

# PREA Facility Audit Report: Final

Name of Facility: Marion County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/02/2022

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: 01/02/2022

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	jimkenney33@earthlink.net
Start Date of On-Site Audit:	12/13/2021
End Date of On-Site Audit:	12/16/2021

FACILITY INFORMATION	
Facility name:	Marion County Jail
Facility physical address:	3290 Northwest 10th Street, Ocala, Florida - 34475
Facility Phone:	
Facility mailing address:	

Primary Contact	
Name:	Meyer Carter
Email Address:	mcarter@marionso.com
Telephone Number:	352-368-3554

Warden/Jail Administrator/Sheriff/Director	
Name:	Major Clinton Bowen
Email Address:	cbowen@marionso.com
Telephone Number:	352-368-3511

Facility PREA Compliance Manager	
<b>Name:</b>	Alesia Chisholm
<b>Email Address:</b>	achisholm@marionso.com
<b>Telephone Number:</b>	
<b>Name:</b>	Brian Peterson
<b>Email Address:</b>	bpeterson@marionso.com
<b>Telephone Number:</b>	

Facility Health Service Administrator On-site	
<b>Name:</b>	Dr. John Pearson
<b>Email Address:</b>	john.pearson@myhfhc.org
<b>Telephone Number:</b>	352-369-6783

Facility Characteristics	
<b>Designed facility capacity:</b>	1924
<b>Current population of facility:</b>	1828
<b>Average daily population for the past 12 months:</b>	1678
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	15 - 78
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, Maximum
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	287
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	135
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
Name of agency:	Marion County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	692 Northwest 30th Avenue, Ocala, Florida - 34475
Mailing Address:	
Telephone number:	3527328181

Agency Chief Executive Officer Information:	
Name:	Sheriff Billy Woods
Email Address:	bwoods@marionso.com
Telephone Number:	3527328181

Agency-Wide PREA Coordinator Information			
Name:	Meyer Carter	Email Address:	mcarter@marionso.com

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.71 - Criminal and administrative agency investigations</li> </ul>
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-12-13
2. End date of the onsite portion of the audit:	2021-12-16

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Haven of Lake and Sumter Counties

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1924
15. Average daily population for the past 12 months:	1828
16. Number of inmate/resident/detainee housing units:	1678
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1817
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	12
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	36
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	110

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	3
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	28
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	6
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	287
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	135
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	

<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	At least two inmates were selected from each of the facility's housing units.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	29
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	3
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed segregated housing staff members and reviewed documentation of inmates that were found to be at risk for vulnerability.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor interviewed only two transgender inmates because there were only 2 in custody at the time of the audit.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>29</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p>

<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Maintenance staff supervising inmates, Grievance coordinator, Mailroom staff</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>3</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no volunteers available in the facility for the auditor to interview due to the ongoing national pandemic. Volunteers have been restricted from the facility since March 2020.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor reviewed the door on the shower in the housing units based on the comments from several inmates. They were concerned that the door did not adequately cover them while in the shower. The auditor checked and determined that the door was adequate to provide the privacy necessary.

### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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

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

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	0	0	14
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	14	0	0	14

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	16	0	0	16
<b>Staff-on-inmate sexual harassment</b>	1	0	0	1
<b>Total</b>	17	0	0	17

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	5	5	5	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	5	5	5	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	5	4	5
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	5	4	5

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	7	5	4
Staff-on-inmate sexual harassment	0	1	0	0
<b>Total</b>	0	8	5	4

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	31
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	14
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	17
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	16
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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### Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Operations Directive 6011.00 - <i>Supervision of Inmates - Jail</i></li> <li>3. Operations Directive 2078.00 - <i>Employee Relations with Inmate</i></li> <li>4. Detention Bureau Organizational Chart</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> <li>2. PREA compliance manager</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.11(a).</b> The Marion County Sheriff's Office has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>, which outlines their zero-tolerance sexual abuse policy. The directive clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents and establishes immediate reporting guidelines of such incidents. The directive states that the Detention Bureau Chief has established a standard for the detection, prevention, reduction, and punishment of sexual abuse, sexual contact, and sexual harassment of inmates. The directive also provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The strategies are also outlined in Operations Directive 6011.00 - <i>Supervision of Inmates – Jail</i>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.11(b).</b> The agency has designated an agency wide PREA coordinator, Meyer Carter, who reports directly to the Detention Bureau's Jail Administrator. The Bureau's organizational chart was provided for review and shows the PREA coordinator's position as a direct report to the Jail Administrator. There is no question as to the authority level of the PREA coordinator at this agency.</p> <p>The auditor interviewed the PREA coordinator and confirmed the single 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><b>115.11(c).</b> Although this agency is self-contained in one building and a PREA compliance manager is not mandated by this provision, the agency has designated a PREA compliance manager (PCM), Lieutenant Brian Peterson, the Classification Manager. The auditor interviewed the PCM during the onsite phase of the audit and was impressed with the PCM's knowledge of the PREA standards and what is necessary for sexual safety in the corrections facility. He understood the requirements to respond appropriately to vulnerable inmates in the absence of the PREA coordinator, coordinate investigation efforts, and assist with the collection of statistical information on an annual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>Marion County Jail's efforts to assign a PCM when the standards do not require one for a facility agency that is maintained within one building is exceptional. The PCM takes the role seriously and works very closely with the PREA coordinator, rather than just having the title assigned when the coordinator is out of the building. This attention to the needs of the agency, the safety of the inmates, and the dedication to the compliance with the PREA standards clearly exceeds this standard.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency Contract Administrator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.12(a)</b> 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 Marion County Jail inmates.</p> <p>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 Marion 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><b>115.12(b)</b> The auditor interviewed the agency contract administrator during the onsite audit, who indicated that any new contract entered into with any other agency for the housing of Marion County inmates will include a provision that requires the contractor to comply 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	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 947" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Marion County Jail Staffing Plan 2021</i></li> <li>3. <i>2021 Staffing Plan Review</i></li> <li>4. Shift Reports</li> <li>5. Daily Logs Reports</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Agency Head</li> <li>3. Random Inmates</li> <li>4. Random Staff</li> <li>5. Specialized Staff</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>1. Control rooms (electronic monitoring)</li> <li>2. Program area</li> <li>3. Housing units</li> <li>4. Kitchen</li> <li>5. Health services</li> </ol> </li> </ol> <p data-bbox="240 976 501 1003"><b>Findings (by provision):</b></p> <p data-bbox="240 1032 1485 1128"><b>115.13(a).</b> In the PAQ, the agency provided the auditor a copy of the <i>Marion County Jail Staffing Plan 2021</i>. The document includes the staffing level guidelines for the Marion County Jail and the breakdown of video monitoring technology for the facility. The plan includes a review of the supervision for the institution.</p> <p data-bbox="240 1158 1099 1184">The staffing plan mandated in this provision must take into account 11 considerations:</p> <ol data-bbox="240 1214 1485 2157" style="list-style-type: none"> <li>1. Provision 115.13(a)(1) – Generally accepted detention and correctional practices – The Marion County Jail deploys staff in a manner consistent with guidelines established by the National Institute of Corrections (NIC) while preparing the staffing plan. The Jail 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.</li> <li>2. Provision 115.13(a)(2) – Any judicial findings of inadequacy – The Marion County Jail has not had any judicial findings of inadequacy. There are no current lawsuits/settlement agreements.</li> <li>3. Provision 115.13(a)(3) – Any findings of inadequacy from Federal investigative agencies – The Marion County Jail has not had any Federal findings of inadequacy by any Federal investigative agency.</li> <li>4. Provision 115.13(a)(4) – Any findings of inadequacy from internal or external oversight bodies – The Marion County Jail performed its latest Florida Model Jail Standards compliance inspection in 2021. There were no findings of inadequacy from this or any other internal or external oversight bodies.</li> <li>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 Marion County Jail considered blind spots in all housing areas while also considering inmate privacy for toilet and shower areas. Additional staff is assigned, when possible, to areas with single and double cell housing or areas with less video coverage with specific consideration given to staff’s ability to respond as backup in critical incidents and to ensure prompt and safe evacuation of the facility during an emergency. There are no noted physical plant concerns noted in the staffing plan.</li> <li>6. Provision 115.13(a)(6) – The composition of the inmate population – The Marion County Jail staffing plan is based on an inmate population of male and female inmates, including youthful inmates (under age 18). 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 1,924 inmates.</li> <li>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</li> </ol>

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 Marion County Jail plan assigns specific staff members to ensure adequate staff is assigned to daily program 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 Marion County Jail or for the jail's staffing levels.

10. Provision 115.13(a)(10) – The prevalence of substantiated and unsubstantiated incidents of sexual abuse – The Marion County Jail determined that there are no prevalent times or places requiring additional staff for that reason alone.

11. Provision 115.13(a)(11) – Any other relevant factors – There are no other relevant factors at the Marion County Jail that affect its ability to detect, prevent, and respond to issues of sexual abuse, sexual assault, or sexual harassment of inmates.

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 institution, as well as an adequate number of 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 Facility Administrator, the Major, during the onsite phase of the audit. The Major 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 Major 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 Major 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 Major'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 a multitude of deviations from the staffing plan during the 12 months prior to the audit. 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. Outside of the pandemic, deviations are usually due to vacation and sick time. These deviations are filled using overtime.

During the onsite phase of the audit, the auditor interviewed the Major, 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 February 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. In the *Supervision and Monitoring* section, the directive states, "Supervisors will conduct unannounced supervisor rounds of the Jail daily to identify and deter staff sexual abuse and sexual harassment. Each unannounced round is

documented as a computer entry in the housing daily log. The entry will be logged as "Unannounced Supervisor Check". Supervisor rounds will be documented utilizing this code and will be listed on the shift recap." The directive goes on to state that the rounds are to be conducted on both day and night shifts. The directive also states, "MCSO staff are prohibited from alerting other staff members when the Supervisor is conducting these unannounced rounds, unless exigent circumstances arise." The auditor was provided copies of several *Daily Logs Reports*, from various dates throughout the last 12 months. The auditor was able to view documented supervisory rounds in these logs at different times of the day and night throughout the facility.

During the onsite phase of the audit, the auditor interviewed 20 random inmates and 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 16 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><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Operations Directive 6631.00 - <i>Juvenile Detention</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Youthful housing</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.14(a).</b> The auditor reviewed Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>, which was provided in the PAQ. This directive outlines the requirements to house inmates within the Marion County Jail that are under age 18. The directive states, "Youthful inmates shall not be placed in a housing unit where the youth will have 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. 6)." 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 housing unit utilized is on a separate wing and is separate from the main facility hallway. At the far end of the unit, there are two housing units, one for male inmates and one for female inmates, with a staff control room in between. The unit includes a large program room, which is utilized for indoor exercise, classrooms, programs, and meetings. The cells are double-bunked and each of the units has a shower area with a curtain to provide privacy for the inmates. The placement of these units at the end of this unit's hallway always ensures complete separation from adult inmates.</p> <p>The auditor interviewed three youthful inmates during the inmate interviews. Each of the three inmates confirmed that there was always separation from adult inmates. They said that no adult inmates enter the youthful housing areas. The auditor interviewed a deputy assigned to the youthful housing area, who confirmed that adult inmates were not allowed to enter the youthful housing areas at any time. He also confirmed separation of the youthful inmates by sight and sound. He 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><b>115.14(b).</b> The auditor reviewed Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>, which was provided in the PAQ. This directive states, "In areas outside of housing units the MCJ will either maintain sight and sound separation between youthful inmates and adult inmates or provide direct staff supervision when youthful inmates and adult inmates have contact."</p> <p>During the onsite audit, the auditor interviewed a deputy assigned to the youthful housing area. He confirmed that adult inmates were not allowed to enter the youthful housing areas at any time. He also confirmed separation of the youthful inmates from adult inmates by sight and sound at all times throughout the facility. The deputy explained that hallways are cleared of adult inmates before youthful inmates are escorted through the halls if they are being escorted to medical or outside the facility. The auditor interviewed three youthful inmates during the onsite phase of the audit. All three inmates stated that they are kept separate from adult inmates at all times. When asked about movement through the facility hallways, they stated that adult inmates are cleared from the halls before they come outside the unit. All three told the auditor that the youthful inmates are always under the direct escort of a deputy. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.14(c).</b> The auditor reviewed Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>, which was provided in the PAQ. This directive states, "The MCJ shall make every effort to avoid placing youthful inmates in isolation to comply with this provision. The MCJ documents the exigent circumstances for each instance in which youthful inmate's access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied (p. 6)."</p> <p>During the onsite audit, the auditor interviewed a deputy assigned to the youthful housing area. The deputy confirmed that the agency does not utilize solitary confinement to achieve the separation from adult inmates, as the youthful inmates are assigned to their own separate housing area. He also stated that any reduction in programs and exercise are documented in the disciplinary and housing logs. The auditor also interviewed an instructor from the school board, who provides daily</p>	

education for the youthful inmates. He confirmed that education for the youthful inmates is provided in the programs room, which is separate from the rest of the facility and is done without contact with adult inmates. He stated that all inmates attend educational classes unless they have documented disciplinary reports.

The auditor interviewed three youthful inmates during the onsite phase of the audit. All three inmates stated they can attend all classes and have access to the outside recreation yard every day, unless they are serving disciplinary time. All three inmates stated that none of them have been placed in isolation. They said that all the cells in their unit have two bunks and they don't need isolation in order to stay away from adult inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Training curriculum</li> <li>3. Training records</li> <li>4. Housing Unit Logs</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> <li>3. Random inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Control rooms (electronic monitoring)</li> <li>2. Strip search room</li> <li>3. Bathrooms and shower areas</li> <li>4. Housing units</li> <li>5. Medical services</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.15(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "MCSO employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances when performed by a medical practitioner with complete documentation by detention and medical personnel. In the event an exigent circumstance arises, the search will be conducted in a professional, respectful and least intrusive manner." 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 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><b>115.15(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO does not permit cross-gender pat-down searches of inmates absent exigent circumstances, with complete documentation (p. 6)". The directive goes on to state, "The MCJ will not restrict inmate's access to regularly available programs or other out-of-cell opportunities based on the inability to perform cross-gender pat-down searches." 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 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 16 random staff members during the onsite phase of the audit. All 16 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 20 random inmates during the onsite audit, eight 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><b>115.15(c).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCSO does not permit cross-gender pat-down searches of inmates absent exigent circumstances, with complete documentation (p. 6)". 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><b>115.15(d).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This directive states, "Inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff</p>



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. 6).” The directive also states, “Opposite Gender announcements will be made each time a detention deputy of the opposite gender enters an inmate’s housing unit; this is to inform inmates that detention deputy of the opposite gender will be on the floor.” Documentation of this opposite gender announcement is placed in the housing unit logs, which was viewed by the auditor.

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 toilets in all units are inside the cells and there is ample privacy for the inmates while they use the toilet. The showers are group showers, and each is equipped with a door for privacy. The door is three-quarter size and allows for privacy for inmates while in the shower but allows for deputies to see the heads and feet of the inmates for safety and security. 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 20 inmates, they all stated that officers routinely make an announcement before entry to the unit. All 20 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 16 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. On page 7, the directive states, “MCSO staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’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 interviewed two transgender inmates. Both inmates told the auditor that they were not strip searched to determine their genital status. The auditor also interviewed 16 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 current year, which documents staff member completion of the search procedures training.

During the onsite phase of the audit, the auditor interviewed 16 random deputies. Each of the 16 deputies confirmed completion of the search procedures training during the new hire training or the annual refresher training. The required training for cross-gender searches was included in the training. All 16 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	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 846" style="list-style-type: none"> <li>Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>MCSO Form 14-180 – <i>Deaf Inmate Questionnaire</i></li> <li>MCSO <i>Inmate Rules and Regulations Handbook</i> - Braille</li> <li>MCSO <i>Inmate Rules and Regulations Handbook</i> - Spanish</li> <li><i>Sexual Battery Prevention and Reporting Brochure</i> - Braille</li> <li><i>Sexual Battery Prevention and Reporting Brochure</i> - Spanish</li> </ol> </li> <li>Interviews: <ol style="list-style-type: none"> <li>Agency head</li> <li>Targeted inmates</li> <li>Random inmates</li> </ol> </li> <li>Site Review Observations: <ol style="list-style-type: none"> <li>Postings in housing units</li> <li>Medical housing</li> <li>Inmate educational materials</li> </ol> </li> </ol> <p data-bbox="240 875 501 902"><b>Findings (by provision):</b></p> <p data-bbox="240 931 1485 1160"><b>115.16(a).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive 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. The auditor was provided with copies of the MCSO <i>Inmate Rules and Regulations Handbook</i> written in Braille and the <i>Sexual Battery Prevention and Reporting Brochure</i> written in Braille.</p> <p data-bbox="240 1189 1485 1686">During the onsite phase of the audit, the auditor interviewed three inmates with a physical disability, two inmates who were partially deaf, two inmates who were partially blind, and four inmates with a cognitive disability. Each of these 11 inmates were able to explain the zero-tolerance information and how to file an allegation of sexual abuse or sexual harassment. All the inmates stated they had no problems understanding or receiving the PREA education in orientation. One inmate with a cognitive disability was having a problem understanding at first, but after talking with the auditor, he began to recall the sexual abuse information and then related to the auditor an incident that had occurred in the housing unit days before the interview. This interview was quickly relayed to the PREA coordinator, and an investigation was initiated. The blind inmates were able to hear the video information and they stated that deputies read information to them. Both inmates have access to the Braille version of the <i>Inmate Rules and Regulations Handbook</i>. The deaf inmates were able to read the captions on the PREA video. The inmates knew they had access to an American Sign Language interpreter if it was needed. 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 1715 1485 1843"><b>115.16(b).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive 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 1872 1485 2101">The auditor spoke with three inmates who spoke Spanish during the random inmate interviews. Two of the three inmates required the assistance of a staff member who translated for the inmate and the auditor. All three 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 inmates all have a copy of the <i>Inmate Rules and Regulations Handbook</i> in Spanish. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2130 1485 2159"><b>115.16(c).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The</p>

directive states, “The agency will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances, and must be fully documented, 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.”

During the onsite phase of the audit, the auditor spoke with 16 random deputies and 20 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	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 544" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>MCSO Employment Application</i></li> <li>3. Employment records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p data-bbox="240 573 501 600"><b>Findings (by provision):</b></p> <p data-bbox="240 631 1481 860"><b>115.17(a).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "MCSO policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services or any contractor who may have contact with inmates who: a) 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) b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, open or implied threats of force, or coercions, or if the victim did not consent or was unable to consent or refuse c) Has been civilly or administratively adjudicated to have engaged in the activity described in any paragraph in this section."</p> <p data-bbox="240 891 1481 1048">The auditor was provided a copy of the <i>MCSO Employment Application</i>. Both the hard copy application and online version include the three questions in this provision that must be answered by all applicants before they can be considered for employment. The auditor reviewed the records of ten randomly selected staff members. The agency provided a completed employment application for each staff member, which included 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 1079 1481 1236"><b>115.17(b).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with inmates." The auditor was provided a copy of the <i>MCSO Employment Application</i>. Both the hard copy application and online version include a question regarding sexual harassment that must be answered by all applicants before they can be considered for employment.</p> <p data-bbox="240 1267 1481 1402">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 1433 1481 1626"><b>115.17(c).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This directive states, "Before the MCSO hires any new employees who may have contact with inmates, it: a) Conducts criminal background record checks b) Consistent with federal, state, and local law, the MCSO makes 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 allegations of sexual abuse." The agency listed 33 staff members hired over the last 12 months that passed the background checks.</p> <p data-bbox="240 1657 1481 1747">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 1778 1481 1935">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. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1966 1481 2060"><b>115.17(d).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive 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 2092 1481 2150">During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all individuals, including contractors must pass the full criminal history review before being approved for entrance to the</p>

facility. The reviews are completed for contractors before they are authorized to be approved to perform duties inside the secure perimeter of the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(e).** In the PAQ, the auditor was provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Criminal background records checks will be conducted by the Human Resources Department or designee on all current MCSO employees, volunteers, and contractors, who may have contact with inmates at least every five (5) years (p. 8-9)." 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.

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).** In the PAQ, the auditor was provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "The MCSO shall 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 and in any interviews or written self-evaluations conducted as a part of reviews of current employees. The MCSO shall impose upon employees a continuing affirmative duty to disclose any such misconduct."

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).** In the PAQ, the auditor was provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "MCSO employees must disclose any such misconduct. Any material omission(s) regarding such misconduct, or the provision of materially false information, shall be grounds for termination." The auditor was provided a copy of the *MCSO Employment Application* and this statement is clearly noted in the application.

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><b>Upgrades to facilities and technologies</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.18(a).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This directive 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 Major, the Facility Administrator. He stated that the administration constantly reviews what changes might be needed for the Marion County Jail. Although none are needed at this time, they would always consider the sexual safety of the inmate population when making decisions. Modifications must consider 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><b>115.18(b).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This directive states, "When installing or updating a video monitoring technology system, electronic surveillance system, or other monitoring technology, the MCSO shall consider how such technology may enhance the ability to protect inmates from sexual abuse."</p> <p>During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, who stated that the administration constantly reviews what video updates might be needed for the Marion County Jail. He went on to say that any updates to the facility's video monitoring technology to better monitor public areas of the facility and housing units will be intended to enhance the overall sexual safety of the inmate 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	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i></li> <li>3. <i>Memorandum of Understanding between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office</i></li> <li>4. Victim Services Practitioner Certificate</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>1. Medical services</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.21(a).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the MCSO investigators follow an evidence protocol (p. 9)." The auditor was also provided the <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i> evidence protocol in the PAQ. This document identifies the standard evidence to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the MCSO for all investigations.</p> <p>During the onsite phase of the audit, the auditor interviewed the facility's investigator. He confirmed that they investigate all allegations of sexual abuse made by inmates at the jail. The investigator stated they utilize a standard evidence collection format provided by the FDLE that follows the national protocol. During random staff interviews, the auditor interviewed 16 deputies. Each of the 16 deputies interviewed knew that the investigator investigated all allegations of sexual abuse and sexual assault. All 16 deputies also knew that evidence was collected by the investigator 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><b>115.21(b).</b> The auditor was provided the <i>FDLE Adult/Adolescent Forensic Sexual Assault Examination</i> in the PAQ. This document identifies the standard evidence to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the MCSO for all investigations at the facility. The protocol includes collection and preservation of evidence that is appropriate for youth.</p> <p>The auditor reviewed the evidence protocol and compared it with the <i>Department of Justice's (DOJ) Office on Violence Against Women</i> publication, "<i>A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.</i>" The FDLE 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><b>115.21(c).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All victims of sexual abuse will be offered access to forensic medical examinations. Such examinations will be offered without financial cost to the victim by, at least, qualified medical practitioners. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs)." In the PAQ, the agency stated there were two such forensic examinations for inmate victims over the previous 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor conducted a telephone interview with the director at Haven of Lake and Sumter Counties, the contracted rape crisis center for the facility. The director confirmed that their agency performs forensic medical examinations for inmate victims at the Marion County Jail. The examinations are performed in a private room in the medical unit at the facility. All examinations are performed by a SANE. When asked, the director stated they will respond to all calls for response, so there is no need for an alternative plan for coverage for a SANE. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.21(d).</b> In the PAQ, the facility provided a <i>Memorandum of Understanding (MOU) between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office</i>. The MOU calls for the Domestic Violence Rape Crisis Center to provide victim advocacy and forensic medical examination services for the Marion County Jail. This advocacy includes the advocacy</p>

accompaniment during sexual assault forensic exams and investigatory interviews. The auditor was also provided documentation of completion of a Victim Services Practitioner course through the Florida Crime Prevention Training Institute for a contractor in the medical unit, that would be available to perform advocacy functions in the absence of an outside advocate.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that the facility has access to victim advocates through the local domestic violence rape crisis center. Inmates are informed of the available advocates through the inmate handbook. During the onsite audit, the auditor conducted a telephone interview with the director at the rape crisis center, who confirmed that their agency provides a victim advocate for victims at the Marion County Jail pursuant to an agreement with the Marion County Sheriff's Office. The auditor also interviewed four inmates who had reported sexual abuse. All four inmates told the auditor they knew that victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the investigator told them about the advocate. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.21(e).** In the PAQ, the agency provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "If requested by the victim, a Victim Advocate, a Crisis Intervention Specialist, a qualified MCSO staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and any referrals." In the PAQ, the facility provided a *Memorandum of Understanding (MOU) between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office*. The MOU calls for the agency to provide victim advocacy and forensic medical examination services for the Marion County Jail. This advocacy includes the advocacy accompaniment during sexual assault forensic exams and investigatory interviews.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that the facility has access to victim advocates through the domestic violence rape crisis center. Inmates are informed of the available advocates through the inmate handbook. During the onsite audit, the auditor conducted a telephone interview with the director at the rape crisis center, who confirmed that their agency provides a victim advocate to all victims during the forensic examination. The auditor also interviewed four inmates who had reported sexual abuse. All four inmates told the auditor they knew that victim advocates were available to them. They all declined to speak to an advocate. The staff at the facility told them about the advocate and the investigator told them about the advocate. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.21(f).** Since sexual abuse investigations are performed by the agency, this provision does not apply to the facility. 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 Marion County Jail has a contract with the Domestic Violence Rape Crisis Center to provide victim advocacy services for the facility. With this contract 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	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.22(a).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse or staff sexual misconduct)."</p> <p>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 agency's sexual abuse and sexual harassment investigations from the previous 12 months. There were 31 allegations that were investigated properly. The auditor interviewed the Major, the Facility Administrator, 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><b>115.22(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Allegations of sexual abuse or sexual harassment must be referred for investigation to the Jail Investigator or the Major Crimes Unit (if the Jail Investigator is not available), unless the allegation does not involve potentially criminal behavior (p. 11)."</p> <p>During the onsite phase of the audit, the auditor interviewed the jail investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to him for investigation. They are also referred to the Major Crimes Unit if he is unavailable. The auditor reviewed the Marion County Sheriff's Office website, and under the tab for Prison Rape Elimination Act, the agency 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: <b>PREA — Marion County Sheriff's Office (marionso.com)</b>. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.22(c).</b> All investigations are performed internally for the Marion County Jail 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><b>115.22(d).</b> The auditor is not required to audit this provision.</p> <p><b>115.22(e).</b> The auditor is not required to audit this provision.</p>

115.31	<b>Employee training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1053 577" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Training curriculum</li> <li>3. <i>Thought of the Month</i> e-mails</li> <li>4. Training logs</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> </ol> </li> </ol> <p data-bbox="242 607 501 636"><b>Findings (by provision):</b></p> <p data-bbox="242 665 1469 725"><b>115.31(a).</b> In the PAQ, the facility provided a copy of their Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "The MCSO trains all employees who have contact with inmates on the following matters:..."</p> <p data-bbox="242 730 1493 893">On page 11 of the directive, 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="242 922 1490 1151">During the onsite phase of the audit, the auditor interviewed 16 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 1180 1490 1344"><b>115.31(b).</b> In the PAQ, the facility provided a copy of their Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "Training is tailored to the gender of the inmates in the facility." Although the directive makes that statement, there is no need for gender-specific training, as the Jail houses both male and female inmates. The agency's training curriculum related to PREA is consistent for all corrections staff that work in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1373 1485 1536"><b>115.31(c).</b> In the PAQ, the facility provided a copy of their Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "Between training sessions, MCSO employees are provided with information about current policies regarding sexual abuse and harassment via e-mail, briefings and Power DMS." The auditor was provided copies of monthly <i>Thought of the Month</i> e-mail communications that were sent to all staff by the PREA coordinator with specific PREA training points. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1565 1481 1693"><b>115.31(d).</b> 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. The auditor was provided several copies of proof of completion of PREA training in the PAQ.</p> <p data-bbox="242 1722 1469 1816">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	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Volunteer and Contractor PREA Guide</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.32(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All MCSO volunteers and contractors who have contact with inmates, will be trained on their responsibilities under the agency's Prison Rape Elimination Act (PREA) policy. The type and level of training is based on the services they provide and level of contact they have with inmates (p. 13)." The agency indicated that 135 approved volunteers have been educated on the PREA policies.</p> <p>During the onsite phase of the audit, the auditor interviewed three contractors who have inmate contact in the facility. All three 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><b>115.32(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The type and level of training is based on the services they provide and level of contact they have with inmates." The auditor reviewed the <i>Volunteer and Contractor PREA Guide</i>, which was also provided in the PAQ. The guide satisfied the requirements under this provision of the standard.</p> <p>During the onsite phase of the audit, the auditor interviewed three contractors who have inmate contact in the facility. All three 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><b>115.32(c).</b> 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: Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1062 745" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. MCSO Form 14-118 - <i>Sexual Harassment/Sexual Abuse Orientation</i></li> <li>3. <i>MCSO Inmate Rules and Regulations Handbook</i></li> <li>4. <i>PREA Education Brochure</i></li> <li>5. PREA Education Acknowledgement Form</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random staff</li> <li>3. Random inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Housing units</li> </ol> </li> </ol> <p data-bbox="240 775 501 801"><b>Findings (by provision):</b></p> <p data-bbox="240 831 1485 1093"><b>115.33(a).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All inmates, during intake, will be informed by the booking detention deputy of the Zero Tolerance for sexual harassment, what they can do to protect themselves, and how to report abuse or harassment. The inmate will view the Inmate orientation video and the PREA Education Video..." In the PAQ, the agency stated that of the 10,938 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 MCSO Form 14-118 - <i>Sexual Harassment/Sexual Abuse Orientation</i> in the PAQ. This form contains the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment and is provided to all inmates at intake.</p> <p data-bbox="240 1122 1485 1384">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 <i>Sexual Harassment/Sexual Abuse Orientation</i> form, just as an inmate would. The auditor was asked to sign an acknowledgement of receipt of the form. The auditor interviewed 20 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at the facility. All 20 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 1413 1485 1675"><b>115.33(b).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Within thirty (30) days of Intake and annually thereafter, all inmates shall receive comprehensive education regarding the right to be free from sexual abuse, sexual harassment and from retaliation for reporting such incidents." This education is provided to the inmate at the time of the inmate's 14-day Health and Physical by medical staff. An education acknowledgement sheet is completed at the time by the inmate. The comprehensive education is completed by the nurse reading the inmate a brochure and then giving it the inmate. The agency provided documentation to show 3,225 inmates received (whose length of stay was 30 days or more) over the last 12 months prior to the audit and 3,225 inmates had received the comprehensive education.</p> <p data-bbox="240 1704 1485 1966">During the onsite phase of the audit, the auditor interviewed medical staff and they confirmed the delivery of the comprehensive PREA education during the 14-day physical assessment. The auditor met with one of the facility nurses and witnessed delivery of the education for two of the inmates during the physical assessment. The nurse explained the PREA information, explained how the inmate could file allegations of sexual abuse or sexual harassment, and explained that inmates have the right to file allegations without retaliation. The inmate then signed acknowledgement of receipt of the education and was given a copy of the <i>PREA Education Brochure</i>. The auditor interviewed 20 random inmates during the onsite phase of the audit. All 20 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 1995 1485 2123"><b>115.33(c).</b> 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Inmate PREA education is available in accessible formats for all inmates including those who are: a) Limited English Proficient b) Deaf c) Visually impaired d) Otherwise disabled e) Limited in their reading skills."

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 *MCSO Inmate Rules and Regulations 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 an *MCSO Inmate Rules and Regulations 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.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Training curriculum</li> <li>3. Training certificates</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.34(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "MCSO Investigators who investigate allegations of sexual abuse are trained in conducting sexual abuse investigations in confinement settings."</p> <p>The auditor interviewed the Jail Investigator during the onsite phase of the audit. The investigator confirmed that he had taken the investigations specialized course and had successfully received his 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><b>115.34(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral." In the PAQ, the facility provided the training curriculum from the National Institute of Corrections and the Florida Sheriff's Association. 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 Jail Investigator during the onsite phase of the audit. The investigator confirmed that he had taken the investigations specialized course and had successfully received his 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><b>115.34(c).</b> The Department maintains documentation showing completion of the investigations course for 18 individuals, including the PREA coordinator, the PREA compliance manager, and several Jail Investigators. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.34(d).</b> The auditor is not required to audit this provision.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Training records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.35(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All MCSO detention and Medical Staff will be trained on the proper procedures for securing a crime scene and preserving evidence." The agency indicated that 125 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 three staff members from the medical department. All three confirmed having taken the online specialized medical course and completed the class. They 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><b>115.35(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The medical staff at MCSO does not conduct forensic exams. Forensic exams will be conducted at the Marion County Jail, in the Clinic, in medical. The exam will be conducted by a SAFE/SANE who will respond to the jail when requested." The forensic medical examinations are performed by staff from the Haven of Lake and Sumter Counties pursuant to an agreement with their agency. 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><b>115.35(c).</b> 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><b>115.35(d).</b> The medical and mental health care staff are all contracted through Heart of Florida and are required to meet the expectations laid out by the agency in order to be in compliance with this standard. All contracted medical 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	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 712" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. MCSO Form 14-228 - <i>PREA Sexual Violence Screening Form</i></li> <li>3. Inmate records</li> <li>4. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Intake/Booking</li> <li>2. Medical</li> </ol> </li> </ol> <p data-bbox="240 741 501 768"><b>Findings (by provision):</b></p> <p data-bbox="240 797 1442 891"><b>115.41(a).</b> The agency supplied Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "All inmates will be screened during intake using an objective screening instrument for their risk of being sexually abused by other inmates or sexually abusive toward other inmates (p. 15)."</p> <p data-bbox="240 920 1485 1216">During the onsite phase of the audit, the auditor interviewed the classification manager and two nurses from medical who confirmed that all inmates are screened upon admission to the Marion County Jail. The auditor observed as the nurse in booking performed the initial risk screening for several inmates. 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 nurses several questions to confirm that the process is routine and was satisfied based on the responses and how the screening was performed, that the intake screening is a normal and routine part of the intake process for inmates. The auditor interviewed 20 random inmates during the onsite audit. All 20 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 data-bbox="240 1245 1490 1406"><b>115.41(b).</b> The agency supplied Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The intake screening will take place upon arrival at the facility and with a reassessment of the inmate, by MCJ Classification no later than 30 days from the inmate's arrival based upon any additional relevant information received by the facility since the intake screening." The agency noted in the PAQ that 6,086 inmates entered the Marion County Jail within the last 12 months and all 6,086 inmates were assessed within 72 hours of entering the facility.</p> <p data-bbox="240 1435 1485 1697">During the onsite phase of the audit, the auditor reviewed 20 inmate records which all included the risk screening. The screening had been completed on the day of the inmate's arrival at the facility. During interviews with the classification manager and two nurses who perform the risk screening, it was confirmed that the screening of all inmates is done in booking at the time of the inmate's arrival at the facility. In fact, inmates are generally seen immediately following booking by the nurse to complete the medical intake screening and the risk screening. The auditor interviewed 20 random inmates during the onsite audit. All 20 of the inmates confirmed that they had been asked the screening questions. The 20 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 data-bbox="240 1727 1485 1921"><b>115.41(c).</b> The auditor was provided a copy of the agency's Form 14-228 - <i>PREA Sexual Violence Screening Form</i>, their PREA risk assessment 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 data-bbox="240 1951 1485 2085"><b>115.41(d).</b> The auditor was provided a copy of the agency's Form 14-228 - <i>PREA Sexual Violence Screening Form</i>, their PREA risk assessment 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 data-bbox="240 2114 1477 2141">During the onsite phase of the audit, the auditor interviewed the classification manager and two nurses who perform the risk</p>



screening. They explained that 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 Form 14-228 - *PREA Sexual Violence Screening Form*, their PREA risk assessment screening tool. The Marion 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 Marion 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 manager and two nurses who perform the risk screening 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "The intake screening will take place upon arrival at the facility and with a reassessment of the inmate, by MCJ Classification no later than 30 days from the inmate's arrival based upon any additional relevant information received by the facility since the intake screening." The agency noted in the PAQ that 3,225 inmates entered the Marion County Jail within the last 12 months whose length of stay was for 30 days or more and all 3,225 inmates were assessed within 30 days of entering the facility.

During the onsite phase of the audit, the auditor interviewed the classification manager and two nurses who perform the risk screening who confirmed that inmates are reassessed within 30 days from the initial booking date. The auditor reviewed records for 20 inmates and confirmed the reassessment was completed within 30 days of the inmate's arrival at the facility. During interviews with 20 random inmates, the auditor asked if they were asked additional follow-up questions by classification staff and all 18 of the 20 recalled this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(g).** The agency supplied Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "An inmate's risk level shall be reassessed at any time and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness (p. 16)."

The auditor interviewed the classification manager and two nurses who perform the risk screening 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 20 random inmates, 18 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during the risk screening relating to the following questions..."

During the onsite audit, the auditor interviewed the classification manager and two nurses who perform the risk screening. 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 supplied Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "The MCJ shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to inmate screening, in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." The auditor learned the information is maintained in the medical records section in the computer and accessible only by medical staff, the classification staff, and the PREA Coordinator.

During the onsite phase of the audit, the auditor interviewed the classification manager and two nurses who perform the risk screening. They all told the auditor that only medical staff, the classification staff, 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 and classification staff. The PREA Coordinator has specific access in order to perform his 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	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 577" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. MCSO Form 14-228 - <i>PREA Sexual Violence Screening Form</i></li> <li>3. Inmate records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> </ol> <p data-bbox="240 607 501 636"><b>Findings (by provision):</b></p> <p data-bbox="240 665 1465 860"><b>115.42(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Information from the risk screening will be used to determine housing, bed, work, education, and program assignments to prevent inmates with the high risk of being sexually victimized from those at the high risk of being sexually abusive (p. 17)." 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="240 889 1493 1184">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 manager. He 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 1214 1481 1344"><b>115.42(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCJ makes individualized determinations about how to ensure the safety of each inmate. 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 1373 1489 1534">During the onsite phase of the audit, the auditor interviewed the classification manager. He 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 1563 1474 1693"><b>115.42(c).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCJ makes housing and programming assignments for transgender or intersex inmates in the facility on a case-by-case basis to ensure the inmate health and safety; and whether the placement would present management or security problems (p. 17)."</p> <p data-bbox="240 1722 1490 1883">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 review meeting prior to the inmate's placement in housing. The auditor interviewed two transgender inmates during the onsite audit, and both stated that they were interviewed and asked about their safety in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1912 1481 2042"><b>115.42(d).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Placement and programming assignments for transgender or intersex inmates shall be reassessed at least twice each year to review any threats to the inmates' safety. The reassessment will be conducted by the PREA Coordinator and the Classification Supervisor."</p> <p data-bbox="240 2072 1474 2130">The auditor interviewed the classification manager, who is also the PREA compliance manager, during the onsite phase of the audit. He confirmed that transgender inmates are reassessed twice per year to verify that the transgender inmate is not</p>

in any danger and is housed safely, works in a safe situation, and attends safe programming. The reassessment is performed by himself and the PREA coordinator. 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. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.42(e).** In the PAQ, the facility provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Transgender or intersex inmates shall be given the opportunity to shower separately from other inmates (p. 17)."

During the onsite phase of the audit, the auditor interviewed two transgender inmates during the onsite audit. Both inmates told the auditor that they can shower separately in the housing unit. The auditor interviewed the classification manager, who is responsible for the risk screening. He 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. Officers 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status...." 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.

The auditor interviewed two inmates that identified as gay, lesbian, or bisexual and two transgender inmates during the onsite audit. All four 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 or 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	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Segregated housing units</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.43(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Inmates at high risk for sexual victimization will 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 (p. 18)." In the PAQ, the agency states that there have been zero inmates placed in involuntary segregation over the previous 12 months to separate them from likely abusers.</p> <p>During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, and he stated that involuntary segregation is only used 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 amount of time necessary, until an alternative housing is made available. He was not aware of the last time the facility has had to resort to that measure in order to protect an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.43(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. When the MCJ restricts access to programs, privileges, education, or work opportunities, the MCJ detention staff shall document: a. The opportunities that have been limited. b. The duration of the limitation. c. The reasons for such limitations."</p> <p>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><b>115.43(c).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO Classifications shall assign such inmates to involuntary segregated housing only until all alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed 30 days." 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 to separate them from likely abusers.</p> <p>During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, 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><b>115.43(d).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "If an involuntary segregated housing assignment is made, the facility shall clearly document: a. The basis for the facility's concern for the inmate's safety. b. The reason why no alternative means of separation can be arranged (p. 18)."</p> <p>The auditor was unable to review any records of inmates that were found to be at high risk for sexual victimization, as there</p>	

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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Inmates in involuntary segregated housing will be reviewed every 30 days by Classification and the PREA Coordinator to determine whether there is a continuing need for separation from the general population (p. 19)."

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	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1461 779" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>MCSO Inmate Rules and Regulations Handbook</i></li> <li>3. <i>MCSO Form 14-118 - Sexual Harassment/Sexual Abuse Orientation</i></li> <li>4. Zero Tolerance facility signs</li> <li>5. <i>Memorandum of Understanding between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. PREA coordinator</li> <li>3. Random inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Housing units</li> </ol> </li> </ol> <p data-bbox="240 808 501 835"><b>Findings (by provision):</b></p> <p data-bbox="240 864 1485 1093"><b>115.51(a).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "The MCJ allows for internal reporting, by inmates, to report privately to agency officials about: a) Sexual abuse or sexual harassment. b) Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and c) Staff neglect or violation of responsibilities that may have contributed to such incidents." The auditor was provided a copy of MCSO Form 14-118 - <i>Sexual Harassment/Sexual Abuse Orientation</i>, which is provided to all inmates as their initial PREA education in booking. This document lists the multiple ways that inmates can report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1122 1477 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 20 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 20 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 16 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 1469 1608"><b>115.51(b).</b> The agency provided pictures of the agency's zero-tolerance facility signs in the PAQ. The signs are posted in both English and Spanish and there are two different versions. All the facility signs include the agency's external hotline number, which is answered by staff at the Domestic Violence Rape Crisis Center. 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. The agency provided a copy of the <i>Memorandum of Understanding (MOU) between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office</i> in the PAQ. The agency also lists a second hotline number, which is internal, on the zero-tolerance signs.</p> <p data-bbox="240 1637 1485 1906">During the onsite phase of the audit, the auditor saw the signs posted throughout the facility and in all the housing units. Information regarding the hotline is also available on the inmate kiosk and in the <i>Inmate Rules and Regulations Handbook</i>. 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 Domestic Violence Rape Crisis Center. The information is posted on all the signs and is in the handbook provided to all inmates at intake. The auditor interviewed 20 random inmates and all 20 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 1935 1485 2029"><b>115.51(c).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. This directive states, "MCSO staff must accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. MCSO staff is required to immediately document verbal reports (p. 19)."</p> <p data-bbox="240 2058 1469 2152">During the onsite phase of the audit, the auditor interviewed 16 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 20 random inmates interviewed were</p>

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.

**115.51(d).** In the PAQ, the auditor was provided with Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states that staff members may privately report sexual abuse and sexual harassment of inmates directly to their supervisor or to any MCSO supervisor.

The auditor interviewed 16 random staff members. All 16 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	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*
  2. Operations Directive 6633.00 - *Inmate Grievance and Request Procedures*
  3. *MCSO Inmate Rules and Regulations Handbook*
2. Interviews:
  1. Targeted inmates

**Findings (by provision):**

**115.52(a).** The Marion County Jail 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.

**115.52(b).** The agency provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures* in the PAQ for the auditor to review. This directive states, "There shall be no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse or sexual harassment. Any portion of a grievance that does not allege an incident of sexual abuse must be filed within thirty (30) days of the incident. Inmate shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse (p. 8)." The auditor was provided a copy of the *MCSO Inmate Rules and Regulations 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.

**115.52(c).** The agency provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures* in the PAQ for the auditor to review. The directive states, "An inmate who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievances shall not be referred to the staff member who is the subject of the complaint (p. 9)." Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(d).** The agency provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures* in the PAQ for the auditor to review. The directive 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.

During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. All four inmates were aware of their option to file a grievance regarding sexual abuse. None of the four had done so, so they could not provide additional information relative to this provision of the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(e).** The agency provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures* in the PAQ for the auditor to review. The directive states, "Third parties, including fellow inmate, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests of allegations of sexual abuse, and shall also be 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. If the inmate declines to have the request processed on his or her behalf, the inmate shall be required to complete a sworn statement stating that he or she does not want the grievance processed (p. 9-10)." Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(f).** The agency provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures* in the PAQ for the auditor to review. The directive provides for the handling of an emergency grievance alleging sexual abuse or imminent risk of sexual victimization. The directive 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 directive goes on to state that the grievance must be handled as any other allegation, providing immediate action and a response to the inmate within forty-eight (48) 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.

**115.52(g).** In the PAQ, the facility provided Operations Directive 6633.00 - *Inmate Grievance and Request Procedures*. The directive states, "An inmate may be disciplined for filing a grievance related to alleged sexual abuse only where it is determined that the inmate filed the grievance in bad faith (p. 10)." Based on this analysis, the auditor finds the facility in compliance with this provision.

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

1. Documents: *(Policies, directives, forms, files, records, etc.)*
  1. Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*
  2. MCSO Form 14-118 - *Sexual Harassment/Sexual Abuse Orientation*
  3. MCSO *Inmate Rules and Regulations Handbook*
  4. *PREA Education Brochure*
  5. *Memorandum of Understanding between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office*
2. Interviews:
  1. Specialized staff
  2. Random inmates
  3. Targeted inmates
3. Site Review Observations:
  1. Housing units

**Findings (by provision):**

**115.53(a).** The facility provided information from Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "Inmates shall be provided with access to outside victim advocates for emotional support services related to sexual abuse by: a) Giving inmates mailing addresses and telephone numbers including toll-free hotline numbers, for local, state, or national victim advocacy or rape crisis organizations. b) Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible." The auditor was also provided the MCSO *Inmate Rules and Regulations Handbook* in the PAQ. The auditor located the emotional support services information on pages 4 and 5 of the document. The information is also available in the MCSO Form 14-118 - *Sexual Harassment/Sexual Abuse Orientation*, which is provided to inmates at intake. The agency does not house inmates solely for civil immigration purposes.

During the onsite phase of the audit, the auditor interviewed 20 random inmates. Sixteen of the 20 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 four inmates were not aware of those services. The auditor interviewed four inmates who had reported sexual abuse and all four inmates were aware of the available support services, although none of the four took advantage of the services. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.53(b).** The auditor was provided the *MCSO Inmate Rules and Regulations Handbook* in the PAQ. The auditor located the emotional support services information on pages 4 and 5 of the document. The information is also available in the MCSO Form 14-118 - *Sexual Harassment/Sexual Abuse Orientation*, which is provided to inmates at intake. In both documents, the agency advises inmates 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.

During the onsite phase of the audit, the auditor interviewed 20 random inmates. Sixteen of the 20 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 four inmates were not aware of those services. They were not aware of the level of confidentiality. The auditor interviewed four inmates who had reported sexual abuse and all four inmates were aware of the available support services, although none of the four took advantage of the services. All four inmates had been advised of the confidentiality limits of the support services. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.53(c).** In the PAQ, the agency provided the auditor a copy of the *Memorandum of Understanding between Domestic Violence Rape Crisis Center and Marion County Sheriff's Office*. The Memorandum of Understanding provides for the rape crisis center to provide victim advocate services to those inmates at the Marion County Jail 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.

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="277 349 995 412" style="list-style-type: none"> <li data-bbox="277 349 900 376">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol data-bbox="341 383 995 412" style="list-style-type: none"> <li data-bbox="341 383 995 412">1. Marion County Sheriff's Office Website PREA Reporting Form</li> </ol> </li> </ol> <p data-bbox="244 443 501 470"><b>Findings (by provision):</b></p> <p data-bbox="244 501 1485 757"><b>115.54(a).</b> In the PAQ, the auditor was directed to the Marion County Sheriff's Office website, <b>PREA — Marion County Sheriff's Office (marionso.com)</b>. 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 <b>PREA — Marion County Sheriff's Office (marionso.com)</b>. 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	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 510" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random staff</li> </ol> </li> </ol> <p data-bbox="240 539 501 566"><b>Findings (by provision):</b></p> <p data-bbox="240 595 1453 790"><b>115.61(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All MCSO staff is required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, even if that facility is not the Marion County Jail. All MCSO staff is required to immediately report any retaliation against inmates or staff who report such incidents. All MCSO staff is required to immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (p. 23)."</p> <p data-bbox="240 819 1469 983">During the onsite phase of the audit, the auditor interviewed 16 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 immediately 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 1012 1437 1140"><b>115.61(b).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The directive 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> <p data-bbox="240 1169 1469 1296">During the onsite phase of the audit, the auditor interviewed 16 random staff members. All 16 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 1490 1489"><b>115.61(c).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>, included in the PAQ, states 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 Marion County Jail are required to immediately report all incidents.</p> <p data-bbox="240 1518 1477 1646">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 1675 1490 1803"><b>115.61(d).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</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 1868 1490 2063">The auditor interviewed the Major, the Facility Administrator, during the onsite phase of the audit. He 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 Marion County Sheriff's Office would be notified, and the agency's Jail 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 2092 1477 2152"><b>115.61(e).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</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</p>

jail investigators or Major Crimes Detectives (p. 24).”

The auditor interviewed the Major, the Facility Administrator, during the onsite phase of the audit. He was clear that 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 Jail Investigator. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li data-bbox="276 349 903 376">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li data-bbox="339 383 1054 409">1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li data-bbox="276 416 424 443">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="339 450 544 477">1. Specialized staff</li> <li data-bbox="339 483 515 510">2. Random staff</li> </ol> </li> </ol> <p data-bbox="240 539 501 566"><b>Findings (by provision):</b></p> <p data-bbox="240 595 1490 757"><b>115.62(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, “When MCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate (i.e. it takes some action to assess appropriate protective measures without unreasonable delay.)” 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 data-bbox="240 786 1490 1016">During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. The Major 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 16 random staff members during the onsite audit. All 16 deputies stated that they would take immediate action to remove the inmate from the situation, including rehousing the inmate to another housing unit 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	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Other facility notifications</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.63(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the MCJ Bureau Chief or designee shall notify the head of the other facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. The MCJ Bureau Chief or designee shall provide such notification as soon as possible, but no later than 72 hours after receiving the allegation (p. 24)." In the PAQ, the agency noted twenty-four such notifications during the 12 months prior to the audit. The auditor reviewed four completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.63(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCJ Bureau Chief or designee shall provide such notification as soon as possible, but no later than 72 hours after receiving the allegation (p. 24)." In the PAQ, the agency noted twenty-four such notifications during the 12 months prior to the audit. The auditor reviewed four completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.63(c).</b> In the PAQ, the agency noted twenty-four such notifications during the 12 months prior to the audit. The auditor reviewed four completed notifications to the other agencies that were provided in the PAQ. The notifications were made properly and timely. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.63(d).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The Marion County Jail is required to fully investigate allegations received from other facilities/agencies." The auditor was notified in the PAQ that there was one such notification during the 12 months prior to the audit. The allegation was fully investigated, and the allegation was unfounded.</p> <p>During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. The Major confirmed that any notification from another agency would be investigated to the extent possible. He was aware of one such incident occurring over the previous 12 month, which was investigated fully by the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Targeted inmates</li> <li>2. Specialized staff</li> <li>3. Random staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.64(a).</b> The facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. In the section entitled Staff First Responder Duties, the agency outlines the responsibilities for staff members to properly to respond to allegations of sexual abuse. The directive states, “First responder procedures for allegations of sexual abuse: a) Separate the alleged victim and abuser. b) Preserve and protect any potential crime scene until appropriate steps can be taken to collect any potential evidence. c) If the abuse occurred within a time period that still allows for the collection of physical evidence, MCSO staff will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. d) 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. 24-25).” In the PAQ, the agency stated there were 17 reported 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. Of those 17, there were 2 incidents where the time period allowed for the preservation of physical evidence.</p> <p>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 interviewed four inmates who reported sexual abuse during the onsite audit. All four inmates reported that they were immediately separated from all other inmates and held until evidence could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.64(b).</b> The facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “If the first staff responder is not a MCJ detention staff member, that responder shall be required to: a) Request that the alleged victim not take any actions that could destroy physical evidence. b) Immediately notify MCJ detention staff.” In the PAQ, the agency stated there were no such incidents of sexual abuse reported over the previous 12 months, where the first responder was not a security staff member.</p> <p>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 16 random staff members during the onsite audit. All 16 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><b>Coordinated response</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.65(a).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “The MCJ has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and MCSO leadership.” In the next section, the directive posts the coordinated plan, entitled <b>Guide for Staff for Inmate Reporting Allegations of Sexual Abuse or Harassment to Staff</b>.</p> <p>The plan clearly outlines the responsibilities of first responders, 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 to immediately notify a supervisor and complete an incident report.</p> <p>The Plan then outlines the responsibilities of the supervisor, medical and mental health staff, and the investigations unit. Responsibilities include notifications to the chain of command, assessment of the victim’s acute medical needs, assessment for mental health needs, and initial investigation steps. Lastly, the plan outlines the duties for the PREA Coordinator and the PREA compliance manager.</p> <p>The plan appears to be inclusive of the needs of the agency to ensure a prompt and thorough investigation is completed, with attention to the needs of the victim. The plan makes 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 Major, the Facility Administrator. He 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>
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115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Collective Bargaining Agreement Between The Marion County Sheriff's Office and The Florida State Lodge Fraternal Order of Police, Inc.</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.66(a).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Since August 2012, neither the MCSO, MCJ, or any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into any or renew any collective bargaining agreement or other agreement that limits the MCSO's ability to remove alleged staff 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." The agency provided the auditor a copy of the <i>Collective Bargaining Agreement Between The Marion County Sheriff's Office and The Florida State Lodge Fraternal Order of Police, Inc.</i> in the PAQ. The auditor reviewed the agreement and found no limitation for the MCSO to properly discipline a staff member or limit their contact with an inmate.</p> <p>During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. The Major stated that the current bargaining agreement does not limit the agency's ability to discipline any staff member, if warranted. Any future agreements will not contain any such limitation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 577" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Inmate logs</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Targeted inmates</li> <li>2. Agency head</li> <li>3. Specialized staff</li> </ol> </li> </ol> <p data-bbox="240 607 501 633"><b>Findings (by provision):</b></p> <p data-bbox="240 667 1469 792"><b>115.67(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "The MCSO shall protect all inmates and staff who report sexual abuse or sexual harassment or those who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Jail Command Staff, Jail Investigator and the PREA Coordinator are designated to monitor for possible retaliation (p. 26)."</p> <p data-bbox="240 824 1490 949">During the onsite phase of the audit, the auditor interviewed the classification manager, who is the PREA compliance manager, who confirmed his 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="240 981 1485 1142"><b>115.67(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive states, "The MCSO shall 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations (p. 27)."</p> <p data-bbox="240 1173 1490 1563">During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, 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 manager, who is responsible for the retaliation monitoring. He told the auditor that he visits with victims shortly after receiving notification of the reported allegation and tells them about his role to monitor their safety. He tells them to contact him if they have a problem and offers assistance and provides them with information about the outside emotional support services. He 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, he reports it immediately and can offer a transfer to another housing unit or locates a new work assignment, if needed. The auditor interviewed four inmates who had reported sexual abuse during the onsite audit. The auditor confirmed with all four inmates that they were asked about possible retaliation. Each inmate stated that they did not have problems with staff or other inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1594 1474 1792"><b>115.67(c).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. This directive includes requirements for staff to monitor for retaliation. The directive 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. The auditor was provided inmate logs for four inmates in the PAQ showing the retaliation monitoring checks. Each log showed the monitoring for 90 days as required. In the PAQ, the agency stated that there were no inmates that required monitoring past the 90-day mark.</p> <p data-bbox="240 1823 1490 2145">During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Major 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 Major 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 manager, who stated that he would review incident reports and housing assignments. He 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. This directive includes requirements for staff to monitor for retaliation. The directive 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 manager, who stated that he would review incident reports and housing assignments. He stated that his periodic checks are performed every 30 days. He can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. He continues to monitor every day by reviewing records from his office but will only meet with the inmate every 30 days. He 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 Major, the Facility Administrator, who was asked about steps that would be taken if retaliation of any person who cooperated in an investigation was suspected. The Major 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	<p><b>Post-allegation protective custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random staff</li> <li>3. Targeted inmates</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>1. Segregated housing</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.68(a).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of §115.43." The directive goes on to state, "Inmates at high risk for sexual victimization will 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 Major, the Facility Administrator, about involuntary segregation. Just as he stated about segregation for risk of victimization, he 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 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. The auditor interviewed four inmates who had been the victim of sexual abuse during the onsite audit. None of the four inmates had been placed in segregated housing following the reporting of their allegation of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 544" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Specialized staff</li> </ol> </li> </ol> <p data-bbox="240 573 501 600"><b>Findings (by provision):</b></p> <p data-bbox="240 633 1485 725"><b>115.71(a).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively, including third-party and anonymous reports (p. 28)."</p> <p data-bbox="240 759 1469 1016">During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator confirmed that he investigates all allegations of sexual abuse and sexual harassment. He 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 31 sexual abuse investigation files from the previous 12 months prior to the audit and was able to confirm the investigative process. The referral to the investigator was completed immediately for each allegation. Most investigations were completed within one week unless additional investigation was required. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1050 1426 1108"><b>115.71(b).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCSO shall use investigators who have received special training pursuant to §115.34."</p> <p data-bbox="240 1142 1442 1267">During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator confirmed that he 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 1301 1477 1426"><b>115.71(c).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims; suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator (p. 28)."</p> <p data-bbox="240 1460 1461 1650">During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator confirmed that he investigates all PREA allegations just as he would all other cases. He collects evidence based on the standards of the MCSO Major Crimes Unit. The investigation would include everything expected in this provision of the standard. He 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 1684 1437 1809"><b>115.71(d).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "When the quality of evidence appears to support criminal prosecution, the investigator(s) shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution (p. 28-29)."</p> <p data-bbox="240 1843 1461 1968">During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator stated that he does not conduct compelled interviews during the investigation. He 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 2002 1453 2125"><b>115.71(e).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The credibility of an alleged victim, suspect or witness shall not be determined by the person's status as inmate or staff. The MCSO shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."</p>



During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator stated that he would not utilize polygraph examinations or other truth-telling devices as a means of determining whether to move forward 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 interviewed four inmates who had reported an allegation of sexual abuse during the onsite audit. All four inmates told the auditor that they were not required to submit to a polygraph examination. 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 Jail 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive 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 (p. 29)."

During the onsite phase of the audit, the auditor interviewed the Jail Investigator. The investigator confirmed that he 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 Major Crimes supervisor, facility Major, and PREA Coordinator for review. The auditor reviewed the agency's 31 sexual abuse investigation 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "All substantiated allegations of conduct that appear to be criminal will be referred for prosecution (p. 29)."

During the onsite phase of the audit, the auditor the Jail 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 agency's 31 sexual abuse investigation files from the previous 12 months prior to the audit. There were five substantiated allegations of inmate-on-inmate sexual abuse. These allegations resulted in the arrest of eight suspects, clearly meeting the intention of this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(i).** The auditor was provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 29)."

During the onsite audit, the auditor was shown storage of the investigation files in the Jail 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* in the PAQ. The directive states, "The departure of the alleged abuser or victim from the employment or control of the MCSO shall not provide a basis for terminating an investigation."

The auditor interviewed the Jail Investigator during the onsite audit. 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 investigator stated that a crime must still be investigated even if the individual quits and tries to avoid arrest. 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 he 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 Jail Investigators, in conjunction with the Marion County Sheriff's Office Major Crimes Unit when needed, will complete the criminal investigations for the agency.

During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, who stated that the Jail Investigators promptly complete all PREA investigations. The investigators will call upon the Sheriff's Office for assistance where needed, but otherwise they complete all investigates promptly and thoroughly. The Major has no doubt that cooperation and communication will exist if an outside agency is called upon to assist with any investigation. The auditor interviewed the PREA coordinator and was told all investigations are performed by the Jail Investigators. Based on this analysis, the auditor finds the facility in compliance with this provision.

The auditor thoroughly reviewed each of the agency's 31 sexual abuse investigation files from the previous 12 months. The files were complete with the initial inmate report, documentation of the first responder's actions, contact with medical and mental health, and notification to the jail investigator to initiate the investigation. The investigative reports clearly defined the steps taken to review the allegation and the evidence collected and reviewed. Each of the investigations were initiated promptly, usually within one day of the report received by facility staff and were completed within one week unless additional investigation was required, or DNA evidence was requested by the laboratory. Additionally, the auditor found a total of eight suspects facing criminal charges following the successful completion of the investigation. This clearly meets the intention of the PREA standard. The agency's assignment of two full-time jail investigators, which are a part of the agency's Major Crimes Unit, leads to more thorough investigations and better sexual safety in the Marion County Jail. Therefore, the auditor finds the agency to have exceeded this Standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 510" style="list-style-type: none"> <li data-bbox="276 349 903 376">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol data-bbox="339 383 1054 445" style="list-style-type: none"> <li data-bbox="339 383 1054 409">1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li data-bbox="339 416 695 443">2. Sexual abuse investigation files</li> </ol> </li> <li data-bbox="276 450 424 477">2. Interviews: <ol data-bbox="339 483 547 510" style="list-style-type: none"> <li data-bbox="339 483 547 510">1. Specialized staff</li> </ol> </li> </ol> <p data-bbox="240 539 504 566"><b>Findings (by provision):</b></p> <p data-bbox="240 595 1477 692"><b>115.72(a).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCSO shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated (p. 29)."</p> <p data-bbox="240 721 1485 848">The auditor interviewed the Jail Investigator during the onsite phase of the audit. The investigator stated that the standard of proof for investigations is a preponderance of the evidence. The auditor reviewed the agency's 31 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	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 544" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - Prison Rape Elimination Act (PREA)</li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> </ol> <p data-bbox="240 629 501 656"><b>Findings (by provision):</b></p> <p data-bbox="240 689 1469 913"><b>115.73(a).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCSO requires that any inmate who makes an allegation that he or she suffered sexual abuse in an MCSO facility is informed, verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency (p. 29)." In the PAQ, the agency stated that there were 31 criminal or administrative investigations of sexual abuse completed by the agency investigators. Of those, 25 had received notification of the outcome of the investigation, since six of the inmates had been released prior to the completion of the investigation.</p> <p data-bbox="240 947 1485 1272">During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. All four of the inmates reported to the auditor they had received written notification of the completion of the investigation. The auditor interviewed the Jail Investigator during the onsite phase of the audit. The investigator stated that following the completion of the investigation, the inmate is notified of the outcome of the investigation verbally and in writing, and the inmate's signature is received to indicate receipt of the notification. The auditor also interviewed the Major, the Facility Administrator, during the onsite audit. The Major 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 the agency's 31 sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation 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 in compliance with this provision.</p> <p data-bbox="240 1305 1422 1361"><b>115.73(b).</b> This provision does not apply, as the agency performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1395 1493 1518"><b>115.73(c).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive requires that inmates be notified, unless the allegation was unfounded, when the staff member is no longer assigned to the inmate's housing unit or employed at the facility or when the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on a charge of sexual abuse.</p> <p data-bbox="240 1552 1485 1709">During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. None of the allegations were filed against a staff member. The auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the audit. The auditor noted only one allegation filed against a staff member, and the outcome of the investigation was unfounded. Therefore, there was no additional documentation for the auditor to review. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1742 1485 1899"><b>115.73(d).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: a) The MCSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. b) The MCSO learns that the alleged abuser has been convicted on a charge of sexual abuse within the facility."</p> <p data-bbox="240 1933 1477 2089">During the onsite phase of the audit, the auditor interviewed four inmates who had filed an allegation of sexual abuse. None of the four inmates could recall receiving any notifications regarding the outcome of the abuser, but they all stated that charges were not filed in their case. The auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the audit. The auditor located inmate notifications in five of the files where criminal charges had been filed against the abusers. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 2123 1469 2157"><b>115.73(e).</b> In the PAQ, the auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The</p>

directive states, "All notifications to inmates described under this standard shall be documented."

During the onsite phase of the audit, the auditor reviewed the agency's 31 sexual abuse investigation files from the previous 12 months prior to the audit. The auditor noted in each file a document indicating the outcome of the investigation 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 in compliance with this provision.

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

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 512" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized interviews</li> </ol> </li> </ol> <p data-bbox="242 542 501 571"><b>Findings (by provision):</b></p> <p data-bbox="242 600 1453 694"><b>115.76(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "MCSO staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies (p. 30)."</p> <p data-bbox="242 723 1481 851">During the onsite phase of the audit, the auditor reviewed the agency's 31 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 year. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 880 1485 1008"><b>115.76(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse." 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 1037 1469 1099">The auditor confirmed through conversations with the PREA coordinator that there have been no substantiated incidents of staff sexual abuse over the last year. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1128 1469 1290"><b>115.76(c).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive 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 there were no such disciplinary actions taken upon staff members over the 12 months prior to the audit.</p> <p data-bbox="242 1319 1485 1447">During the onsite phase of the audit, the auditor reviewed the agency's 31 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 1476 1490 1637"><b>115.76(d).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "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, shall be reported to the Florida Department of Law Enforcement (FLETC), unless the activity was clearly not criminal, and to any relevant licensing bodies." In the PAQ, the agency stated there were no such reporting actions over the 12 months prior to the audit.</p> <p data-bbox="242 1666 1481 1794">During the onsite phase of the audit, the auditor reviewed the agency's 31 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	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.77(a).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, “The MCSO requires that any contractor or volunteer who engages in sexual abuse be reported for law enforcement investigation, unless the activity was clearly not criminal, and to relevant licensing bodies. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates (p. 31).” 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 agency’s 31 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><b>115.77(b).</b> In the PAQ, the agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states that the facility would take appropriate remedial measures and consider prohibiting further contact with inmates for contractors or volunteers who had other violations that were not to the level of sexual abuse.</p> <p>The auditor interviewed the Major, the Facility Administrator, during the onsite phase of the audit. The Major stated that although such remedial measures were certainly an option, the agency would review each situation independently, and decide whether to allow the individual to remain providing services in the facility or to permanently terminate them. The Major 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	<b>Disciplinary sanctions for inmates</b>
	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. Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*
  2. Sexual abuse investigation files
2. Interviews:
  1. Specialized staff

**Findings (by provision):**

**115.78(a).** In the PAQ, the agency provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive outlines disciplinary action for inmates and states, "Inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse (p. 31)." The agency stated in the PAQ that there were three inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the agency's 31 sexual abuse investigation files from the previous 12 months. The auditor noted three files where the outcome of the investigated was substantiated and the inmate abuser was issued an internal disciplinary report. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(b).** In the PAQ, the agency provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Sanctions shall be proportionate with the nature and circumstance of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for the comparable offenses by other inmates with similar histories."

During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator, 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.

**115.78(c).** In the PAQ, the agency provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. The Major stated that any disciplinary process would consider the inmate's mental disability or mental illness if it were noted by mental health staff. This would be considered when reviewing potential disciplinary sanctions to be imposed. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(d).** In the PAQ, the agency provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "The MCSO does not arrange therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse."

During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health staff. All three stated that since the county jail was 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.

**115.78(e).** The agency has provided the auditor with Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states that an inmate may be disciplined for sexual contact with a staff member only if it was determined the staff member did not consent to the contact with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(f).** The agency has provided the auditor with Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "For the purpose of disciplinary action, 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. 32)." Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(g).** The agency has provided the auditor with Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "The Marion County Jail prohibits all sexual activity between inmates. Although sexual activity is prohibited between inmates, the MCSO will only deem such activity to constitute sexual abuse if it determines that the activity is coerced." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Heart of Florida Policy #20 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>3. Mental Health log</li> <li>4. <i>Medical Records Release and Authorization for Use or Disclosure of Protected Health Information</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>1. Medical services</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.81(a).</b> This provision is for prisons and does not apply to the Marion County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.81(b).</b> This provision is for prisons and does not apply to the Marion County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.81(c).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "All inmates at the MCJ who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting within 14 days with a medical or mental health practitioner. Medical and mental health staff shall maintain secondary materials (e.g. form, log) documenting compliance with the above standard. Medical and mental health practitioners shall 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." The auditor was provided Heart of Florida Policy #20 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. This policy governs the actions of the contracted medical and mental health staff at the facility. On page two, the policy states, "All inmates and juvenile offenders will be screened at intake and referred to medical/mental health services in accordance with policy and procedure." In the PAQ, the agency provided the auditor with a copy of the Mental Health log, which shows each inmate that was provided the mental health referral either at intake or due to an incident of sexual abuse. The log shows the date the referral was completed, which in every instance, was completed within the required 14-day period.</p> <p>During the onsite phase of the audit, the auditor interviewed four inmates who reported prior sexual victimization on their risk screening. All four inmates told the auditor that they were provided the opportunity to meet with someone from mental health. They told the auditor that initial meeting happened during their initial medical physical. The auditor also interviewed two staff members from medical, who perform 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><b>115.81(d).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments..."</p> <p>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 Manager 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><b>115.81(e).</b> The auditor was provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "Medical and mental health practitioners shall obtain informed consent from inmates before reporting</p>

information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 (p. 32).” The auditor was provided several copies of signed *Medical Records Release and Authorization for Use or Disclosure of Protected Health Information* forms in the PAQ for review.

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 is not a requirement, due to State law. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82	<b>Access to emergency medical and mental health services</b>
	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. Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*
  2. Heart of Florida Policy #20 - *Prison Rape Elimination Act (PREA)*
  3. Sexual abuse investigation files
2. Interviews:
  1. Specialized staff
  2. Targeted inmates

**Findings (by provision):**

**115.82(a).** In the PAQ, the auditor was provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "Inmate victims of sexual abuse shall receive timely and unimpeded access to emergency medical treatment and crisis intervention services (p. 32)." 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.

During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. All three 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 interviewed four inmates who reported sexual abuse during the onsite audit and all four confirmed they were seen by a medical professional following the report of the allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.82(b).** The auditor interviewed two staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. Both 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.

**115.82(c).** In the PAQ the auditor was provided Heart of Florida Policy #20 - *Prison Rape Elimination Act (PREA)*. The policy states, "The victim will be offered prophylactic treatment. Laboratory testing will be done on the victim for sexually transmitted diseases... In addition, if the victim is female and vaginal penetration occurred, pregnancy testing will be ordered immediately following the incident and again in four (4) weeks post assault." The auditor was also provided Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. This directive states, "Medical and mental health staff shall maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; ... and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis."

During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. All three 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 Haven. This is true for pregnancy-related services as well. The was told that there were no pregnancy-related cases over the last year, but four forensic examinations performed that would have required prophylactic testing. The auditor interviewed four inmates who reported sexual abuse, but none of the four alleged sexual abuse required a forensic exam or prophylactic testing. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.82(d).** Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* was provided to the auditor in the PAQ. The directive states, "Treatment services shall be provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (p. 33)." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 544" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted inmates</li> </ol> </li> </ol> <p data-bbox="240 573 501 600"><b>Findings (by provision):</b></p> <p data-bbox="240 629 1490 757"><b>115.83(a).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "The MCJ will offers 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. 33)." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 786 1490 913"><b>115.83(b).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive 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 their release from custody."</p> <p data-bbox="240 943 1490 1137">During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. 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 Haven of Lake and Sumter Counties if the victim had received a forensic examination. The auditor interviewed four inmates who had reported sexual abuse, but none of the four had been abused to the extent that a forensic examination was necessary. There was no treatment plan in place. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1167 1490 1263"><b>115.83(c).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care."</p> <p data-bbox="240 1292 1490 1420">During the onsite phase of the audit, the auditor interviewed three staff members from the medical and mental health department. 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 1449 1490 1512"><b>115.83(d).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "Female victims of sexual abuse while incarcerated shall be offered pregnancy tests."</p> <p data-bbox="240 1541 1490 1704">During the onsite phase of the audit, the auditor interviewed four inmate who had reported sexual abuse. None of the four inmates had been vaginally penetrated and were not offered pregnancy tests. The auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration of the inmate victim, 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 1733 1490 1830"><b>115.83(e).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "If pregnancy results from sexual abuse while incarcerated, victims shall receive timely and comprehensive information about and timely access to, all lawful pregnancy-related medical services (p. 33)."</p> <p data-bbox="240 1859 1490 2022">During the onsite phase of the audit, the auditor interviewed four inmate who had reported sexual abuse. None of the four inmates had been vaginally penetrated and were not offered pregnancy tests. The auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the audit. None of the cases involved vaginal penetration of the inmate victim, 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 2051 1490 2148"><b>115.83(f).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."</p>

During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse, but none of the four had been abused to the extent that required testing for sexually transmitted infections. The auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the audit. The auditor noted several files where the inmate victim had been abused to the extent that such testing was necessary, and it was appropriately noted in the file. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(g).** Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)* was provided to the auditor in the PAQ. The directive 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. 33)."

During the onsite phase of the audit, the auditor interviewed four inmates who had reported sexual abuse. None of the four inmates were charged for any of the medical or mental health services provided to them following the report of sexual abuse. 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 Marion County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1086 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 577" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. Sexual Abuse Incident Review documents</li> <li>3. Sexual abuse investigation files</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Incident review team</li> </ol> </li> </ol> <p data-bbox="240 607 501 633"><b>Findings (by provision):</b></p> <p data-bbox="240 667 1469 824"><b>115.86(a).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The MCSO staff shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including whether the allegation has not been substantiated, unless the allegation has been determined to be unfounded (p. 33)." In the PAQ, the agency reported there were 18 such incident review meetings completed following sexual abuse investigations over the last 12 months prior to the audit.</p> <p data-bbox="240 857 1485 947">During the onsite phase of the audit, the auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the 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 1417 1037"><b>115.86(b).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "Sexual abuse incident reviews will be conducted within 30 days of concluding the investigation."</p> <p data-bbox="240 1070 1485 1193">During the onsite phase of the audit, During the onsite phase of the audit, the auditor reviewed the agency's 31 sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the investigation files where the investigation outcome was not unfounded. The incident review was completed in each case within the 30-day period. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="240 1227 1485 1384"><b>115.86(c).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "The PREA Review Team will conduct the review and allows for input from line supervisors and investigators." The auditor was provided copies of eight of the sexual abuse incident reviews in the PAQ. The reviews show the team included the PREA Coordinator, the PREA Compliance Manager, the Facility Administrator, the assistant Facility Administrator, both Jail Investigators, a Captain, and medical and mental health.</p> <p data-bbox="240 1417 1485 1675">During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. The Major 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 the agency's 31 sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor located the incident review form in the 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 1709 1485 2000"><b>115.86(d).</b> In the PAQ, the facility provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i>. The directive states, "the review team shall: a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. b) 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. c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. d) Assess the adequacy of staffing levels in the area during different shifts. e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. f) Prepare a report of its findings and any recommendations for improvement and submit such report to the MCJ Bureau Chief and PREA compliance manager (p. 34)."</p> <p data-bbox="240 2033 1485 2123">During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who participates in the sexual abuse incident reviews. He confirmed for the auditor that each incident review includes a review of all the items listed in this provision. He 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 Major, the Facility Administrator, about the sexual abuse incident reviews. He 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 to 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 Operations Directive 6603.00 - *Prison Rape Elimination Act (PREA)*. The directive states, "The MCJ will implement the recommendations will document the reasons for not doing so."

The auditor interviewed the Major, the Facility Administrator, about the sexual abuse incident reviews during the onsite phase of the audit. He 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 to 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.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>2020 Survey of Sexual Victimization</i></li> <li>3. <i>2020 PREA Annual Data Review and Corrective Action Report</i></li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.87(a).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “The MCJ shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions (p. 34).” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.87(b).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “The MCJ shall aggregate the incident-based data at least annually.” The agency provided the auditor with a copy of the <i>2020 PREA Annual Data Review and Corrective Action Report</i>. The auditor reviewed the report and noted the annual data aggregated for 2019 and 2020 on the report. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.87(c).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the U. S. Department of Justice (p. 34).” The auditor’s review of the agency’s <i>2020 PREA Annual Data Review and Corrective Action Report</i> included verification of the presence of the Department of Justice (DOJ) Survey of Sexual Violence (SSV-3) definitions in the report, as well as the data included with those definitions. The auditor was also provided the agency’s <i>2020 Survey of Sexual Victimization</i> in the PAQ. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.87(d).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, “The MCJ shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.” Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.87(e).</b> The agency 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><b>115.87(f).</b> The agency completes the Survey of Sexual Violence (SSV) when the request is received from the Department of Justice. The auditor was provided the agency’s <i>2020 Survey of Sexual Victimization</i> in the PAQ. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.88	<b>Data review for corrective action</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1086 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol data-bbox="276 349 1054 544" style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>2020 PREA Annual Data Review and Corrective Action Report</i></li> <li>3. Marion County Sheriff's Office website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p data-bbox="242 573 501 602"><b>Findings (by provision):</b></p> <p data-bbox="242 631 1485 891"><b>115.88(a).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCJ shall 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: a) Identifying problem areas. b) Taking corrective action on an ongoing basis. c) Preparing an annual report of its findings from its data review and any corrective actions for the facility, as well as the MCSO as a whole (p. 35)." The agency provided the auditor with a copy of the <i>2020 PREA Annual Data Review and Corrective Action Report</i>. 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="242 922 1485 1182">The auditor interviewed the Major, the Facility Administrator, during the onsite phase of the audit and discussed the agency's annual report. He 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="242 1214 1485 1373"><b>115.88(b).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The annual report will include a comparison of the current year's data and corrective actions with those from prior years. The annual report will provide an assessment of the agency's progress in addressing sexual abuse." The auditor noted this comparison in the provided agency annual report for 2020. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1404 1485 1496"><b>115.88(c).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "The MCSO will make its report readily available to the public at least annually through its website."</p> <p data-bbox="242 1527 1485 1657">During the onsite phase of the audit, the auditor interviewed the Major, the Facility Administrator. He 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 agency's 2020 report was located on the Marion County Sheriff's Office website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="242 1688 1485 1818"><b>115.88(d).</b> The agency provided the auditor with Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "When the MCSO redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the MCJ. The MCSO will indicate the nature of the redaction."</p> <p data-bbox="242 1850 1485 1980">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 2020 report 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>

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>2020 PREA Annual Data Review and Corrective Action Report</i></li> <li>3. Marion County Sheriff's Office website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.89(a).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "The MCSO shall ensure that the incident-based and aggregate data are securely retained."</p> <p>The auditor interviewed the PREA coordinator during the onsite phase of the audit. The PREA coordinator confirmed that all 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><b>115.89(b).</b> The agency provided Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> in the PAQ. The directive states, "Aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts shall be made readily available to the public at least annually through the MCSO website."</p> <p>The agency's 2020 report was located on the Marion County Sheriff's Office website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.89(c).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers."</p> <p>The auditor reviewed the 2020 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><b>115.89(d).</b> Operations Directive 6603.00 - <i>Prison Rape Elimination Act (PREA)</i> was provided to the auditor in the PAQ. The directive states, "The agency shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise." Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. Agency website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.401(a).</b> This was the third audit completed by the Marion County Jail. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.401(b).</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><b>115.401(h).</b> 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><b>115.401(i).</b> 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><b>115.401(m).</b> During the onsite phase of the audit, the auditor requested to interview a total of 49 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><b>115.401(n).</b> 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>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li>1. Agency website</li> </ul> </li> <li>2. Interviews: <ul style="list-style-type: none"> <li>1. PREA coordinator</li> </ul> </li> </ul> <p><b>Findings (by provision):</b></p> <p><b>115.403(f).</b> This was the third audit completed by the Marion County Jail. The prior audit report is posted to the Marion County Jail website 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>

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

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



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

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

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

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

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

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

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

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



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

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

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

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

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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain 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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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

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



<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

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

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations 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

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

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

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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



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

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

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

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