches of female inmates are always performed by female deputies. The auditor was told that male deputies can search female inmates in exigent circumstances, but no one could recall an instance when that was necessary. The auditor interviewed 18 random inmates during the onsite audit, seven of which were female inmates. Each inmate confirmed that pat searches were always performed by female deputies. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.15(c). The agency provided Corrections Guideline CO 333 – Searches in the PAQ. This guideline states that in the event an opposite gender strip search occurs, the search must be documented. In the PAQ, the agency indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.15(d). The agency provided Corrections Guideline CO 328 - Prison Rape Elimination Act in the PAQ. This guideline</p>

states, "Inmate/detainees will be allowed to shower, perform bodily functions, and change clothing without non-medical 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 (p.3)." The guideline also states that staff members of the opposite gender will announce their presence when entering an inmate/detainee housing unit.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates' breasts, genitalia, and buttocks. The showers and restrooms in all units are inside the cells and the showers are equipped with shower curtains for privacy. The auditor checked the video monitors in the control rooms in each housing unit. In each control room, the auditor was able to view the monitor and verified that no showers or toilets were visible on the monitors.

Also, during the site review, the auditor routinely witnessed cross-gender announcements during entry into every housing unit. Each time we attempted to enter a dormitory, a deputy clearly made a loud announcement of "female or male on the floor". We were then asked to wait a moment before we entered, allowing inmates the opportunity to cover up if it was necessary.

During random interviews with 18 inmates, they all stated that officers routinely make an announcement before entry to the unit. All 18 of the inmates interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 12 officers, they confirmed that cross-gender announcements are done every time a deputy of the opposite gender enters a housing unit. Deputies stated clearly that they cannot see inmates in the showers and restrooms and will only see inmates naked during routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided Corrections Guideline CO 333 – *Searches*. On page 4, the guideline states, "Transgender or intersex inmate/detainees may not be searched or physically examined for the sole purpose to determine the inmate/detainee's genital status." The agency noted no such searches in the PAQ during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor was unable to interview a transgender inmate, as there were no transgender inmates in custody at the time of the audit. The auditor also interviewed 12 random deputies and was told that such searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The facility provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. The auditor was provided training records for the last two years, which documents staff member completion of search procedures training.

During the onsite phase of the audit, the auditor interviewed 12 random deputies. Each of the 12 deputies confirmed completion of the search procedures training through the agency's online training portal. The required training for cross-gender searches was included in the training. All 12 deputies stated that the training included how to perform the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 991 678" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Targeted inmates 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Postings in housing units 2. Medical housing 3. Inmate educational materials <p data-bbox="240 741 501 770">Findings (by provision):</p> <p data-bbox="240 797 1490 958">115.16(a). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states that the agency will take specific steps to ensure that all inmates and detainees will have the opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. In addition, the agency ensures that written materials are provided in formats or through methods to ensure effective communication with inmates with disabilities.</p> <p data-bbox="240 992 1490 1485">During the onsite phase of the audit, the auditor interviewed four inmates with a physical disability, two inmates who were partially deaf, and one inmate with a cognitive disability. Each of these seven inmates were able to explain the zero tolerance information and how to file an allegation of sexual abuse or sexual harassment. All of the inmates stated they had no problems understanding or receiving the PREA education in orientation. One inmate did explain that an officer took the time to assist him by explaining the information. The auditor also interviewed two inmates who were limited English proficient. Both spoke Spanish and were assisted by a staff member who translated for the inmate and the auditor. They both explained they received the required PREA education during orientation and had no problem understanding the information because it was presented in Spanish. They also clearly saw and understood the signs posted in the housing units, as they were printed in Spanish as well. The auditor confirmed in an interview with the Chief of Corrections that Orange County Corrections has various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. Grievances are available to all inmates and the agency orders require accommodations for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1518 1490 1641">115.16(b). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states that the agency will take specific steps to ensure that all inmates will have the opportunity to participate in and benefit from all aspects of the Department's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment, regardless of their disability or limited English proficiency.</p> <p data-bbox="240 1675 1490 1933">The auditor spoke with three inmates who spoke Spanish during the random inmate interviews. Both inmates required the assistance of a staff member who translated for the inmate and the auditor. Both inmates confirmed receiving the PREA education by watching the PREA video in Spanish. They explained to the auditor how to file an allegation of sexual abuse if it were necessary. They also understood behavior that was improper. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. The auditor also noted PREA signage in approximately nine languages posted in each of the housing units and in public areas. These communication pieces were supplied by the Department of Homeland Security for those inmates held as immigration detainees. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1966 1490 2123">115.16(c). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "The agency shall not rely on inmate/detainee interpreters, inmate/detainee readers, or other types of inmate/detainee assistants 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, or the investigation of the inmate's allegations."</p>

During the onsite phase of the audit, the auditor spoke with 12 random deputies and 18 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff stated that there are many staff members available who could translate, or they could utilize the language line if it was needed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1243 613" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Standard Operating Procedure Guideline <i>AD 204 – Application and Selection Process</i> 2. Standard Operating Procedure Guideline <i>MB 123 – Promotions</i> 3. <i>Prison Rape Elimination Act Employment Self-Report Form</i> 4. Employment records 5. FALCON Memo 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="240 674 501 701">Findings (by provision):</p> <p data-bbox="240 730 1493 958">115.17(a). In the PAQ, the auditor was provided Standard Operating Procedure Guideline <i>AD 204 – Application and Selection Process</i>. The guideline outlines the standard requirements for the hiring of all qualified candidates for employment at the Baker County Detention Center. In the <i>Criminal History</i> section, the guideline states, “To be eligible for appointment an applicant will not have been convicted of any felony or of a misdemeanor involving perjury or a false statement (p. 2).” The auditor was also provided Detention Center form <i>Prison Rape Elimination Act Employment Self-Report Form</i>. This form requires applicants and promotional candidates to affirmatively respond whether or not they have engaged in the acts listed in this provision of the standard.</p> <p data-bbox="240 992 1469 1081">The auditor reviewed the records of ten randomly selected staff members. The agency provided a completed document for each staff member, which lists the three questions in the standard. Each staff member had marked “no” to each question. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1115 1469 1308">115.17(b). In the PAQ, the auditor was provided Standard Operating Procedure Guideline <i>MB 123 – Promotions</i>. The guideline states, “The agency will consider any incidents of sexual harassment in determining whether to hire or to promote anyone, or who may have contact with inmates, in accordance with the Prison Rape Elimination Act (PREA).” The auditor was also provided Detention Center form <i>Prison Rape Elimination Act Employment Self-Report Form</i>. This form requires applicants and promotional candidates to affirmatively respond whether or not there has ever been an allegation, complaint, or finding made against the individual regarding an incident of sexual harassment.</p> <p data-bbox="240 1341 1485 1467">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1500 1493 1657">115.17(c). The auditor was provided Standard Operating Procedure Guideline <i>AD 204 – Application and Selection Process</i> in the PAQ. This guideline, in the <i>Background Investigation</i> section, states, “Background investigations will be conducted on all applicants including sworn and certified positions, as well as civilian applicants. Trained personnel will conduct background investigations in accordance with CJSTC guidelines.” The guideline goes on to list several other items that are a standard part of that background investigation, including fingerprinting, personal references, and employment history.</p> <p data-bbox="240 1691 1469 1780">The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed.</p> <p data-bbox="240 1814 1453 1971">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant’s file can receive final approval. These same reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility compound. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2004 1469 2094">115.17(d). In the PAQ, the auditor was provided Standard Operating Procedure Guideline <i>AD 204 – Application and Selection Process</i>. The guideline requires background checks to be completed before all contractors are granted approval to perform duties inside the secure perimeter of the facility compound.</p> <p data-bbox="240 2128 1449 2154">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told</p>

that all individuals, including contractors must pass the full criminal history review before being approved for entrance to the facility. The reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility compound. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). As part of the agency's background investigation process, all applicants and existing staff members as well as those contractors and volunteers with unescorted access to the jail compound, inmates, or Criminal History Record Information will submit to a fingerprint-based background check as required by the Florida Department of Law Enforcement. The fingerprints will be collected under the agency's unique nine-character ORI number and retained in the FALCON system. Employees and contractors who complete a level 2 background check will be retained in the FALCON system. The agency supplied a memo supporting the operation of the state's FALCON system.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that fingerprinting of staff is a part of their normal procedure. FALCON is an integrated state-of-the-art system for identifying criminals and reporting data. For law enforcement agencies and correctional agencies, it is utilized through a livescan program, where employee fingerprints are scanned into the FALCON system. Once entered in the enrolled agency file, the FDLE will automatically identify and alert at any time if that individual's fingerprints are received through a new arrest anywhere in the United States. The alert is sent from the FDLE to the agency's contact, thus providing an automatic system to capture employee arrests. Use of this FALCON system satisfies the requirement for the five-year background check. The agency's policy of fingerprinting all staff members, volunteers, and contractors, satisfies the standards requirements for the five-year background checks. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). During the auditor's interview with the human resources staff member, it was confirmed the agency follows this provision of the standard. She explained that questions regarding an individual's prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The agency's hiring standards were provided to the auditor during the interview. The standards clearly provide the applicant with the statement that the applicant will be disqualified if the applicant is shown to have knowingly presented false oral or written information during his/her consideration for employment.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee's sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Florida. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.18(a). The agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. This guideline states the agency will consider the effect of the design, acquisition, and monitoring technology upon the agency's ability to protect inmates from sexual abuse.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Security. She stated that the administration constantly reviews what changes might be needed for the Baker County Detention Center. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an inmate's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.18(b). The agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. This guideline states the agency will consider the effect of the design, acquisition, and monitoring technology upon the agency's ability to protect inmates from sexual abuse.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Security, who stated that the administration constantly reviews what changes might be needed for the Baker County Detention Center. She went on to say that they had recently updated the facility's video monitoring technology to better monitor public areas of the facility to enhance the overall sexual safety of the inmate/detainee population. This provides additional safety for staff and inmates and increases the agency's ability to respond promptly to situations such as assaults or sexual victimization. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1414 611" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Uniform Evidence Protocol 3. Memorandum of Understanding – Baker County Detention Center and Women's Center of Jacksonville 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p data-bbox="240 640 501 667">Findings (by provision):</p> <p data-bbox="240 696 1497 857">115.21(a). In the PAQ, the agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states that a criminal or administrative investigation will be completed for all allegations of sexual abuse or sexual harassment made by inmates. The auditor learned that all criminal and administrative investigations are conducted by the Baker County Sheriff's Office and the Detention Center Investigator. The auditor reviewed the agency's uniform evidence protocol to confirm that it meets the guidelines called for in the standard.</p> <p data-bbox="240 887 1484 1048">During the onsite phase of the audit, the auditor completed random staff interviews with 12 staff members. Each of the 12 deputies interviewed knew that the investigations were handled by the Sheriff's Office and the Detention Center Investigator. All 12 deputies also knew that evidence was collected by investigators under a standard protocol, and deputies were responsible to protect the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1077 1489 1305">115.21(b). The auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. On page twelve, the guideline requires the uniform evidence protocol meet the standards in the Department of Justice (DOJ) Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." The auditor was provided a copy of the protocol for review. The protocol includes collection and preservation of evidence that is appropriate for youth. The auditor reviewed the evidence protocol and compared it with the publication. The protocol appears to be based upon the DOJ protocol. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1335 1481 1630">115.21(c). In the PAQ, the agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline establishes guidelines for the investigation of sexual abuse and sexual misconduct within the facility. The guideline requires the Sheriff's Office to ensure the inmate victim obtains medical treatment, a forensic examination, and advocacy. Forensic examinations for the agency are provided by the Women's Center of Jacksonville, pursuant to a signed Memorandum of Understanding (MOU). The Center provides forensic medical examinations, performed by sexual assault nurse examiners (SANE) at their care center. Per the MOU, which was provided to the auditor in the PAQ, the investigating agency would transport the inmate victim to the care center for the examination, to be performed by a SANE. The agency guideline requires that forensic medical examinations are provided without financial cost to the victim. In the PAQ, the agency stated there were no examinations performed during the 12 months prior to the audit.</p> <p data-bbox="240 1659 1489 1888">During the onsite phase of the audit, the auditor conducted a telephone interview with the program director of the Women's Center of Jacksonville (WCJ). The program director confirmed the status of the MOU with the agency. She stated that WCJ provides victim advocates to answer the 24-hour response hotline, who in turn would contact the on-call SANE nurse for the response to the care center. The victim advocate would then respond to the care center as well to provide advocacy to the victim. When asked, the program director stated that there would never be a time that a SANE nurse and an advocate would not be available, and the agency would be forced to provide an alternate source for the examination. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1917 1489 2045">115.21(d). In the PAQ, the agency provided a MOU between the Baker County Detention Center and the Women's Center of Jacksonville (WCJ). The MOU clearly states that the WCJ will provide a victim advocate during a forensic examination and for any follow-up investigative services. The agreement also allows for the agency to provide advocacy services to other inmates that did not require a forensic examination.</p> <p data-bbox="240 2074 1489 2134">During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He stated that the agency has access to victim advocates through the Women's Center of Jacksonville. Inmates are informed of the available advocates through</p>

signage in the facility and through the inmate handbook. The auditor was not able to interview an inmate who had reported sexual abuse, as there were no inmates in custody at the time of the audit, to confirm this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). In the PAQ, the facility provided Corrections Guideline *CO 328 - Prison Rape Elimination Act*. The guideline states, "As requested by the victim, the victim advocate shall be allowed to accompany and support the victim through the forensic medical examination process and investigatory process, and shall provide emotional support, crisis intervention, information, and referrals."

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He stated that the agency has access to victim advocates through the Women's Center of Jacksonville. Inmates are informed of the available advocates through signage in the facility and through the inmate handbook. The auditor was not able to interview an inmate who had reported sexual abuse, as there were no inmates in custody at the time of the audit, to confirm this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since the criminal investigations of sexual abuse for the agency are performed by the Baker County Sheriff's Office, the agency does not have a need to comply with this provision of this standard. All information is immediately accessible to the agency through internal avenues.

The auditor reviewed multiple sexual abuse investigative files during the onsite phase of the audit. Although there were no investigations that required a forensic medical examination, the auditor was able to see the proper steps taken by the investigating agency to meet the provisions of this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). The agency has an MOU with the Women's Center of Jacksonville to provide victim advocacy services for the facility. With this agreement in place, it is not necessary to utilize staff members to provide victim advocate services. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 991 510" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Investigative Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="242 539 501 568">Findings (by provision):</p> <p data-bbox="242 598 1453 692">115.22(a). In the PAQ, the agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment (p. 8)."</p> <p data-bbox="242 721 1481 916">During the onsite phase of the audit, the auditor reviewed the agency's incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor also reviewed the sexual abuse and sexual harassment investigations from the previous 12 months. There were nine allegations that were investigated properly. The auditor interviewed the Chief of Security, who confirmed that all allegations of sexual abuse and sexual harassment are investigated by the Sheriff's Office. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 945 1445 1039">115.22(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. This guideline states that upon notification of an allegation of sexual abuse, the facility will ensure the referral for investigation to the Detention Center Investigator to conduct the investigation.</p> <p data-bbox="242 1068 1461 1128">During the onsite phase of the audit, the auditor interviewed the Detention Center Investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to her for investigation.</p> <p data-bbox="242 1135 1489 1330">They are also referred to the Baker County Sheriff's Office for criminal investigation. The auditor reviewed the Baker County Detention Center web page, and under the tab for Prison Rape Elimination Act, the Department lists the agency's zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment on a third-party grievance form. The agency's PREA policy is also posted. The information can be found here: Corrections Department - Baker County Sheriff's Office (bakerso.com). Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1359 1469 1420">115.22(c). All investigations are performed internally for the Baker County Detention Center so there is no need to note additional information on the website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1449 855 1478">115.22(d). The auditor is not required to audit this provision.</p> <p data-bbox="242 1507 855 1536">115.22(e). The auditor is not required to audit this provision.</p>

115.31	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 991 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Training curriculum 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. Random staff <p data-bbox="242 573 501 602">Findings (by provision):</p> <p data-bbox="242 631 1497 927">115.31(a). In the PAQ, the facility provided a copy of their Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. This guideline states, "For new employees, a discussion of sexual assault/abuse prevention and intervention shall be part of the Employee Orientation training and should include a review of the Detention Center's sexual assault/abuse policy and staff responsibilities to prevent and report sexual assaults. For existing staff, additional extensive information about the program shall be included as a part of the Annual Refresher Training (p. 5)." On page 4 of the guideline, the agency lists the ten items required in this provision of the standard. The auditor was provided the agency's training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten required points of the standard. The training material is presented in a manner that all staff members can understand, and the agency utilizes a test at the end of the course to measure understanding. The education is presented in the classroom and is supplemented by computer-based training.</p> <p data-bbox="242 956 1497 1184">During the onsite phase of the audit, the auditor interviewed 12 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency. All deputies interviewed verified the ten points of this standard in the agency training. The auditor was told that they get PREA training as part of their annual training. The auditor reviewed training records for ten randomly selected deputies and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1214 1474 1341">115.31(b). The Department training curriculum related to PREA is consistent for all corrections staff that work in the facility. There is no need to provide education that is gender specific, as there are no other facilities other than the audited facility and no facility that houses inmates of a specific gender. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1370 1497 1599">115.31(c). In the PAQ, the facility provided a copy of their Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. This guideline states, "For new employees, a discussion of sexual assault/abuse prevention and intervention shall be part of the Employee Orientation training and should include a review of the Detention Center's sexual assault/abuse policy and staff responsibilities to prevent and report sexual assaults. For existing staff, additional extensive information about the program shall be included as a part of the Annual Refresher Training (p. 5)." Training related to PREA has been provided to staff since 2013. The auditor reviewed training records and determined that all current staff members have received PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1628 1426 1724">115.31(d). All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member's understanding of the information provided.</p> <p data-bbox="242 1753 1474 1850">The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.32(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "The agency shall ensure that all volunteers and contractors who have contact with inmates/detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures (p. 5)."</p> <p>During the onsite phase of the audit, the auditor interviewed two contractors who have inmate contact in the facility. Both confirmed completion of the required PREA education provided by the agency. The agency requires annual training with the agency's curriculum. The auditor was not able to interview volunteers due to the ongoing national pandemic. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "The level and type of training provided to volunteers and contractors shall be based on the services that they provide and the level of contact they have with inmate/detainees, but all volunteers and contractors who have contact with inmate/detainees shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." The auditor reviewed the Baker County Volunteer and Contractor training curriculum, which was also provided in the PAQ. The curriculum satisfied the requirements under this provision of the standard.</p> <p>During the onsite phase of the audit, the auditor interviewed two contractors who have inmate contact in the facility. Both confirmed completion of the required PREA education provided by the agency and could easily state the zero-tolerance policy and knew how to report allegations of sexual abuse in the facility. The auditor was not able to interview volunteers due to the ongoing national pandemic. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.32(c). The auditor was provided copies of volunteer and contractor written acknowledgement of training in the PAQ. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which included the PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 409 1294 801" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Baker County – <i>Sexual Assault Prevention & Reporting Brochure</i> 3. Immigrations and Customs Enforcement – <i>Sexual Abuse and Assault Awareness Brochure</i> 4. Baker County <i>PREA Education Acknowledgement Form</i> 5. Baker County Detention Center Inmate/Detainee Handbook 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 831 501 857">Findings (by provision):</p> <p data-bbox="240 891 1490 1182">115.33(a). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "As part of the Admissions process, a staff member shall provide an Inmate/Detainee handbook that contains information about the Sexual Assault/Abuse prevention and Intervention program, including: 1. How inmate/detainees can protect themselves from becoming victims while incarcerated, 2. Treatment options available to victims of sexual assault, and 3. Methods of reporting incidents of sexual assault/abuse, including how to use the PREA hotline." In the PAQ, the agency stated that of the 3,436 inmates who were admitted to the facility during the past 12 months, 100% of them had received the intake education. The auditor was provided a copy of the Baker County – <i>Sexual Assault Prevention & Reporting</i> brochure in the PAQ. The brochure contains the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment.</p> <p data-bbox="240 1216 1490 1473">During the onsite phase of the audit, the auditor toured the facility booking floor and walked through the process for intake of an inmate. The auditor acted as an inmate and was presented the initial <i>Sexual Assault Prevention & Reporting</i> brochure, just as an inmate would. The auditor was asked to sign the <i>PREA Education Acknowledgement</i> form to show acknowledgement of receipt of the brochure. The auditor interviewed 18 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at the facility. All 18 inmates could easily describe the zero-tolerance policy, knew what behavior was prohibited, and knew how to report sexual abuse. The auditor interviewed two intake staff members and they confirmed providing the intake handout to all inmates while they did the intake process. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1507 1490 1832">115.33(b). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "Inmate/detainee comprehensive education shall be completed within 30 days of intake regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents as well as regarding agency policies and procedures for responding to such incidents. This education will be conducted at time of the inmate/detainee's 14-day Health and Physical in the medical lobby. An education acknowledgement sheet should be signed by the inmate/detainee acknowledging that this education has been completed (p. 6)." The comprehensive education is completed through the viewing of the "<i>PREA – What You Need to Know</i>" DVD. The educational video is provided by the National PREA Resource Center and Just Detention International. It is recognized as the best source of inmate education. The Department provided documentation to show 2,578 inmates received (whose length of stay was 30 days or more) over the last 12 months prior to the audit and 2,578 inmates had received the comprehensive education.</p> <p data-bbox="240 1865 1490 1989">During the onsite phase of the audit, the auditor interviewed intake staff and they confirmed the use of the PREA video DVD, to ensure that all inmates can view the video and receive the PREA education. The auditor interviewed 18 random inmates during the onsite phase of the audit. All 18 inmates confirmed receiving the PREA education and could answer all the questions. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2022 1490 2145">115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The auditor interviewed intake staff during the onsite audit and walked through the intake process. The orientation process and PREA education is provided for all inmates following the 14-day Health and Physical in medical. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.33(d). In the PAQ, the auditor was provided several documents in other languages that provide the agency's zero-tolerance policy for those inmates that do not speak, read, or write English or Spanish. The agency can provide education to inmates through the use of the Language Line services, by using an American Sign Language interpreter, or by using a staff interpreter. Staff can also read the information directly to an inmate if they are unable to read. The agency has signs posted in housing units in nine different languages. These signs are provided in conjunction with Immigration and Customs Enforcement (ICE) and the Department of Homeland Security (DHS), due to housing of the Federal detainees in the facility.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse.

Also, the Baker County Detention Center **Inmate/Detainee Handbook** is available to inmates in both languages. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide inmate education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided copies of signed acknowledgment of receipt of PREA education forms. The auditor reviewed several documents and confirmed the inmates' receipt of the education. This information is also maintained in the corrections management system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provides the hotline number, as well as the information for available counseling services. The inmates are also provided a Baker County Detention Center **Inmate/Detainee Handbook**, where the agency's sexual abuse policy is documented. The information is also available constantly on the inmate kiosk in the housing units. Based on this analysis, the auditor finds the facility in compliance with this provision.

The auditor reviewed the large amount of PREA education available for inmates and detainees in the corrections facility.

There are two brochures available due to the facility holding Federal inmates and detainees, and signs posted throughout the facility are posted in nine different languages. Most of the signs are made available through ICE and DHS. The Detention Center could choose not to post all of the signs, but they make room available in the housing units and post each one to ensure that any inmate admitted to the facility is provided the legally-required PREA education. The education is also readily available at all times to all inmates and detainees. Based on all of this information, the auditor finds the facility has exceeded the standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Training curriculum 3. Training logs 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.34(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states that staff conducting sexual abuse investigations must have received special training in sexual abuse investigations.</p> <p>The auditor interviewed the Detention Center Investigator during the onsite phase of the audit. The investigator confirmed that she had taken the investigations specialized course and had successfully received her certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(b). In the PAQ, the facility provided the training curriculum. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision.</p> <p>The auditor interviewed the Detention Center Investigator during the onsite phase of the audit. The investigator confirmed that she had taken the investigations specialized course and had successfully received her certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(c). The Department maintains documentation showing completion of the investigations course for three individuals, including the PREA coordinator, the PREA compliance manager, and the Detention Center Investigator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.34(d). The auditor is not required to audit this provision.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Training Curriculum 3. Training certificates 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.35(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "The facility shall insure that all full and part time medical and mental health practitioners who work regularly in the facility have been trained in: a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse; c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and d. How and whom to report allegations or suspicions of sexual abuse and sexual harassment (p. 5)." The agency indicated that 32 medical and mental health staff members are approved for work at the facility, and they all have completed the PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. Both confirmed having taken the online specialized medical course and completed the class. They both acknowledged understanding the four points of the standard that were included in the training. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(b). Medical staff at the facility do not perform forensic examinations. Per a written agreement, all forensic examinations are performed by the Women's Center of Jacksonville. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(c). The Department maintains written documentation of each staff member's completion of the specialized medical course and provided proof to the auditor for review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.35(d). The medical and mental health care staff are all contracted through Armor Medical and are required to meet the expectations laid out by the agency in order to be in compliance with this standard. All of the contracted Armor staff members must complete the basic orientation and annual education. The auditor was provided proof of medical staff completion of the basic orientation class. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline CO 328 - <i>Prison Rape Elimination Act</i> 2. Corrections Guideline CO 312 – <i>Admission Guidelines</i> 3. <i>Inmate/Detainee Sexual Assault Risk Assessment Form</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Intake/Booking 2. Medical <p>Findings (by provision):</p> <p>115.41(a). The agency supplied Corrections Guideline CO 312 – <i>Admission Guidelines</i> in the PAQ. The guideline states, “All inmate/detainees shall be assessed during the initial medical screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates via the <i>Inmate/Detainee Sexual Assault Risk Assessment Form</i> form. This screening will be conducted no more than 72 hours after arriving at the Baker County Detention Center (p. 8).”</p> <p>During the onsite phase of the audit, the auditor interviewed the Classification Deputy and two nurses from medical who confirmed that all inmates are screened upon admission to the Baker County facility. The auditor was utilized as the subject of the risk screening, which was performed by a nurse in the medical unit. The nurse explained the screening process and the reason why the screening was being performed. The risk screening contained the proper questions related to the standard. The auditor asked the Classification Deputy and the nurses several questions to confirm that the process is routine and was satisfied based on the responses and how the screening was performed for the auditor, that the intake screening is a normal and routine part of the intake process for inmates. The auditor interviewed 18 random inmates during the onsite audit. All 18 of the inmates confirmed that they had been asked the screening questions when they had arrived at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.41(b). The agency supplied Corrections Guideline CO 312 – <i>Admission Guidelines</i> in the PAQ. The guideline states, “This screening will be conducted no more than 72 hours after arriving at the Baker County Detention Center (p. 8).” The agency stated the Baker County Detention Center had 2,336 inmates admitted to the institution within the past 12 months whose length of stay was at least 72 hours and all 2,336 inmates had received the risk screening.</p> <p>During the onsite phase of the audit, the auditor reviewed 10 inmate records which all included the risk screening. The screening had been completed within 72 hours of the inmate’s arrival at the Detention Center. During interviews with the Classification Deputy and two nurses, it was confirmed that the screening of all inmates is done within 72 hours of the inmate’s arrival at the facility, in fact, inmates are generally seen immediately following booking by the nurse in order to complete the medical intake screening and the risk screening. The auditor interviewed 18 random inmates during the onsite audit. All 18 of the inmates confirmed that they had been asked the screening questions. The 18 inmates related that the screening was completed within the required 72-hour time frame. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.41(c). The auditor was provided a copy of the agency’s <i>Inmate/Detainee Sexual Assault Risk Assessment Form</i> screening tool. The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.41(d). The auditor was provided a copy of the agency’s <i>Inmate/Detainee Sexual Assault Risk Assessment Form</i> screening tool. The screening tool lists each of the criteria listed in this provision of the standard. Additionally, the screening tool provides space for the screener to add comments based on the observations of the screener regarding the inmate’s potential for vulnerability. The tool asks the inmate for his or her feeling of safety while incarcerated.</p> <p>During the onsite phase of the audit, the auditor interviewed the Classification Deputy and two nurses. They explained that</p>

they speak directly with the inmate to complete the screening tool and ask all the questions on the tool. They are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The auditor was provided a copy of the agency's *Inmate/Detainee Sexual Assault Risk Assessment Form* screening tool. The Baker County screening tool provided to the auditor includes questions about the inmate's prior sexual abuse history in a detention facility, prior sexual abuse while incarcerated in Baker County, and committed sexual abuse at any time in the inmate's life. The screening asks the assessor to review known history of the inmate to determine if there is documentation of committed sexual abuse other than the inmate's admitted offenses. The screening also reviews additional violent criminal offenses.

The auditor interviewed the Classification Deputy and two nurses during the onsite phase of the audit. They confirmed that the screening tool includes questions about an inmate's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied Corrections Guideline *CO 312 – Admission Guidelines* in the PAQ. The guideline states, "Each inmate/detainee will be reassessed no more than 30 days from the inmate/detainee's arrival at the facility, for the inmate/detainee's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This screening will be completed by medical staff during the inmate/detainee's Health and Physical (p. 9)."

During the onsite phase of the audit, the auditor interviewed the Classification Deputy and two nurses who confirmed that inmates are reassessed within 30 days from the initial booking date. The auditor reviewed records for 10 inmates and confirmed the reassessment was completed within 30 days of the inmate's arrival at the facility. During interviews with 18 random inmates, the auditor asked if they were asked additional follow-up questions by classification staff and all 17 recalled this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied Corrections Guideline *CO 312 – Admission Guidelines* in the PAQ. The guideline states, "An inmate/detainee's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate/detainee's risk of sexual victimization or abusiveness (p. 9)."

The auditor interviewed the Classification Deputy and two nurses during the onsite audit, and they confirmed that inmates are continually reassessed based on information that is received from other staff, inmates or through incident reports. During interviews with 18 random inmates, 17 of the inmates stated they recalled being asked follow-up questions by classification or medical staff. The auditor reviewed the agency's sexual abuse investigation files from the 12 months prior to the audit and was able to confirm that following the allegation of sexual abuse, the victim was reassessed following the incident. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied Corrections Guideline *CO 312 – Admission Guidelines* in the PAQ. The guideline states that inmates or detainees will not be disciplined for refusing to answer questions or disclosing information related to the sexual abuse screening.

During the onsite audit, the auditor interviewed the Classification Deputy and two nurses. They all stated that inmates will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. Agency policy does not allow that, and it is the inmate's decision to not disclose the information. The auditor was told that staff attempt to encourage the inmate to answer the questions by reminding the inmate that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). The agency provided Corrections Guideline *CO 312 – Admission Guidelines* in the PAQ. The guideline states, "Screening forms will be handled as discreetly as possible so that the information is not exploited to the inmate's detriment by staff or other inmate/detainees." The auditor learned the information is maintained in the medical records section in the computer and accessible only by medical staff, the Classification Deputy, and the PREA Coordinator.

During the onsite phase of the audit, the auditor interviewed the Classification Deputy and two nurses. They all told the auditor that only medical staff, the Classification Deputy and the PREA Coordinator can access the risk screening information in the computer. Without a logon, you cannot access the information. The PREA coordinator was interviewed, and he stated that screening information is accessible by medical staff only, but the Classification Deputy and the PREA coordinator have specific access in order to perform their job duties. During the site review, the auditor asked several random deputies to access the screening and they were unable to access it. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 946 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline CO 312 – Admission Guidelines 2. Corrections Guideline CO 316 – Classification System 3. Inmate/Detainee Sexual Assault Risk Assessment Form 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 607 501 633">Findings (by provision):</p> <p data-bbox="240 667 1490 891">115.42(a). In the PAQ, the facility provided Corrections Guideline CO 316 – Classification System. The guideline states, “Information gathered from the Inmate/Detainee Sexual Assault Risk Assessment completed at time of intake will be used to make an informed decision when dealing with a detainee’s housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive (p. 3).” The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.</p> <p data-bbox="240 925 1490 1216">During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who was asked how the agency utilizes the information from the risk screening. He stated that the scoring for risk of victimization and risk of being abusive is entered into the classification system and that provides coding for victimization or abusiveness to ensure separation when placing inmates into housing units or work placements or programs. This ensures the required separation for safety. The auditor also interviewed the Classification Deputy. She confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1249 1490 1373">115.42(b). In the PAQ, the facility provided Corrections Guideline CO 316 – Classification System. The guideline states that housing decisions are individualized determinations made to ensure the safety of each inmate or detainee. The agency provided copies of risk screening results for several inmates in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate inmates that score as vulnerable from those that score as potential abusers.</p> <p data-bbox="240 1406 1490 1563">The interviewed the Classification Deputy during the onsite phase of the audit. She confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1597 1490 1753">115.42(c). In the PAQ, the facility provided Corrections Guideline CO 316 – Classification System. The order states, “In deciding whether to assign a transgender or intersex inmate/detainee to a facility for male or female inmate/detainee’s, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems (p. 8).”</p> <p data-bbox="240 1787 1490 2011">During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex inmates are reviewed on a case-by-case basis, which is consistent with the policy. The review is completed during a case conference meeting prior to the inmate’s placement in housing. The auditor was not able to interview a transgender inmate to confirm information relative to this provision, as there were no transgender inmates in custody during the onsite phase of the audit. The auditor was able to review risk screening records of transgender inmates, however, and was able to verify the inmate’s input in the housing determination. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2045 1490 2134">115.42(d). In the PAQ, the facility provided Corrections Guideline CO 316 – Classification System. The guideline requires that transgender and intersex inmates be assessed at least twice each year to ensure the safety of each inmate and to review any threats to safety experienced by the inmate. Medical staff must conduct an interview and Classification will</p>

perform a review of the inmate's housing, program, and work assignments to determine if there any necessary changes or threats to the inmate's safety.

The auditor interviewed the Classification Deputy and two nurses who perform the risk screenings during the onsite phase of the audit. They all confirmed that transgender inmates are reassessed twice per year to verify that the transgender inmate is not in any danger and is housed safely, works in a safe situation, and attends safe programming. The reassessment is performed by medical staff and is properly documented when it is completed. The auditor also interviewed the PREA coordinator, who confirmed that this reassessment for transgender inmates occurs every six months and is documented as part of the coordinator's victim file. The PREA coordinator provided the auditor with copies of the review for two transgender inmates who had already been released from the facility. The auditor was not able to interview a transgender inmate to confirm information relative to this provision, as there were no transgender inmates in custody during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). In the PAQ, the facility provided *Corrections Guideline CO 316 – Classification System*. The guideline states, "A transgender or intersex inmate/detainee's own views, with respect to his or her own safety, shall be given serious consideration (p. 5)."

During the onsite phase of the audit, the auditor interviewed one inmate who identifies as transgender female during the onsite audit. The inmate stated that she was asked specifically for her input regarding housing preference during the intake screening process. The auditor interviewed two staff members from Classification who stated that transgender inmates are asked about their housing preferences during the screening process. The auditor also interviewed the PREA coordinator, who also stated that transgender inmates are provided the opportunity to share their preferences for housing. Their view for their safety is a part of the housing decisions along with the screening scores, the needs of the Department, and the safety of the rest of the inmate population. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided *Corrections Guideline CO 312 – Admission Guidelines*. The order states, "Transgender or intersex inmate/detainees shall be given the opportunity to shower separately from other inmates."

During the onsite phase of the audit, the auditor was not able to interview a transgender inmate to confirm information relative to this provision, as there were no transgender inmates in custody during the onsite phase of the audit. The auditor interviewed the Classification Deputy. She stated that transgender inmates are given the opportunity to shower separately from other inmates in the housing unit. The auditor also interviewed the PREA coordinator during the onsite audit. The PREA coordinator stated that this opportunity for separate showering is noted in the policy. Deputies in the housing units are instructed to provide times for transgender inmates to shower after lockdown when other inmates cannot watch the transgender inmate in the shower. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). In the PAQ, the facility provided *Corrections Guideline CO 316 – Classification System*. The guideline states, "Gay, lesbian, bisexual, transgender or intersex inmate/detainees shall not be placed in to dedicated facilities, units or wings solely on the basis of such identification or status (p. 5)." The auditor reviewed the provided list of housing units for the facility and was able to determine that none of the units was labeled specifically for inmates that identified as gay, lesbian, bisexual, or transgender. In fact, the facility was unable to locate any inmate that identified in this community in the current inmate roster on the first day of the onsite audit. Later, however, with the assistance of medical staff, they were able to identify two inmates that identified as gay for the auditor to interview.

The auditor interviewed two inmates that identified as gay, lesbian, or transgender during the onsite audit. Both inmates told the auditor they were housed in general population in regular housing units, and they were not confined in special housing units for gay and transgender inmates. The auditor interviewed the PREA compliance manager who told the auditor that the facility is not under any consent decree or court order that requires them or allows them to house gay and transgender inmates in a specific unit. The auditor also interviewed the PREA coordinator who confirmed that there is no consent decree and that inmates are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 983 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 334 – Special Management Units</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing units <p data-bbox="240 607 501 633">Findings (by provision):</p> <p data-bbox="240 667 1493 891">115.43(a). In the PAQ, the facility provided Corrections Guideline <i>CO 334 – Special Management Units</i>. The guideline states, "Inmate/detainees at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be made immediately, the inmate/detainee may be placed into protective custody status for a term not to exceed 24 hours while such an assessment is completed." In the PAQ, the agency states that there have been zero inmates placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.</p> <p data-bbox="240 925 1493 1081">During the onsite phase of the audit, the auditor interviewed the Chief of Security and she stated that involuntary segregation is only used as a means to protect those inmates that are at risk for victimization, but only as a last resort when there is no other safe housing available. If segregation is utilized, it would be used for the least time period necessary, until an alternative housing is made available. She was not aware of the last time the facility has had to resort to that measure in order protect an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1115 1461 1272">115.43(b). In the PAQ, the facility provided Corrections Guideline <i>CO 334 – Special Management Units</i>. The guideline states, "Inmate/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If accesses to programs, privileges, education, or work opportunities are restricted, documentation will note: the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations</p> <p data-bbox="240 1305 1493 1597">The auditor talked to two inmates that were in the administrative and disciplinary unit and both inmates had full access to the telephone, medical and mental health care, inmate requests, grievance forms, and programs. The auditor confirmed this information by speaking with deputies that worked in the unit. Even though inmates were held in confinement, they still had access to all of this, as much as possible. This confirmed that if the agency saw the need to confine an inmate due to the high risk for victimization, they could still provide the inmate with access to programs and privileges, consistent with this provision. The auditor interviewed a deputy assigned to segregated housing and he confirmed the access to programming and privileges in confinement. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1630 1493 1821">115.43(c). In the PAQ, the facility provided Corrections Guideline <i>CO 334 – Special Management Units</i>. The guideline states, "The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made." In the PAQ, the agency states that there have been zero inmates placed in involuntary segregation more than 30 days over the previous 12 months as a means to separate them from likely abusers.</p> <p data-bbox="240 1854 1493 2011">During the onsite phase of the audit, the auditor interviewed the Chief of Security, who stated that the facility had not placed any inmates in involuntary segregation over the last 12 months. The auditor interviewed a deputy that works in confinement, and he stated that no inmates have been housed in confinement due to the high risk of victimization. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2045 1493 2134">115.43(d). In the PAQ, the facility provided Corrections Guideline <i>CO 334 – Special Management Units</i>. The guideline states, "If an involuntary segregated housing assignment is made due to no alternative means available, the facility shall document: the basis for the concern for the inmate/detainee's safety, and the reason why no alternative means of separation</p>

can be arranged (p. 9).”

The auditor was unable to review any records of inmates that were found to be at high risk for sexual victimization, as there were none during the 12 months prior to the onsite audit. The PREA coordinator confirmed, however, that any use of segregation, voluntarily or involuntarily would be for the shortest time possible and all use would be properly documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the facility provided Corrections Guideline *CO 334 – Special Management Units*. The guideline states, “A review will be afforded to inmate/detainees found to be at risk of sexual victimization and placed in protective custody every 30 days to determine whether there is a continuing need for separation from the general population (p. 9).”

During the onsite phase of the audit, the auditor interviewed a deputy that works in confinement, and he stated that no inmates have been housed in confinement due to the high risk of victimization. Although, there are no inmates currently in segregation for this reason, all inmates in segregation are reviewed every week to confirm their stay in segregation and any limitations to their rights and privileges. There were no inmates who were housed in confinement due to the high risk for victimization that could be interviewed by the auditor relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1037 779" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Baker County – <i>Sexual Assault Prevention & Reporting Brochure</i> 3. Zero Tolerance facility sign – English 4. Zero Tolerance facility sign – Spanish 5. Zero Tolerance ICE facility sign 6. Baker County Detention Center Inmate Handbook 2. Interviews: <ol style="list-style-type: none"> 1. Random staff 2. Random inmates 3. PREA coordinator 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 808 501 835">Findings (by provision):</p> <p data-bbox="240 864 1497 1093">115.51(a). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. This guideline states, “The Baker County Detention Center shall provide multiple internal ways (request form, grievance form, verbal reporting to staff) for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents (p. 7).” The auditor was provided a copy of the Baker County – <i>Sexual Assault Prevention & Reporting</i> brochure, which is provided to all inmates as their initial PREA education. This document lists the multiple ways that inmates can report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1122 1481 1350">During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in each housing unit. The signs all include the ways listed in the policy. The auditor interviewed 18 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. Sixteen of the 18 inmates mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The auditor interviewed 12 random staff members. All staff could list at least four different ways that inmates could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1379 1465 1541">115.51(b). The agency provided pictures of the agency’s zero-tolerance facility signs in the PAQ. There are two different versions, one intended for the general population and one that is utilized for Federal inmates and detainees. This includes detainees held specifically for immigration purposes. All of the facility signs include the agency’s external hotline number, which is answered by staff at the Women’s Center of Jacksonville. The auditor confirmed through a call to the Center the procedure for the Center to return the call’s information to the facility for follow-up and investigation.</p> <p data-bbox="240 1570 1481 1832">During the onsite phase of the audit, the auditor saw the signs posted throughout the facility and in all of the housing units. Information regarding the hotline is also available on the inmate kiosk and in the Inmate/Detainee Handbook. The auditor made a test phone call from a facility phone to the hotline and received a positive call back to the PREA coordinator. The auditor interviewed the PREA coordinator and asked about the outside reporting entity. He explained that the agency’s hotline number is answered by the Women’s Center of Jacksonville. The information is posted on all the signs and is in the handbook provided to all inmates at intake. The auditor interviewed 18 random inmates and all 18 knew how to report allegations of sexual abuse through the hotline. They knew that the information was posted on the signs in the housing unit. Based on this analysis, the auditor finds the facility in compliance with this standard.</p> <p data-bbox="240 1861 1417 1955">115.51(c). Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. This guideline states, “Reports may be made verbally, in writing, anonymously, or from third parties. Staff shall promptly document any verbal reports (p. 7).”</p> <p data-bbox="240 1984 1481 2145">During the onsite phase of the audit, the auditor interviewed 12 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one deputy that reported having received a verbal allegation from an inmate. Each of the 18 random inmates interviewed were aware that they could report sexual abuse directly to any staff member, call the hotline, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.51(d). In the PAQ, the auditor was provided with Corrections Guideline *CO 328 - Prison Rape Elimination Act*. The guideline states that staff members may privately report sexual abuse and sexual harassment of inmates directly to the Detention Investigator.

The auditor interviewed 12 random staff members. All 12 explained to the auditor that they could talk to any supervisor or to the investigator to privately report incidents of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1018 544" style="list-style-type: none"> <li data-bbox="276 349 906 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 387 1018 477" style="list-style-type: none"> <li data-bbox="339 387 999 414">1. Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> <li data-bbox="339 416 994 443">2. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> <li data-bbox="339 450 1018 477">3. Baker County Detention Center Inmate/Detainee Handbook <li data-bbox="276 488 432 515">2. Interviews: <ol data-bbox="339 517 563 544" style="list-style-type: none"> <li data-bbox="339 517 563 544">1. Targeted inmates <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 629 1469 692">115.52(a). The Baker County Detention Center is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 721 1485 983">115.52(b). The agency provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> in the PAQ for the auditor to review. This guideline states, “The facility shall not impose a time limit on when an inmate/detainee may submit a grievance regarding an allegation of sexual abuse. Any portion of an inmate/detainee grievance that does not allege an incident of sexual abuse will be subject to time limits as outlined in <i>CO 386 Inmate Grievances</i>. The facility shall not require an inmate/detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse (p. 4).” The auditor was provided a copy of the Baker County Detention Center Inmate/Detainee Handbook. In the Handbook, inmates are provided the agency’s grievance procedures that include the provisions required under the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1012 1485 1173">115.52(c). The agency provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> in the PAQ for the auditor to review. The guideline states, “Inmate/detainees who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Supervisory staff shall ensure that such grievances are not referred to a staff member who is the subject of the complaint (p. 5).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1202 1493 1364">115.52(d). The agency provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> in the PAQ for the auditor to review. The guideline states that grievances will be investigated, and a written response should be provided to the inmate within ninety (90) days of the original complaint. Agency policy allows for an extension up to seventy (70) days as this provision of the standard allows. In the PAQ, the agency states there have been no grievances filed in the 12 months prior to the audit and, therefore, no responses that were filed more than 30 days after the grievance was filed.</p> <p data-bbox="240 1393 1493 1489">During the onsite phase of the audit, the auditor was not able to interview an inmate who had reported sexual abuse, as there were none in custody at the time of the audit. The auditor was not able to confirm additional information relative to this provision of the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1518 1477 1814">115.52(e). The agency provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> in the PAQ for the auditor to review. The guideline states, “Third parties, including fellow inmate/detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmate/detainees. If a third party files such a request on behalf of an inmate/detainee, 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. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate/detainee’s decision (p. 4-5).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1843 1485 2074">115.52(f). The agency provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i> in the PAQ for the auditor to review. The guideline provides for the handling of an emergency grievance alleging sexual abuse or imminent risk of sexual victimization. The guideline states the staff member receiving the inmate request or grievance alleging the substantial risk of imminent sexual abuse must take immediate action to protect the inmate. The guideline goes on to state that the grievance must be handled as any other allegation, providing immediate action and a response to the inmate within twenty-four (24) hours and a final agency decision within five (5) calendar days. The agency indicated they had received no emergency grievances over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2103 1453 2130">115.52(g). In the PAQ, the facility provided Corrections Guideline <i>CO 386 – Inmate/Detainee Grievances</i>. The guideline</p>

states, "The facility may discipline an inmate/detainee for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith (p. 5)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53	Inmate access to outside confidential support services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1414 680" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Baker County Detention Center Inmate/Detainee Handbook 3. <i>Memorandum of Understanding – Baker County Detention Center and Women's Center of Jacksonville</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random inmates 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Housing units <p data-bbox="240 707 501 734">Findings (by provision):</p> <p data-bbox="240 766 1481 1061">115.53(a). The facility provided information from Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The facility shall provide inmate/detainees with access to outside victim advocate services for emotional support related to sexual abuse by giving inmate/detainees mailing addresses and telephone numbers for such services available (p. 14).” that the Department shall provide inmates with access to outside victim advocates for emotional support service related to sexual abuse via telephone numbers and mailing addresses. The auditor was also provided the Baker County Detention Center Inmate/Detainee Handbook in the PAQ. The auditor located the Confidential Emotional Support Services section, which provides inmates the complete information where they can call or write to contact an advocate for emotional support. The agency also provides these services for those detained solely for civil immigration purposes.</p> <p data-bbox="240 1093 1493 1317">During the onsite phase of the audit, the auditor interviewed 18 random inmates. Sixteen of the 18 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read it in the Handbook. Some did not know the phone number or address but knew it was in the Handbook and available on the signs in the housing unit. None of the inmates had used the services. The other two inmates were not aware of those services. The auditor was not able to interview an inmate who had reported sexual abuse, as there were none in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1348 1481 1541">115.53(b). The auditor was also provided the Baker County Detention Center Inmate/Detainee Handbook in the PAQ. The auditor located the Confidential Emotional Support Services section, which provides inmates the complete information where they can call or write to contact an advocate for emotional support. In the Handbook, the inmates are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the inmate intends to harm himself or someone else. The inmate is also advised that if the inmate is asking the advocate to report the PREA allegation, the inmate must sign a release of information first.</p> <p data-bbox="240 1572 1493 1765">During the onsite phase of the audit, the auditor interviewed 18 random inmates. Sixteen of the 18 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read it in the Handbook. Some did not know the phone number or address but knew it was in the Handbook and available on the signs in the housing unit. None of the inmates had used the services. The other two inmates were not aware of those services. They were not aware of the level of confidentiality. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1796 1481 1957">115.53(c). In the PAQ, the agency provided the auditor a copy of the <i>Memorandum of Understanding – Baker County Detention Center and Women's Center of Jacksonville</i>. The Memorandum of Understanding provides for the Women's Center to provide victim advocate services to those inmates at the Baker County facility that may require such services. These services may be through contact over the telephone, through mailed communication, or in person at the corrections facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1018 412" style="list-style-type: none"> <li data-bbox="276 349 906 376">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol data-bbox="339 383 1018 412" style="list-style-type: none"> <li data-bbox="339 383 1018 412">1. Baker County Detention Center Website PREA Reporting Form <p data-bbox="244 443 501 470">Findings (by provision):</p> <p data-bbox="244 499 1489 757">115.54(a). In the PAQ, the auditor was directed to the Baker County Detention Center website, Baker County Sheriff's Office Home (bakerso.com). On the website, there is a link to a page specific for the agency's PREA information. On this page the agency provides a link for a third-party reporting form. The auditor reviewed the form and the web page and confirmed that it meets the requirements of this provision. The auditor utilized the form to file a test complaint and was notified by the PREA coordinator the next morning that the complaint had been received and was submitted for investigation. The web page can be found at: Corrections Department - Baker County Sheriff's Office (bakerso.com). Inmates are informed through signage and the inmate handbook that the public can file allegations on the third-party grievance form. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 510" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff <p data-bbox="240 539 501 566">Findings (by provision):</p> <p data-bbox="240 595 1490 790">115.61(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Once an inmate/detainee has alleged sexual assault/abuse to a Dputy verbally or in writing the Deputy must immediately inform an on-duty Supervisor so that he/she can start an assessment and report. Staff shall immediately report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (p. 7).”</p> <p data-bbox="240 819 1469 981">During the onsite phase of the audit, the auditor interviewed 12 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the facility. Each staff member knew that it was a requirement for all staff to immediate report all knowledge or suspicion of sexual abuse of an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1010 1474 1140">115.61(b). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The order states that staff will not reveal any information related to the sexual abuse or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions (p. 8).</p> <p data-bbox="240 1169 1469 1296">During the onsite phase of the audit, the auditor interviewed 12 random staff members. All 12 deputies were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the deputies understood the requirement to maintain privacy and not share the information with others unless necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1326 1474 1487">115.61(c). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>, included in the PAQ, stated that medical and mental health practitioners shall inform inmates of the practitioner’s duty to report, and the limitation of confidentiality, at the initiation of services to the inmate. The State of Florida requires mandatory reporting of incidents of sexual abuse of an inmate under Florida State Statute 944.35(3)(d). This law does not provide an exception for medical and mental health practitioners and all staff members of the Baker County Detention Center are required to immediately report all incidents.</p> <p data-bbox="240 1516 1481 1644">During the onsite phase of the audit, the auditor interviewed three staff members from the medical department. All three confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and the limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1673 1490 1800">115.61(d). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>, provided to the auditor in the PAQ, includes the statement that if the alleged victim is under the age of 18 or considered a vulnerable adult, the allegation will be reported to the designated State or local services agency under mandatory reporting laws. In the State of Florida, staff are required to report allegations of sexual abuse of a person under the age of 18 to the Florida Department of Children and Families (DCF).</p> <p data-bbox="240 1865 1493 2060">The auditor interviewed the Chief of Security during the onsite phase of the audit. She stated that immediate action would be taken to ensure the inmate’s safety and DCF and outside law enforcement would be notified along with the required internal agencies. Medical and mental health would be notified, the Baker County Sheriff’s Office would be notified, and the agency’s Detention Investigator would be notified. The auditor also interviewed the PREA coordinator who stated that for individuals under the age of 18, the agency would contact outside law enforcement and report the incident to DCF per Florida Statute. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2089 1493 2152">115.61(e). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> states, “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigator (p.</p>

8).”

The auditor interviewed the Chief of Security during the onsite phase of the audit. She was clear that each and every allegation of sexual abuse and sexual harassment is investigated at the institution. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Detention Investigator and to the Baker County Sheriff's Office, when needed, for assistance with the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 316 – Classification System</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff <p>Findings (by provision):</p> <p>115.62(a). In the PAQ, the facility provided Corrections Guideline <i>CO 316 – Classification System</i>. The guideline states, “When staff is made aware that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect that inmate/detainee (p. 3).” In the PAQ, the agency included information that there were no inmates found to be in substantial risk of imminent sexual abuse during the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Chief of Security told the auditor that they would take immediate action to separate the inmate from the potential abuser as soon as staff was notified. Staff would take a full report of the inmate’s concern and then take action to rehouse the inmate in a safer situation. The auditor interviewed 12 random staff members during the onsite audit. All 12 deputies stated that they would take immediate action to remove the inmate from the situation, including rehousing the inmate to another housing unit or building or potentially placing the inmate in protective custody if the situation warranted such action. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Specialized staff <p>Findings (by provision):</p> <p>115.63(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Upon receiving an allegation that an inmate/detainee was sexually abused while confined at another facility, Bureau Director or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation (p. 7).” In the PAQ, the agency noted no such notifications during the 12 months prior to the audit. The auditor reviewed one completed notification to another agency, although it was outside the 12-month review period. The notification was made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Upon receiving an allegation that an inmate/detainee was sexually abused while confined at another facility, Bureau Director or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation order requires that if staff at the agency receive information that sexual abuse occurred at another institution, the agency head shall notify that agency within 72 hours of receiving the allegation (p. 7).”</p> <p>115.63(c). In the PAQ, the agency noted no such notifications during the 12 months prior to the audit. The auditor reviewed one completed notification to another agency, although it was outside the 12-month review period. The notification was made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.63(d). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Upon notification from a different confinement facility to the Baker County Detention Center Bureau Director that a sexual assault has occurred in the Baker County Detention Facility, the Bureau Director shall ensure that the allegation is investigated in accordance with PREA standards.” The auditor was notified in the PAQ that there was one such notification during the 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Chief of Security confirmed that any notification from another agency would be investigated to the extent possible. She was not aware of any such incident occurring over the previous 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Specialized staff 3. Random staff <p data-bbox="242 573 501 600">Findings (by provision):</p> <p data-bbox="242 629 1485 1059">115.64(a). The facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. In the section entitled Prompt and Effective Intervention, the agency outlines the responsibilities for staff members to properly to respond to allegations of sexual abuse. The guideline states, "Upon learning of an allegation that an inmate/detainee was sexually abused, the first security staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; 4. 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, drinking or eating (p. 9)." In the PAQ, the agency stated there were no such incidents of sexual abuse reported over the previous 12 months, where the security staff member took action to separate the alleged victim from the alleged abuser or where the time period allowed for the preservation of physical evidence.</p> <p data-bbox="242 1088 1485 1252">The auditor interviewed two staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. Both staff members identified the proper steps to take as a first responder. Both told the auditor that their allegation was reported after the time frame to properly collect evidence. The auditor was not able to interview an inmate who reported sexual abuse during the onsite audit, as there were no inmates in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1281 1485 1476">115.64(b). The facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. In the PAQ, the agency stated there were no such incidents of sexual abuse reported over the previous 12 months, where the security staff member took action to separate the alleged victim from the alleged abuser or where the time period allowed for the preservation of physical evidence.</p> <p data-bbox="242 1505 1485 1700">During the onsite phase of the audit, the auditor interviewed one non-security staff member who would be a first responder to an incident of sexual abuse. He told the auditor that a non-security staff member would immediately notify a deputy upon learning of the incident. The auditor interviewed 12 random staff members during the onsite audit. All 12 staff members understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security staff member would ensure the victim was safe then immediately notify a corrections officer, probably a supervisor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.65	<p>Coordinated response</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Baker County Detention Center – <i>PREA Coordinated Response Plan</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.65(a). The agency provided the Baker County Detention Center – <i>PREA Coordinated Response Plan</i> in the PAQ. The Plan outlines the responsibilities of all Front Line Staff members and the required first responder steps, including the steps to properly separate the inmate victim from the alleged abuser, securing of the crime scene, and the preservation of evidence. The Plan also requires the staff member notifies the immediate supervisor and medical to address any emergent injuries.</p> <p>The Plan then outlines the responsibilities of the Shift Commander or Officer in Charge. Responsibilities include making transport arrangements for the victim should there be a need for emergent medical care or for the forensic medical examination and notification of the facility Investigator, the Chief of Security, and the PREA Coordinator.</p> <p>The Plan also outlines responsibilities of Medical Staff, the Detention Center Inspector, and Facility Administration. The Plan is complete and details all of the steps that ensure preservation of evidence, safety of the victim, separation from the alleged abuser, and the proper start to an investigation.</p> <p>The last page of the Plan includes a clear and concise flow chart that easily identifies the responsibilities of all staff member at all levels throughout the agency, making it easy for all staff to easily recall and identify their responsibilities should an incident of sexual abuse occur.</p> <p>During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Chief of Security. The Chief of Security made it clear that having this document in place makes it easy for staff at the agency to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>The inclusion of the flow chart and the very clear step-by-step outlined process included in the Plan makes the Plan very easy for all to understand, even in an emergency. Therefore, the auditor considers this to have exceeded the standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="277 344 906 376">1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="341 380 440 412">1. None <li data-bbox="277 416 430 443">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="341 448 517 479">1. Agency head <p data-bbox="229 506 501 537">Findings (by provision):</p> <p data-bbox="229 564 1114 595">115.66(a). The agency provided no documentation relative to this standard in the PAQ.</p> <p data-bbox="229 622 1490 819">During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Chief of Security stated that the officers are corrections deputies and are not covered under any bargaining agreement. She did state, however, that if there were any changes that brought about any bargaining agreement for the certified staff, the agency would be certain to include provisions in the agreement that allowed the agency to properly discipline any staff member who was found to be responsible in an incident of sexual abuse or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Interviews: <ol style="list-style-type: none"> 1. Targeted inmates 2. Agency head 3. Specialized staff <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 633 1485 857">115.67(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. This guideline states, “The Classification Deputy will be responsible for the monitoring of possible intimidation/retaliation of inmate/detainee victims. Monitoring will last for a period of (90) days to include: any inmate disciplinary reports, housing changes, program changes, or any negative performance reviews or reassignments of staff. Monitoring shall include periodic status checks. Monitoring may be continued if the initial monitoring indicates a continued need for such (p. 14).” The Classification Deputy is charged with monitoring suspected, reported, and/or known retaliation against staff and inmates. The agency uses OCCD Form OP-111 Inmate Monitoring Form to document such monitoring of individuals.</p> <p data-bbox="240 891 1453 981">During the onsite phase of the audit, the auditor interviewed the Classification Deputy, who confirmed her responsibility to complete monitoring of staff and inmates that were reporters, victims, or witnesses of allegations of sexual abuse at the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1014 1477 1171">115.67(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. This guideline states, “The facility will protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or harassment investigations from intimidation or retaliation by other inmate/detainees or staff. Protection measures may include, but are not limited to: housing changes or transfers for inmate/detainee victims or abusers, removal of alleged staff or inmate/detainee abusers from contact with the victims, and emotional support services (p. 13).”</p> <p data-bbox="240 1205 1485 1597">During the onsite phase of the audit, the auditor interviewed the Chief of Security, who stated that the agency uses many ways to protect inmates from retaliation, including housing changes, transferring the inmate to another housing unit, and providing the inmate information about available emotional support services. The auditor interviewed the Classification Deputy, who is responsible for the retaliation monitoring. She told the auditor that she visits with victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. She tells them to contact her if they have a problem and offers assistance and provides them with information about the outside emotional support services. She visits the inmate periodically, every 30 days, and documents their meeting. This monitoring lasts for 90 days following the report of the allegation. If problems arise, she reports it immediately and can offer a transfer to another housing unit or locates a new work assignment, if needed. The auditor was not able to interview an inmate who had reported sexual abuse, as there were no inmates in custody during the audit. The auditor was provided retaliation monitoring reports and could see the periodic checks with notations in sexual abuse investigation files. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1630 1445 1753">115.67(c). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. This guideline includes requirements for staff to monitor for retaliation. The guideline states that monitoring of the alleged victim shall continue for at least 90 days, to include periodic status checks. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="240 1787 1485 2112">During the onsite phase of the audit, the auditor interviewed the Chief of Security, who was asked about steps that would be taken if retaliation of a victim was suspected. The Chief of Security stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Chief of Security may authorize the transfer of the inmate to another housing unit or to protective custody for protective purposes. The auditor interviewed the retaliation monitor, the Classification Deputy, who stated that she would review incident reports and housing assignments. She would also review medical information to attempt to determine if the inmate were having problems that were unreported. If necessary, the inmate would be separated to provide an opportunity for the inmate to speak freely to staff to and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the inmate’s behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.67(d). In the PAQ, the facility provided Corrections Guideline *CO 328 – Prison Rape Elimination Act*. This guideline includes requirements for staff to monitor for retaliation. The guideline states that monitoring of the alleged victim shall continue for at least 90 days, to include periodic status checks. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.

During the onsite phase of the audit, the auditor interviewed the retaliation monitor, the Classification Deputy, who stated that she would review incident reports and housing assignments. She stated that her periodic checks are performed every 30 days. She can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. She continues to monitor every day by reviewing records from her office but will only meet with the inmate every 30 days. She stated that monitoring can be continued if there appears to be a need based on the statements from the victim or from other indications. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). During the onsite phase of the audit, the auditor interviewed the Chief of Security, who was asked about steps that would be taken if retaliation of any person who cooperated in an investigation was suspected. The Chief of Security stated the individual would be interviewed and provided the opportunity to tell staff what problems might be occurring. The agency would take immediate action to protect the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 334 – Special Management Units</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random staff 3. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Segregated housing <p>Findings (by provision):</p> <p>115.68(a). In the PAQ, the agency provided Corrections Guideline <i>CO 334 – Special Management Units</i>. The guideline states, "Inmate/detainees at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers." In the PAQ the agency stated there were no inmates involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.</p> <p>During the onsite review, the auditor interviewed the Chief of Security about involuntary segregation. Just as she stated about segregation for risk of victimization, she said that the agency does not see the need to utilize confinement to keep inmates safe. If it were to become necessary to place an inmate in segregation, it would only be done until another alternative safe housing became available. The auditor was not able to interview an inmate who had been the victim of sexual abuse, as there were none in custody at the time of the audit. The auditor also interviewed two staff members that work in segregated housing who confirmed that inmates are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. Those inmates remain in general population. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 510" style="list-style-type: none"> <li data-bbox="276 349 906 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol data-bbox="339 383 994 443" style="list-style-type: none"> <li data-bbox="339 383 994 409">1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> <li data-bbox="339 416 703 443">2. Sexual Abuse Investigation files <li data-bbox="276 450 427 477">2. Interviews: <ol data-bbox="339 483 552 510" style="list-style-type: none"> <li data-bbox="339 483 552 510">1. Specialized staff <p data-bbox="240 539 501 566">Findings (by provision):</p> <p data-bbox="240 595 1493 692">115.71(a). In the PAQ, the agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “If an inmate/detainee alleges sexual assault/abuse, a swift and coordinated response is necessary. Investigations will be done so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports (p. 11).”</p> <p data-bbox="240 721 1484 882">During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that she investigates all allegations of sexual abuse and sexual harassment. She is notified immediately upon the agency learning of the allegation and immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same. The auditor reviewed the nine (9) sexual abuse investigation files from the previous 12 months prior to the audit and was able to confirm the investigative process.</p> <p data-bbox="240 889 1479 949">The referral to the investigator was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 978 1457 1072">115.71(b). The agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.”</p> <p data-bbox="240 1102 1474 1229">During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that she had taken the required specialized investigations course. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection in confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1258 1461 1388">115.71(c). The agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “Investigators shall gather and preserved direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims; suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator (p. 11).”</p> <p data-bbox="240 1417 1474 1615">During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that she investigates all PREA allegations just as she would all other cases. She coordinates efforts with the Baker County Sheriff’s Office, who would assist in the collection of evidence. The investigation would include everything expected in this provision of the standard. She explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. They would also take statements from the victim and all available witnesses. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1644 1493 1771">115.71(d). The agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”</p> <p data-bbox="240 1800 1493 1928">During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator stated that she does not conduct compelled interviews during the investigation. She would only utilize compelled interviews after any criminal investigation is completed and information was needed to conduct the administrative investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1957 1461 2051">115.71(e). The agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “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/detainee or staff.”</p> <p data-bbox="240 2080 1461 2141">During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator stated that she would not utilize polygraph examinations or other truth-telling devices as a means of determining whether to move forward</p>

with a PREA investigation. All cases and the credibility of subjects and witnesses is determined on an individual basis regardless of their status as an inmate. The auditor was not able to interview an inmate relative to this provision, as there were no inmates in custody who had reported sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that the administrative investigations include a review of all agency procedures to determine if the staff member followed all directives or if someone else failed to properly perform their duties, thus enabling an inmate or staff member to violate rules and commit an act of sexual misconduct. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). The agency provided Corrections Guideline *CO 328 – Prison Rape Elimination Act* in the PAQ. The guideline states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible."

During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that she completes an investigative report to include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator would attach the evidence and submit the full report to the Investigations Lieutenant for review. The auditor reviewed the nine (9) sexual abuse investigations files from the previous 12 months prior to the audit. Each of the files included a full and complete investigative report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). The agency provided Corrections Guideline *CO 328 – Prison Rape Elimination Act* in the PAQ. The guideline states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution (p. 12)."

During the onsite phase of the audit, the auditor interviewed the Detention Investigator. The investigator confirmed that any allegations where criminal charges were possible would be referred for prosecution as is required under the standard. The auditor reviewed the nine (9) sexual abuse investigations files from the previous 12 months prior to the audit. There was one substantiated allegation of inmate-on-inmate sexual abuse. This was not referred for prosecution, as the investigator was not able to locate the victim or the suspect due to their transfer to several other institutions following their release from Baker County. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). The auditor was provided Corrections Guideline *CO 328 – Prison Rape Elimination Act* in the PAQ. The guideline states, "The agency shall retain all written reports for as long as the alleged abuser is incarcerated in the facility or employed by the agency, plus five years (p. 12)."

During the onsite audit, the auditor was shown storage of the investigation files in the Detention Investigator's office. The files are stored in a secured cabinet and are marked for a retention period to ensure proper retention to meet the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). The auditor was provided Corrections Guideline *CO 328 – Prison Rape Elimination Act* in the PAQ. The guideline states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

The auditor interviewed the Detention Investigator. The investigator stated that agency procedure and PREA standards require that investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from the facility or has left the employ of the agency. The investigation must continue to its end and criminal and administrative proceedings will still result. The investigator was not able to show the auditor an example, as she was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(k). The auditor is not required to audit this provision.

115.71(l). The Detention Investigator, in conjunction with the Baker County Sheriff's Office will complete the criminal investigations for the agency.

During the onsite phase of the audit, the auditor interviewed the Chief of Security, who stated that the Detention Investigator works in conjunction with the Sheriff's Office to promptly complete the PREA investigations. The investigator will call upon the Sheriff's Office for assistance where needed and she will provide them access to the facility and share all information necessary. The auditor interviewed the PREA coordinator and was told all investigations are performed by the Detention Investigator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.72(a). The auditor was provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated (p. 12).”</p> <p>The auditor interviewed the Detention Investigator. The investigator stated that the standard of proof for investigations is a preponderance of the evidence. The auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit and the determination in each investigative memo is the preponderance of the evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1026 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Sexual Abuse Investigation files 3. <i>PREA Inmate/Detainee Investigative Outcome Notification Form</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 607 501 633">Findings (by provision):</p> <p data-bbox="240 667 1493 860">115.73(a). The auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. The guideline states, "Following an investigation into an inmate/detainee's allegation that he or she suffered sexual abuse in the detention facility, the agency shall inform the inmate/detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (p. 14)." In the PAQ, the agency stated that there were nine (9) criminal or administrative investigations of sexual abuse completed by the agency investigators. Eight of the nine had received notification of the outcome of the investigation, since one of the inmates had been released prior to the completion of the investigation.</p> <p data-bbox="240 891 1493 1249">During the onsite phase of the audit, the auditor was not able to interview an inmate who had reported sexual abuse, as there were none in custody at the time of the audit. The auditor interviewed the Detention Investigator, who stated that following the completion of the investigation, the inmate is notified of the outcome of the investigation as required by the standard, and the inmate's signature is received to indicate receipt of the notification. The auditor also interviewed the Chief of Security during the onsite audit. The Chief of Security stated that all inmates are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. The auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file the <i>PREA Inmate/Detainee Investigative Outcome Notification Form</i> indicating the outcome of the investigation that is addressed to the inmate. There was also a copy of that document in eight of the nine files, with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p data-bbox="240 1281 1414 1339">115.73(b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility is in compliance with this provision.</p> <p data-bbox="240 1370 1493 1496">115.73(c). The auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. The guideline requires that inmates be notified, unless the allegation was unfounded, when the staff member is no longer assigned to the housing unit, assigned to the institution, employed by the Department, or when the alleged abuser has been indicted on a charge related to sexual abuse or convicted on a charge of sexual abuse.</p> <p data-bbox="240 1527 1493 1697">During the onsite phase of the audit, the auditor was not able to interview an inmate who had reported sexual abuse, as there were none in custody at the time of the audit. The auditor reviewed nine (9) sexual abuse investigation files from the 12 months prior to the audit. The auditor noted three files where the alleged abuser was a staff member, and the outcome of all three investigations was unfounded. Therefore, there was no additional notification needed to the inmate victim as to the status of the staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1729 1493 1818">115.73(d). The auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> in the PAQ. The guideline includes a provision that requires notification to the victim when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse or when the alleged abuser has been convicted on a charge of sexual abuse.</p> <p data-bbox="240 1850 1493 2011">During the onsite phase of the audit, the auditor was not able to interview an inmate who had reported sexual abuse, as there were none in custody at the time of the audit. The auditor reviewed nine (9) sexual abuse investigation files from the 12 months prior to the audit. Although there was one substantiated allegation of inmate-on-inmate sexual abuse, criminal charges were not filed, so there was no documentation filed of notifications to the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2042 1493 2132">115.73(e). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states that all such notifications or attempted notifications are documented. The agency provided the auditor a copy of the <i>PREA Inmate/Detainee Investigative Outcome Notification Form</i>, which is used to document the notification to the inmate.</p>

During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in eight of the nine files the *PREA Inmate/Detainee Investigative Outcome Notification Form* indicating the outcome of the investigation that is addressed to the inmate. There was also a copy of that document in each file, with the inmate's signature at the bottom of the form indicating receipt of the document. Based on this analysis, the auditor finds the facility is in compliance with this provision.

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

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 512" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Sexual Abuse Investigations Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized interviews <p data-bbox="242 542 501 571">Findings (by provision):</p> <p data-bbox="242 600 1442 725">115.76(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, "...if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for dismissal of the violator and such person may not again be employed in any capacity in connection with the correctional system (p. 11)."</p> <p data-bbox="242 757 1477 882">During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last two years. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 913 1490 1075">115.76(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, "...if the agency finds that a member has violated prohibitions against sexual misconduct against inmates, this constitutes sufficient cause for dismissal of the violator and such person may not again be employed in any capacity in connection with the correctional system (p. 11)." In the PAQ, the agency stated there were no terminations or resignations of staff members related to staff sexual abuse allegations over the 12 months prior to the audit.</p> <p data-bbox="242 1106 1469 1198">The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last two years. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1229 1484 1391">115.76(c). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states that any disciplinary action for staff members shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar work histories. In the PAQ, the agency stated the were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="242 1422 1469 1547">During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. There were no records of any staff member who had resigned or had been terminated. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1579 1469 1704">115.76(d). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states that any resignation occurring while the subject is under investigation will not halt the completion of the sexual abuse investigation. In the PAQ, the agency stated the were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="242 1736 1490 1861">During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the previous 12 months prior to the audit. There were no substantiated allegations against a staff member. The auditor was unable to review additional evidence to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i> 2. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.77(a). In the PAQ, the agency provided Corrections Guideline <i>CO 328 - Prison Rape Elimination Act</i>. The guideline states, "Disciplinary sanctions for all contractors shall be subject to their respective policies and procedures but will be in agreeance with that of B.C.D.C. including but not limited to prohibited contact with inmate/detainees. Volunteers will be disallowed entry into the detention facility. Contractors and volunteers who engage in sexual abuse will be reported to relevant licensing bodies (p. 16)." In the PAQ, the agency stated that there were no such reports to licensing bodies or to law enforcement over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the nine (9) sexual abuse investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.77(b). The auditor interviewed the Chief of Security during the onsite phase of the audit. The Chief of Security stated that although such remedial measures were certainly an option, the agency would review each situation independently, and make a decision whether to allow the individual to remain providing services in the facility or to permanently terminate them. The Chief of Security stated there were no such cases in the past 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 895 757" style="list-style-type: none"> <li data-bbox="240 387 874 414">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 443 895 645" style="list-style-type: none"> <li data-bbox="240 443 895 470">a. Corrections Guideline CO 328 – Prison Rape Elimination Act <li data-bbox="240 499 767 526">b. Corrections Guideline CO 330 – Prohibited Acts <li data-bbox="240 555 882 582">c. Baker County Detention Center Inmate/Detainee Handbook <li data-bbox="240 611 616 638">d. Sexual Abuse Investigation Files <li data-bbox="240 674 395 701">2. Interviews: <ol data-bbox="240 730 451 757" style="list-style-type: none"> <li data-bbox="240 730 451 757">a. Specialized staff <p data-bbox="240 846 480 873">Findings (by provision):</p> <p data-bbox="240 958 1485 1160">115.78(a). In the PAQ, the agency provided Corrections Guideline CO 328 - Prison Rape Elimination Act. The guideline outlines disciplinary action for inmates and states, "Inmates/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engaged in inmate/detainee-on-inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee-on-inmate/detainee sexual abuse (p. 15). The agency stated in the PAQ that there were no inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.</p> <p data-bbox="240 1245 1477 1370">During the onsite phase of the audit, the auditor reviewed the sexual abuse investigation files from the previous 12 months. The auditor reviewed nine (9) investigations from the previous 12 months prior to the audit. There was one substantiated investigation against the accused inmate, but the inmate was no longer in custody and no disciplinary sanctions were taken. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1456 1465 1581">115.78(b). During the onsite phase of the audit, the auditor interviewed the Chief of Security, who confirmed that inmate discipline would be consistent with the level and type of offense committed. The penalty assigned would be consistent for comparable offenses and consistent for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1666 1490 1792">115.78(c). During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Chief of Security stated that any disciplinary process would take into account the inmate's mental disability or mental illness if it were noted by mental health staff. This would definitely be taken into account when considering disciplinary sanctions to be imposed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1877 1485 2047">115.78(d). During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health staff. The Health Services Administrator and a mental health clinician were interviewed, and they both stated that since the county jail population was transient, they did not offer sexual offender therapy or counseling. Therefore, the facility was not able to offer such interventions for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2132 1437 2159">115.78(e). The agency has provided the auditor with Corrections Guideline CO 328 - Prison Rape Elimination Act. The</p>

guideline states, "Inmates/detainees may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact (p. 16)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). The agency has provided the auditor with Corrections Guideline CO 328 - Prison Rape Elimination Act. The order states, "For the purpose of disciplinary actions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation (p. 16)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). The agency has provided the auditor with Corrections Guideline CO 330 – Prohibited Acts. The guideline is clear that sexual activity between inmates is considered not to be coercive and will not be considered to be sexual abuse. In the PAQ, the auditor was also provided the Baker County Detention Center Inmate/Detainee Handbook. In the Handbook, the agency informs inmates that all sexual activity, even consensual sex, is prohibited in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 938 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 312 – Admission Procedures</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates 3. Site Review Observations: <ol style="list-style-type: none"> 1. Medical services <p data-bbox="242 607 501 636">Findings (by provision):</p> <p data-bbox="242 665 1469 725">115.81(a). This provision is for prisons and does not apply to the Baker County Detention Center. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 754 1469 815">115.81(b). This provision is for prisons and does not apply to the Baker County Detention Center. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 844 1484 1039">115.81(c). The agency provided Corrections Guideline <i>CO 312 – Admission Procedures</i>. The guideline states, "If the screening indicates that an inmate/detainee has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical staff will ensure the inmate/detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening (p. 8)." In the PAQ, the agency indicated that all of the inmates who reported prior sexual abuse during the intake screening had received the required follow-up medical or mental health meeting.</p> <p data-bbox="242 1068 1493 1128">During the onsite phase of the audit, the auditor interviewed two inmates who reported prior sexual victimization on their risk screening. Both inmates told the auditor that they were provided the opportunity to meet with someone from mental health.</p> <p data-bbox="242 1135 1493 1296">They told the auditor that initial meeting happened during their initial medical physical. The auditor also interviewed two staff members from medical, who performed the intake risk screening. Both confirmed that if an inmate reported prior victimization, the inmate would be provided the opportunity to see medical or mental health. Those scheduled visits were tracked on a log, which was provided to the auditor for his review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1326 1469 1453">115.81(d). The agency provided Corrections Guideline <i>CO 312 – Admission Procedures</i> in the PAQ. The guideline states that information relating to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff necessary to properly make treatment plans, security, and management decisions, including for housing, work, education, and work assignments.</p> <p data-bbox="242 1482 1489 1744">During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates and how to access the screening information in the computer. The auditor was told they were unable to access that information in the computer. The auditor asked three officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the Classification Deputy, the Health Services Administrator, and PREA Coordinator that access to the screening tool's data was restricted to medical staff and other staff members that have a legitimate need to access the information. Medical and mental health information is secured in the agency's medical records system and is not accessible by other agency staff. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1774 1489 1968">115.81(e). During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health staff. All three explained that obtaining informed consent is a regular part of the agency's process prior to engaging in services with inmates. Upon learning of an inmate's sexual assault history and prior to contacting security staff, the clinician will remind the inmate about the consent form and clinician's mandatory reporting requirements. For inmates under the age of 18 this was not a requirement, due to State law. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.82	Access to emergency medical and mental health services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 546" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Sexual Abuse Investigation Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 636 1490 824">115.82(a). In the PAQ, the auditor was provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, "Inmate/detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as deemed necessary by the contract medical and mental health provider (p. 9)." The auditor was provided access to medical records for several inmates who had reported incidents of sexual abuse over the 12 months prior to the audit. The auditor was able to verify the immediate medical response and evaluation of the inmate victim.</p> <p data-bbox="240 860 1490 1151">During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. The Health Services Administrator, a registered nurse, and a mental health clinician were interviewed, and they all confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the inmate for injuries and the urgent need for medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional's credentials. A medical professional is on duty 24 hours a day at the facility and there would be no waiting for care from a medical professional. The auditor was not able to interview an inmate who reported sexual abuse to confirm this provision, as there were none in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1187 1490 1411">115.82(b). The auditor interviewed three staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. All three understood the immediate need to provide the inmate with access to medical and mental health. They told the auditor that medical staff is always available and there is no need for security staff to make other arrangements. Although mental health staff is not on duty 24-hours a day, appointments are scheduled for an immediate meeting with a mental health practitioner, which would normally occur the following day. If staff believe there is an urgent need for the inmate victim to see mental health, a mental health staff member can be called for an immediate response to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1447 1490 1500">115.82(c). The agency provided no documentation in the PAQ to support this provision of the standard. There were no records provided to verify that the agency would provide these resources to inmates.</p> <p data-bbox="240 1536 1490 1859">During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. The Health Services Administrator, a registered nurse, and a mental health clinician were interviewed, and they all confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. Testing and treatment for sexually-transmitted infections would be coordinated through a follow-up treatment plan provided by the SANE at the Women's Center of Jacksonville. This is true for pregnancy-related services as well. The Administrator stated that there were none during the last year, as there were no sexual assaults that required forensic examinations or sexual contact that would have required such testing. The auditor was not able to interview an inmate who reported sexual abuse to confirm this provision, as there were none in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1895 1490 2016">115.82(d). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. The order states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 9)." Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1062 544" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> 2. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted inmates <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 629 1493 757">115.83(a). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The guideline states, "The facility will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility (p. 2)." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 786 1493 913">115.83(b). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The guideline states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or the release from custody."</p> <p data-bbox="240 943 1493 1173">During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. The Health Services Administrator, a registered nurse, and a mental health clinician were interviewed, and all three confirmed for the auditor that the facility would provide a full treatment plan for all inmates, especially for inmates who have been sexually abused. The treatment plan would include information from the Women's Center of Jacksonville if the victim had received a forensic examination. The auditor was unable to interview an inmate relative to this provision, as there was no inmate that had reported sexual abuse in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1202 1493 1296">115.83(c). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The guideline states, "The facility shall provide such victims with medical and mental health services consistent with community level of care."</p> <p data-bbox="240 1326 1493 1453">During the onsite phase of the audit, the auditor interviewed two staff members from the medical and mental health department. The Health Services Administrator, a registered nurse, and a mental health clinician were interviewed, and all three confirmed for the auditor that all services provided to the facility's inmates are always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1482 1442 1576">115.83(d). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The guideline states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1606 1493 1769">During the onsite phase of the audit, the auditor was unable to interview an inmate relative to this provision, as there was no inmate that had reported sexual abuse in custody at the time of the audit. The auditor had reviewed nine (9) sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1798 1493 1892">115.83(e). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The guideline states, "If pregnancy results from the conduct described in bullet #4 of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services (p. 3)."</p> <p data-bbox="240 1921 1493 2085">During the onsite phase of the audit, the auditor was unable to interview an inmate relative to this provision, as there was no inmate that had reported sexual abuse in custody at the time of the audit. The auditor had reviewed nine (9) sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration, so the auditor was unable to confirm additional information for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2114 1493 2141">115.83(f). Corrections Guideline <i>CO 365 – First Aid and Medical Emergencies</i> was provided to the auditor in the PAQ. The</p>

guideline states that the agency would provide testing for sexually transmitted infections to inmates who are sexually victimized while incarcerated in the facility.

During the onsite phase of the audit, the auditor was unable to interview an inmate relative to this provision, as there was no inmate that had reported sexual abuse in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). Corrections Guideline CO 365 – *First Aid and Medical Emergencies* was provided to the auditor in the PAQ. The guideline states, "Treatment services shall be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 3)."

During the onsite phase of the audit, the auditor was unable to interview an inmate relative to this provision, as there was no inmate that had reported sexual abuse in custody at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). This provision is for prisons and does not apply to the Baker County Detention Center. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 994 577" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Sexual Abuse Incident Review Protocol 3. Sexual Abuse Investigation files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Incident review team <p data-bbox="240 607 501 633">Findings (by provision):</p> <p data-bbox="240 665 1481 824">115.86(a). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. In the Sexual Abuse Incident Reviews section, the guideline states, “Sexual abuse incident reviews will be conducted at the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded (p. 17).” In the PAQ, the agency reported there were two (2) such incident review meetings completed following sexual abuse investigations over the last 12 months prior to the audit.</p> <p data-bbox="240 855 1493 949">During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the two investigation files where the investigation outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 981 1458 1072">115.86(b). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Reviews will be conducted within 30 days of the conclusion of the investigation by a review team comprised of the Chief of Security, B.C.D.C. Investigator, a line supervisor, and the Health Service Administrator.”</p> <p data-bbox="240 1104 1493 1229">During the onsite phase of the audit, the auditor reviewed nine (9) sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the two investigation files where the investigation outcome was not unfounded. Both of the completed reviews were done within the thirty-day time period. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1261 1458 1355">115.86(c). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Reviews will be conducted within 30 days of the conclusion of the investigation by a review team comprised of the Chief of Security, B.C.D.C. Investigator, a line supervisor, and the Health Service Administrator.”</p> <p data-bbox="240 1386 1493 1646">During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Chief of Security explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate’s opportunity perpetrate sexual abuse within the facility. Involving the correct administrative staff as well as shift personnel ensures the agency receives a complete picture of exactly what happened during the incident. The auditor reviewed nine (9) completed sexual abuse investigations from the 12 months prior to the onsite audit. In files where the completed sexual abuse incident review document was included, the auditor was able to see a full review to verify the Chief’s statement. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1677 1493 2007">115.86(d). In the PAQ, the facility provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i>. The guideline states, “Reviews shall: 1. Consider whether the allegation or investigation indicated a need to change guideline or practice to better prevent, detect, or respond to sexual abuse; 2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4. Assess the adequacy of staffing levels in the area during different shifts; 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this paragraph and any recommendations for improvement and submit such report to the facility head and PREA Coordinator (p. 17).”</p> <p data-bbox="240 2038 1481 2130">During the onsite phase of the audit, the auditor interviewed the Detention Investigator, who participates in the sexual abuse incident reviews. She both confirmed for the auditor that each incident review includes a review of all the items listed in this provision. She said that without this full review, the agency would not continue to improve and provide an atmosphere of</p>

sexual safety. The auditor interviewed the PREA coordinator as well. He made it clear that these incident reviews are important for the facility to not just say that sexual safety is important, but to show to staff and all of administration that it is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Chief of Security about the sexual abuse incident reviews. She explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity perpetrate sexual abuse within the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). In the PAQ, the facility provided Corrections Guideline *CO 328 – Prison Rape Elimination Act*. The guideline states, "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so."

The auditor interviewed the Chief of Security about the sexual abuse incident reviews during the onsite phase of the audit. She explained that the incident reviews following completed investigations were extremely important to the process to ensure sexual safety. The incident review is the best way to evaluate policy failures, physical plant issues, inmate motivations, or staff failures which may have led to the inmate's opportunity perpetrate sexual abuse within the facility. If for some reason the decision is made to not institute the recommendations made in the incident review report, administration would document the reasons why and maintain that documentation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Prison Rape Elimination Act 2021 Annual Statistical Report <p>Findings (by provision):</p> <p>115.87(a). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency shall collect accurate, uniform data for every allegation of sexual abuse reported. The data collected shall 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 (p. 18).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(b). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency shall aggregate the sexual abuse data at least annually in order 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 and corrective actions.” The agency provided the auditor with a copy of the Prison Rape Elimination Act 2021 Annual Statistical Report. The auditor reviewed the report and noted the annual data aggregated on each report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(c). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The data collected shall 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 (p. 18).” The auditor’s review of the agency’s annual report for 2021 included verification of the presence of the SSV-2 definitions in the report, as well as the data included with those definitions. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(d). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews (p. 18).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(e). The Department does not contract with any facility or contracted agency for the confinement of its inmates. Therefore, this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.87(f). The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.88	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1086 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="276 349 1019 546" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Prison Rape Elimination Act 2021 Annual Statistical Report 3. Baker County Detention Center Webpage 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p data-bbox="240 573 501 600">Findings (by provision):</p> <p data-bbox="240 636 1490 860">115.88(a). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency shall aggregate the sexual abuse data at least annually in order 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 and corrective actions (p. 18).” The agency provided the auditor with a copy of the Prison Rape Elimination Act 2021 Annual Statistical Report. The auditor reviewed the report and noted the report’s review of the annual data and discussion of the agency’s findings and concerns related to the allegations and outcomes in the facility. The report also included a corrective action plan.</p> <p data-bbox="240 891 1490 1151">The auditor interviewed the Chief of Security during the onsite phase of the audit and discussed the agency’s annual report. She stated the report is prepared by the PREA Coordinator utilizing the agency’s annual data and then submitted to him for review and approval. The report includes a corrective action plan based on indications found in the annual data. The auditor interviewed the PREA Coordinator who confirmed the annual data collection. He stated he reviews the outcomes of the sexual abuse investigations as well as the locations of the incidents. He looks for patterns of behavior or common trends. All issues are reviewed, and actions are taken for prevention of future incidents, which may require training and education. This information is then written into the annual corrective action plan. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1182 1490 1344">115.88(b). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “Such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.” The auditor noted this comparison in the provided agency annual reports for 2021. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1375 1490 1469">115.88(c). The agency provided the auditor with Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, “The agency’s report shall be approved by the agency head and made readily available to the public through the Baker County Sheriff’s Office website at least annually (p. 18).”</p> <p data-bbox="240 1500 1490 1662">During the onsite phase of the audit, the auditor interviewed the Chief of Security. She stated the report is prepared by the PREA Coordinator utilizing the agency’s annual data and then submitted to her for review and approval. The agency’s 2021 report was not available on the agency webpage due to an upgrade of the website, but the agency has signed posted in the facility’s public areas to notify them that copies are available by contacting the PREA Coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1693 1490 1818">115.88(d). During the onsite phase of the audit, the auditor interviewed the PREA Coordinator who stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed the 2021 report and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> 2. Prison Rape Elimination Act 2021 Annual Statistical Report 3. Baker County Detention Center Webpage 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.89(a). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. The guideline states, "The agency shall ensure that data collected is securely retained. Sexual abuse data collected shall be maintained for at least 10 years after the date of initial collection unless required otherwise by federal, state, or local law."</p> <p>The auditor interviewed the PREA Coordinator during the onsite phase of the audit. The PREA Coordinator confirmed that all of the data is maintained on the secure computer server or in a locked cabinet in his secure office. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(b). The agency provided Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> in the PAQ. The guideline states, "The agency's report shall be approved by the agency head and made readily available to the public through the Baker County Sheriff's Office website at least annually."</p> <p>The agency's 2021 report was not available on the agency webpage due to an upgrade of the website, but the agency has signed posted in the facility's public areas to notify them that copies are available by contacting the PREA Coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(c). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. The guideline states, "The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers."</p> <p>The auditor reviewed the 2021 report supplied to the auditor for review and noted no redacted information or personally identifiable information in the report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.89(d). Corrections Guideline <i>CO 328 – Prison Rape Elimination Act</i> was provided to the auditor in the PAQ. The guideline states, "The agency shall ensure that data collected is securely retained. Sexual abuse data collected shall be maintained for at least 10 years after the date of initial collection unless required otherwise by federal, state, or local law." Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.401(a). This was the third audit completed by the Baker County Detention Center. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(b). This is the third year of the third PREA audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 28 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(n). The institution posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation building. The audit notice included the auditor's contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.403(f). This was the third audit completed by the Baker County Detention Center. The prior audit report is posted to the Baker County Detention Center webpage as required by this provision and the auditor understands that this audit report will be posted properly after the agency receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent 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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes