

# PREA Facility Audit Report: Final

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

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/10/2026

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input type="checkbox"/>             |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input type="checkbox"/>             |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>             |
| <b>Auditor Full Name as Signed:</b> James Kenney  | <b>Date of Signature:</b> 05/10/2026 |

| AUDITOR INFORMATION                 |                          |
|-------------------------------------|--------------------------|
| <b>Auditor name:</b>                | Kenney, James            |
| <b>Email:</b>                       | kenney.consult@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 04/21/2026               |
| <b>End Date of On-Site Audit:</b>   | 04/23/2026               |

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

| Primary Contact |
|-----------------|
|-----------------|

|                          |                        |
|--------------------------|------------------------|
| <b>Name:</b>             | Ronald Thoreson        |
| <b>Email Address:</b>    | rthoreson@geogroup.com |
| <b>Telephone Number:</b> | 8639462420             |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |                            |
|---|----------------------------|
| <b>Name:</b>                                      | William Payne              |
| <b>Email Address:</b>                             | william.payne@geogroup.com |
| <b>Telephone Number:</b>                          | 8639462420                 |

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

| <b>Facility Health Service Administrator On-site</b> |                               |
|--|-------------------------------|
| <b>Name:</b>   | Eloisa Gonzalez               |
| <b>Email Address:</b>                                | Eloisa .Gonzalez@geogroup.com |
| <b>Telephone Number:</b>                             | 863-946-2420 ext1131          |

| <b>Facility Characteristics</b>                         |     |
|---|-----|
| <b>Designed facility capacity:</b>                      | 985 |
| <b>Current population of facility:</b>                  | 978 |
| <b>Average daily population for the past 12 months:</b> | 974 |

|  |                     |
|--|---------------------|
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                     | No                  |
| <b>What is the facility's population designation?</b>  | Men/boys            |
| <b>Age range of population:</b>  | 18-80               |
| <b>Facility security levels/inmate custody levels:</b>   | Community to medium |
| <b>Does the facility hold youthful inmates?</b>  | No                  |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>                       | 193                 |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b> | 0                   |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>             | 66                  |

### AGENCY INFORMATION

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

### Agency Chief Executive Officer Information:

|                          |                       |
|--------------------------|-----------------------|
| <b>Name:</b>             | George Zoley          |
| <b>Email Address:</b>    | gz121481@geogroup.com |
| <b>Telephone Number:</b> | 5618930101            |

| Agency-Wide PREA Coordinator Information |               |                       |                         |
|--|---------------|-----------------------|-------------------------|
| <b>Name:</b>                             | John Hardwick | <b>Email Address:</b> | johardwick@geogroup.com |

## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

#### Number of standards exceeded:

|   |   |
|---|---|
| 1 | <ul style="list-style-type: none"> <li>• 115.65 - Coordinated response</li> </ul> |
|---|---|

#### Number of standards met:

|    |
|----|
| 44 |
|----|

#### Number of standards not met:

|   |
|---|
| 0 |
|---|

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2026-04-21 |
| 2. End date of the onsite portion of the audit:   | 2026-04-23 |

#### 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<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | Abuse Counseling & Treatment Center, Just Detention International |

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 985  |
| 15. Average daily population for the past 12 months:                             | 974  |
| 16. Number of inmate/resident/detainee housing units:                            | 21   |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><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**

|  |     |
|--|-----|
| <b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 976 |
| <b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 89  |
| <b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 0   |
| <b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 129 |
| <b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 17  |
| <b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 17  |
| <b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 24  |

|   |                          |
|---|--------------------------|
| <p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>5</p>                 |
| <p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>6</p>                 |
| <p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>1</p>                 |
| <p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>                 |
| <p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No text provided.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                          |
| <p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>193</p>               |
| <p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>   | <p>66</p>                |

|   |  |
|---|--|
| <p><b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>                        | <p>7</p>   |
| <p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p> | <p>No text provided.</p>   |
| <p><b>INTERVIEWS</b></p>  |  |
| <p><b>Inmate/Resident/Detainee Interviews</b></p>   |  |
| <p><b>Random Inmate/Resident/Detainee Interviews</b></p>  |  |
| <p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>17</p>  |
| <p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>   | <p> <input checked="" type="checkbox"/> Age<br/> <input checked="" type="checkbox"/> Race<br/> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br/> <input type="checkbox"/> Length of time in the facility<br/> <input type="checkbox"/> Housing assignment<br/> <input type="checkbox"/> Gender<br/> <input type="checkbox"/> Other<br/> <input type="checkbox"/> None </p> |
| <p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>The auditor randomly selected at least one incarcerated individual from each housing unit, ensuring to select individuals at different age groups and from different races. This provides the auditor the best opportunity to receive a complete understanding of the facility's culture and response to sexual abuse.</p>  |

|   |  |
|---|--|
| <b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>44. 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>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 16   |
| <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>47. 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>   | 2  |
| <b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 0  |

|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The facility provided records to indicate there were no individuals currently incarcerated who had a cognitive disability. The auditor confirmed this with the PCM and the PREA auxiliary officer.</p>   |
| <p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>1</p>  |
| <p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>1</p>  |
| <p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>3</p>  |
| <p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>2</p>  |

|   |   |
|---|---|
| <p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>  | <p>2</p>  |
| <p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>  | <p>4</p>  |
| <p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>   | <p>1</p>  |
| <p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>The facility provided records showing no incarcerated individuals were placed involuntarily in segregation due to the high risk of victimization over the last year. The auditor confirmed this information with the PCM and by reviewing housing records.</p>   |

|   |   |
|---|---|
| <b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>   | No text provided.   |
| <b>Staff, Volunteer, and Contractor Interviews</b>  |   |
| <b>Random Staff Interviews</b>  |   |
| <b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>   | 14  |
| <b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>   | <input type="checkbox"/> Length of tenure in the facility<br><input checked="" type="checkbox"/> Shift assignment<br><input checked="" type="checkbox"/> Work assignment<br><input checked="" type="checkbox"/> Rank (or equivalent)<br><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br><input type="checkbox"/> None |
| <b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No text provided.   |
| <b>Specialized Staff, Volunteers, and Contractor Interviews</b>   |   |
| 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. |   |
| <b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>   | 26  |

|  |  |
|--|--|
| <b>63. Were you able to interview the Agency Head?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>65. Were you able to interview the PREA Coordinator?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>66. Were you able to interview the PREA Compliance Manager?</b>                                   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><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) |

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

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

|   |   |
|---|---|
|   | <input checked="" type="checkbox"/> Other   |
| <b>If "Other," provide additional specialized staff roles interviewed:</b>  | Grievance coordinator, mail room, maintenance, food service.  |
| <b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of CONTRACTORS who were interviewed:</b>   | 1   |
| <b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input checked="" type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>   | No text provided.   |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

|  |  |
|--|--|
| <b>71. Did you have access to all areas of the facility?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>Was the site review an active, inquiring process that included the following:</b>   |  |
| <b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |

|  |                          |
|--|--------------------------|
| <p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>No text provided.</p> |
|--|--------------------------|

**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.

|  |  |
|--|--|
| <p><b>77. 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?</b></p> | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p> |
|--|--|

|   |                          |
|---|--------------------------|
| <p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>No text provided.</p> |
|---|--------------------------|

**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.

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

|                                      | <b># of sexual abuse allegations</b> | <b># of criminal investigations</b> | <b># of administrative investigations</b> | <b># of allegations that had both criminal and administrative investigations</b> |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| <b>Inmate-on-inmate sexual abuse</b> | 18                                   | 0                                   | 0   | 18   |
| <b>Staff-on-inmate sexual abuse</b>  | 2                                    | 0                                   | 0   | 2  |
| <b>Total</b>                         | 20                                   | 0                                   | 0   | 20   |

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

#### 81. 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> | 7       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual abuse</b>  | 1       | 0                        | 0                          | 0                      | 0         |
| <b>Total</b>                         | 8       | 0                        | 0                          | 0                      | 0         |

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 7       | 1         | 10              | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 1       | 0         | 1               | 0             |
| <b>Total</b>                         | 8       | 1         | 11              | 0             |

### Sexual Harassment Investigation Outcomes

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

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

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

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 2               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 1       | 0         | 1               | 0             |
| <b>Total</b>                              | 1       | 0         | 3               | 0             |

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

**Sexual Abuse Investigation Files Selected for Review**

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

20

|   |   |
|---|---|
| <p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |   |
| <p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>18</p>   |
| <p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>2</p>  |
| <p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>  |

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| <p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>       |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>  |  |
| <p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>4</p>   |
| <p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>   |  |
| <p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>2</p>   |
| <p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| <b>Staff-on-inmate sexual harassment investigation files</b>   |  |
|--|--|
| <b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>   | 2  |
| <b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)     |
| <b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>  | No text provided.  |
| <b>SUPPORT STAFF INFORMATION</b>   |  |
| <b>DOJ-certified PREA Auditors Support Staff</b>   |  |
| <b>102. 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.</b> | <input type="radio"/> Yes<br><br><input checked="" type="radio"/> No   |

**Non-certified Support Staff**

|   |   |
|---|---|
| <p><b>103. 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.</b></p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|---|---|

**AUDITING ARRANGEMENTS AND COMPENSATION**

|  |   |
|--|---|
| <p><b>108. Who paid you to conduct this audit?</b></p> | <p><input 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 checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
|--|---|

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|--|--|
| <p><b>Identify the name of the third-party auditing entity</b></p> | <p>Corrections Consulting Services</p> |
|--|--|

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

| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |
|---------------|---|
|               | <b>Auditor Overall Determination:</b> 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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. Facility 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 Florida Department of Corrections and the Moore Haven Correctional Facility (Moore Haven) has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The Moore</p> |

Haven facility is operated under a contract agreement by the GEO Group (GEO) for the Florida Department of Corrections (FDC). GEO operates the institution under the FDC policy and procedure. In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*, which outlines their zero-tolerance sexual abuse policy. The procedure clearly describes the agency's approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. The procedure's purpose is "To establish zero-tolerance standards for sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in institution and community corrections while protecting the rights of inmates and offenders, regardless of gender or sexual preference, through accountability of perpetrators and the punishment of those institutional and community correctional officials who fail to prevent, detect, and respond to sexual abuse, sexual battery, and sexual harassment crimes for incarcerated inmates and those offenders under Departmental jurisdiction. To establish and provide implementation of standards for the detection, prevention, elimination and punishment of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment by increasing the availability of data, information, and training on the incidence of sexual abuse, sexual battery, and sexual harassment, consequently improving the management and administration of correctional facilities. To establish guidelines for proper and immediate reporting of such incidents as well as providing appropriate safeguards for victims, the management of evidence, and actions to be taken from reporting an allegation to substantiation of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment." This procedure provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The procedure is detailed, includes all the PREA standards and provisions, and is properly reviewed on an annual basis to ensure the procedure is up to date and accurate. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.11(b).** The agency has designated an agency wide PREA coordinator, Judy Cardinez-Harris, who reports directly to the Deputy Director of Institutional Operations. She has been in the position since 2018. The agency's organizational chart was provided for review and shows the PREA coordinator's position as a direct report to the Deputy Director Institutional Operations, listed fourth under the Secretary of Corrections. There is no question as to the authority level of the PREA coordinator at this agency.

The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*, which outlines their zero-tolerance sexual abuse policy. The procedure outlines the agency PREA Coordinator responsibilities in this manner:

The PREA Coordinator will be responsible for:

1. The coordination of the activities related to the PREA compliance program through:
  - a. The implementation of terms and conditions of the contracts with service providers for PREA audits in major institutions and Community Release Centers;

- b. The development of effective strategies to ensure a successful compliance, including policies, procedures, protocols, training, and dissemination of information related to the compliance with federal laws; and
  - c. The review of standards to suggest to the United States Department of Justice (USDOJ) any revisions, additions, or deletions which may be required.
2. The review of all audits, survey results, and incident reports on issues that may affect the compliance process and taking a proactive approach to corrective measures;
  3. Advising executive, managerial, and supervisory staff within the Department on issues related to the compliance process;
  4. Planning, directing, and coordinating all activities related to the compliance program, including administrative, financial, and operational issues;
  5. Serving as the liaison between the Department and the USDOJ;
  6. Coordinating, as appropriate with Department program areas to ensure adherence to the compliance standards;
  7. Maintaining records of all compliance activities; and
  8. Providing training to staff covering all phases of the compliance process, including new compliance procedures and new or revised standards.

The auditor was provided written responses to the PREA audit interview questions for the PREA coordinator. In the written responses, the PREA coordinator confirmed the main function of her position is PREA compliance, PREA contracts, and PREA grant funding. The PREA coordinator also has two Correctional Services Consultants (CSC) assigned to the office that assist with PREA-related services, including PREA audits. The auditor has worked directly with one CSC for this audit assignment. Based on this interview, the organizational chart, and my contact with the PREA coordinator and the CSC during the several months of this audit, the auditor believes the PREA Coordinator has both the time and authority necessary to meet the standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.11(c).** The agency has designated 57 PREA compliance managers to handle the responsibilities at their correctional facilities. At 50 of the facilities, the position is held by the Assistant Warden and the other seven facilities are privately run. At Moore Haven, GEO has assigned Assistant Facility Administrator Ron Thoreson as the PREA compliance manager. As the Assistant Facility Administrator, the PREA compliance manager (PCM) should have sufficient authority to coordinate the facility's efforts to comply with the PREA standards. During the onsite phase of the audit the auditor interviewed the PCM. He explained that he has plenty of time to manage the institution's PREA responsibilities and maintain compliance with the Standards. He depends on the institution's PREA auxiliary officer to assist with many of the daily duties and to notify him if she notes anything that should be addressed to maintain that compliance. The PCM provides reports annual reporting for Moore

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|  | <p>Haven to the agency PREA coordinator and maintains records and statistics at the institution. He went on to say that he reviews the facility's incident reports on a daily basis, especially those that involve PREA allegations. He reviews PREA-related incidents immediately to ensure the appropriate documentation is completed and placed into the PREA case file. He reviews PREA files on a regular basis, along with the PREA compliance officer, to ensure compliance with the PREA Standards is in place and takes immediate action if he notices a failure to maintain that compliance. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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|---------------|--|
| <b>115.12</b> | <b>Contracting with other entities for the confinement of inmates</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. <i>FDC Procedure 205.002 - Contract Management</i></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 provided <i>FDC Procedure 205.002 - Contract Management</i> in the PAQ. This procedure states, "The contractor/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Part 115. The contractor/ vendor(s) will also comply with all Department policies and procedures that relate to PREA." Although the agency holds contracts for the housing of their incarcerated individuals, Moore Haven has no direct contracts to house their own incarcerated individuals. GEO is under a contractual agreement to operate the Moore Haven facility for FDC. This PREA audit is required under GEO's contract, so they can provide proof of PREA compliance every three (3) years.</p> <p>The auditor was provided written responses to the PREA audit interview questions for the Agency Contract Administrator. Through those written responses, the agency contract administrator confirmed that FDC contracts include verbiage related to the vendor's obligation to comply with PREA standards prior to entering into agreements with the agency. If the entity is not PREA compliant or fails to become compliant, the contract will not be executed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.12(b).</b> The auditor was provided written responses to the PREA audit interview questions for the Agency Contract Administrator. In those written responses, the agency contract administrator indicated that any new contract or contract renewal</p> |

shall provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. There are a total of 81 contracts for confinement of FDC inmates in the state, and they have all submitted proof of compliance with the PREA standards. The seven private agencies that operate correctional facilities on behalf of FDC have all completed their PREA compliance audit and those audit reports are submitted to the FDC PREA coordinator and are posted on the FDC website. 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. Moore Haven has no direct contracts to house their own incarcerated individuals.

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|---------------|---|
| <b>115.13</b> | <b>Supervision and monitoring</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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>Moore Haven Correctional Facility Annual PREA Facility Assessment</i></li> <li>3. <i>Housing Unit Logs</i></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 incarcerated individuals</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><b>Findings (by provision):</b></p> <p><b>115.13(a).</b> In the PAQ, the agency provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. In the <i>Prevention/Detection</i> section, the procedure states that the Office of Institutions will develop a particularized staffing plan for each institution that provides adequate staffing levels and video monitoring to protect inmates against sexual abuse sexual battery, staff sexual misconduct, and</p> |

sexual harassment. The agency also provided the auditor a copy of the *Moore Haven Correctional Facility Annual PREA Facility Assessment*. The document includes the staffing level guidelines for Moore Haven and the breakdown of video monitoring technology for the compound. The plan includes a review of the supervision for the institution.

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

1. Provision 115.13(a)(1) - Generally accepted detention and correctional practices - The Moore Haven Correctional Facility follows and is accredited by the American Correctional Association (ACA) since 2019 and must adhere to the Florida Department of Corrections policy and procedures, per contract.
2. Provision 115.13(a)(2) - Any judicial findings of inadequacy - Moore Haven has not had judicial findings of inadequacy.
3. Provision 115.13(a)(3) - Any findings of inadequacy from Federal investigative agencies - Moore Haven has not had any findings of inadequacy from any Federal investigative agency.
4. Provision 115.13(a)(4) - Any findings of inadequacy from internal or external oversight bodies - Moore Haven had four (4) findings of inadequacy from the annual QCP audit in October 2024 and nine (9) findings of inadequacy from FDC PREA pre-audit review in August 2025.
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 facility has addressed physical plant issues with cameras, mirrors, and with a weekly walk through in every housing unit, addressing issues when they arise.
6. Provision 115.13(a)(6) - The composition of the inmate population - The Moore Haven staffing plan is based on an incarcerated individual medium custody population with a maximum capacity of 985 male individuals. The institution's average daily population is 975. The plan includes required staffing to maintain the safety of all incarcerated individuals, regardless of gender, sexual orientation, or age.
7. Provision 115.13(a)(7) - The number and placement of supervisory staff - Moore Haven has five (5) shifts, two (2) 12-hour day shifts with 23 security staff members assigned, two 12-hour night shifts with 21 security staff members assigned, and one (1) administrative shift with 25 security staff members assigned. The number and placement of supervisory staff have been reviewed by the Florida Department of Corrections and The GEO Group to ensure adequate staffing in all areas, at all times.
8. Provision 115.13(a)(8) - Institution programs occurring on a particular shift - Programs at Moore Haven are available Monday through Friday, between the hours of 0745 hours and 1515 hours. The curriculum includes GED, GED preparation, basic academic skills, and vocational classes. There are 25 positions assigned to assist

with daily programmatic activities to ensure all incarcerated individuals are provided access to education programs without limiting security operations or endangering the sexual safety of the incarcerated individuals.

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 Moore Haven staffing levels.

10. Provision 115.13(a)(10) - The prevalence of substantiated and unsubstantiated incidents of sexual abuse - Based on the number of substantiated and unsubstantiated sexual abuse allegations at Moore Haven in 2025, coupled with the sexual abuse incident reviews of those allegations, the agency determined that modifications to the staffing plan were unwarranted.

11. Provision 115.13(a)(11) - Any other relevant factors - The plan considered all other incidents and the institution's physical plant and found no need to make modifications to the current staffing plan.

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

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing throughout the compound, as well as supervisory staff. The auditor reviewed all areas, including food services, laundry, program areas, medical and mental health, and all housing units. There are visible cameras in most areas of the facility. To assist in areas where camera coverage may be limited or where there is a potential to have a blind spot, the institution has installed mirrors to provide additional viewing. 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 and noted no visible toilets or showers on those cameras.

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 incarcerated individual safety.

The auditor visited the education and programming area as well as the library and law library. The incarcerated individuals were able to utilize the library services and easily attend programs without taking away security and safety from the rest of the compound. The classrooms and library and in the main hallway with access to three (3) of the housing dormitories. This allows fairly easy movement of the incarcerated individuals to and from the classes and programs. To provide additional safety and security, the institution posts officers in that hallway to monitor individual movement. One (1) officer is posted as the traffic monitor outside the main administrative building to monitor incarcerated individual movement in the outside hallways. The staffing plan provides for additional programs staff to ensure safe participation in all jobs and programs.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden explained that GEO and the Bureau of Security Operations have developed a post chart for Moore Haven that documents the required daily staffing to assist with the security and safety of the staff, incarcerated individuals, and visitors to the institution. The post charts are developed with a consideration for the components of the physical plant, the composition of the incarcerated population, past sexual abuse incidents, assaults, and use of force. The plan is documented and reviewed annually. The video monitoring system is evaluated at least once per year to determine if the institution should make adjustments to better identify safety concerns. The Warden 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 address any concerns immediately and forward those reports to the Warden's office for additional review and approval. This is all documented in the electronic staffing system. The auditor also interviewed the PREA compliance manager, 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).** All deviations from the post chart are documented in an incident report and submitted to the Warden. Deviations from the Level One posts are filled by additional staff members utilizing overtime. The auditor was provided with a memo stating there were no documented events where the required Level One posts were not filled over the last 12 months. The auditor interviewed the Warden, 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 institution 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 *Moore Haven Correctional Facility Annual PREA Facility Assessment* in the PAQ. The annual review was completed in September 2025. The review indicated that no changes to the staffing plan were warranted based on the institution's incarcerated individual population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests. The annual review was completed by the Assistant Facility Administrator, the Compliance Administrator, and the Facility Administrator, and approved and signed by GEO's Regional Director of Operations and the GEO PREA Coordinator. The annual review outlined the points required in the staffing plan, indicated points where improvement was needed in order to remain compliant, and discussed any deviations from the staffing plan over the last year.

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

**115.13(d).** The auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. This policy states, "The Chief of

Security shall ensure that unannounced supervisory rounds and opposite gender housing announcements are conducted and documented in accordance with post orders.” The procedure also states that staff members are prohibited from taking actions to inhibit the prevention practices in place, which includes alerting coworkers to unannounced rounds by supervisors.

During interviews with 17 random incarcerated individuals, each individual stated that supervisors enter the housing units several times a day. When asked, incarcerated individuals told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 14 random staff members, staff stated that supervisors perform rounds daily and at different times.

The auditor also interviewed two (2) supervisors, a lieutenant and a captain, 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.

Several copies of completed *FDC Housing Unit Logs* were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. Rounds were logged as the unannounced OIC Inspection in the Housing Unit.

The logs provided to the auditor showed those inspections at all times of the day and night. The logs were from different days of the week throughout the month. During the onsite audit, the auditor was provided with video of supervisors making rounds in various housing units in the institution. The video clearly showed the supervisor entering the unit at different times, making a full round of the unit, and reviewing all areas of the unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.14</b> | <b>Youthful inmates</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. <i>FDC Procedure 601.211 - Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities</i></li> <li>2. <i>FDC Procedure 501.201 - Special Education Services</i></li> </ol> </li> <li>2. Interviews:             <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>3. Site Review Observations:</li> </ol> |

1. None

**Findings (by provision):**

**115.14(a).** The auditor reviewed *FDC Procedure 601.211 - Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities*, which was provided in the PAQ. This procedure outlines the requirements to house individuals within FDC that are under age 18. The Department has designated two institutions for housing of male youthful offenders that have been defined as those individuals 17 years of age and under. As outlined in the procedure, these incarcerated individuals are to be separated from anyone 18 years of age and older. Also, by Florida state law, and facility policy, staff are required to complete security rounds every 10 minutes, without exception.

Moore Haven does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.14(b).** Moore Haven does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.14(c).** Moore Haven does not house youthful incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.15</b> | <b>Limits to cross-gender viewing and searches</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><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. <i>FDC Procedure 602.018 - Contraband and Searches of Inmates</i></li> <li>2. <i>FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments</i></li> <li>3. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>4. <i>Housing Unit Logs</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted incarcerated individuals</li> <li>3. Random incarcerated individuals</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> </ol> </li> </ol> |

3. Bathrooms and shower areas
4. Housing units
5. Medical services

**Findings (by provision):**

**115.15(a).** In the PAQ, the facility provided *FDC Procedure 602.018 - Contraband and Searches of Inmates*. This document specifically describes the policy related to when and how searches are to be performed on incarcerated individuals. This procedure requires that unclothed body searches of incarcerated individuals be conducted by staff of the same sex, except in an emergency. The policy requires supervisory approval for body cavity searches, which are to be performed by medical staff only. The PAQ shows that zero body cavity searches were performed in the previous 12 months.

During the site review, the auditor viewed the strip search area in the institution's visitation area. This area is separated from viewing from other incarcerated individuals and staff members and there are no cameras in the area that could view the incarcerated individuals in a state of undress during the search. This area is utilized for unclothed searches of incarcerated individuals following visitation and for those individuals that have been transferred into the institution. The auditor interviewed one (1) male corrections officer, who described the unclothed search process. The incarcerated individuals are asked to step back into a restroom to provide additional privacy, and the search is then performed privately by one male corrections officer. The auditor had informal discussions with incarcerated individuals during the site review and was told that strip searches of incarcerated individuals are always performed by male officers. The auditor interviewed two (2) female officers and they both indicated that only male officers are permitted to perform strip searches of the male inmates at Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.15(b).** Moore Haven houses male incarcerated individuals only and this provision would not apply to this institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.15(c).** The agency provided *FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure states that all strip searches of incarcerated individuals conducted by staff of the opposite gender require the staff conducting the search to submit an incident report explaining the justification for the search exception. 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.

**115.15(d).** The agency provided *FDC Procedure 602.036 - Gender Specific Security Positions, Shifts, Posts, and Assignments* in the PAQ. This procedure is intended to set internal guidelines for gender specific security positions, shifts, posts, and assignments. This includes specific posts in housing units and on shifts where incarcerated individuals utilize showers and toilets where there is a likelihood for staff

to view incarcerated individuals in a state of undress where breasts, genitalia, and buttocks would be visible to staff members of the opposite gender. This procedure states that in housing units where this would be a concern, the incarcerated individuals must not be supervised by officers of the opposite gender. The procedure also requires that when staff members enter housing units of incarcerated individuals of the opposite gender, they make an announcement prior to entering. The agency provided copies of housing unit logs in the PAQ. The log includes a preprinted remark, "Announcement made to all inmates the presence of female staff in the dormitory." The remark requires a time and staff initials.

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. Moore Haven has a total of five (5) dormitory buildings.

Dormitories A and B have the same layout, each with five (5) wings or housing units centered around a central control room. These units are open dormitory style housing, with double bunk beds in rows around the perimeter of the unit and single bunks in rows along the interior of the floor space. The auditor could see the specific actions taken to provide privacy and modesty for the incarcerated individuals and to prevent cross-gender viewing of individuals' breasts, genitalia, and buttocks. The showers and restrooms in open dormitory housing are in open restroom areas, along the side wall of the unit. The showers are behind a wall approximately four (4) feet tall, each with nine (9) shower heads. The toilets are also separated by a wall except at the entrance into the restroom area from the bunk floor space. The institution has installed small swinging doors at the front of the toilet stalls to provide additional modesty on those toilets in front of the restroom entrance. Swinging doors are also at the front of the shower area for additional modesty. The covers are not really a necessity, as the auditor saw adequate privacy, especially if female staff members make the required cross gender announcement prior to entering. Dormitories C and D have the same layout, each with five wings or housing units centered around a central control room. This control room is larger and provides a greater opportunity for staff to view into the housing units, providing a greater level of observation and safety for the incarcerated individuals. These dormitories hold secure housing units, with cells on two (2) levels behind a secure door. The cells are double-bunked wet cells. The showers in each unit are at the end of each level, with an approximately four (4) foot tall wall to provide modesty and privacy. The last dormitory is Y dormitory, and it holds the institution's confinement housing. The housing here is for administrative, disciplinary, and protective confinement, with a maximum capacity of 42 incarcerated individuals. The cells are double-bunked wet cells behind the closed cell door. The unit has two (2) showers on the bottom level, and the showers have a metal mesh exterior that restricts viewing of the individual's body. This allows officers in the housing units to view incarcerated individuals while in the shower to provide safety and security without viewing the breasts, buttocks, or genitalia as required in this standard. The auditor noted adequate privacy and modesty to protect the individuals from viewing by female staff members in all housing units.

The auditor witnessed proper cross-gender announcements when entering the housing units, as the auditor was being escorted by two (2) female administrators during the onsite review. The institution has painted a reminder to make the required

announcement on the outside of each housing unit door. Incarcerated individual rules forbid the male incarcerated individuals from undressing in the open dorm sleeping areas and are instructed to do so in the restroom and shower area.

During random interviews with 17 random incarcerated individuals, they all stated that officers routinely make an announcement before entering the unit. All 17 of the incarcerated individuals interviewed confirmed they felt comfortable showering and using the restroom without staff members of the opposite gender viewing them.

During random interviews with 14 officers, they confirmed that cross-gender announcements are done every time a female officer enters a housing unit. Officers stated clearly that they cannot see incarcerated individuals in the showers and restrooms and will only see incarcerated individuals 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).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

**115.15(f).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

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| <b>115.16</b> | <b>Inmates with disabilities and inmates who are limited English proficient</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>Documents: (<i>Policies, directives, forms, files, records, etc.</i>)</li> </ol> |

1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. *Form DC6-134C - FDC Acknowledgement of Receipt of Orientation*
  3. *FDC Inmate Orientation Handbook*
  4. *Form NII-120 - PREA Education*
  5. Completed DC6-134C Forms
2. Interviews:
    1. Agency head
    2. Targeted incarcerated individuals
    3. Random incarcerated individuals
  3. Site Review Observations:
    1. Postings in housing units
    2. Medical housing
    3. Inmate educational materials

**Findings (by provision):**

**115.16(a).** In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that incarcerated individuals with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. Incarcerated individuals who receive accommodations to receive intake PREA education will have that accommodation noted on *Form DC6-134C - FDC Acknowledgement of Receipt of Orientation*. The auditor was provided a copy of 20 such forms showing incarcerated individuals with impairments were provided with accommodations to observe the intake orientation PREA video. Accommodation includes utilization of closed captioning, placement of the incarcerated individuals close to the video screen, large print brochures, and staff translators.

During the onsite phase of the audit, the auditor interviewed two (2) incarcerated individuals with a physical disability, one (1) incarcerated individual who is partially blind, and one incarcerated individual who is partially deaf. All four (4) incarcerated individuals confirmed they had received the PREA education and had no problems with seeing and hearing the video in orientation. All four could explain the zero-tolerance policy, know how to properly report an allegation of sexual abuse, and know what behavior was considered sexual abuse. The partially deaf incarcerated individual reported he sat near the video in orientation to make it easier to see and hear the video, and he related that he was able to read the captions on the video. He told the auditor he had watched the PREA video on his personal tablet to make sure he understood the education clearly. The partially blind incarcerated individual told the auditor he was able to see the PREA video and hear the video. He told the auditor that a staff member had discussed the zero-tolerance policy with him to make sure he understood the sexual abuse acts that are prohibited and knew how to report an incident of sexual abuse. The incarcerated individuals with disabilities were all able to receive the PREA education without a problem and were able to ambulate to reach

telephones and access all other services at the institution. The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In those responses, the agency head stated the agency provides various accommodations for incarcerated individuals to be able to access PREA education, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all incarcerated individuals, even those that were wheelchair-bound.

Grievances are available to all incarcerated individuals and the FDC procedure and GEO procedure requires accommodation for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all incarcerated individuals, so all incarcerated individuals would be able to call the PREA hotline.

Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.16(b).** In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that incarcerated individuals with recognized disabilities and who are Limited English Proficiency (LEP) will be advised of the Department's zero tolerance policy on sexual abuse utilizing resources that include closed captioning, large print materials, reading of materials, Department translators, and Language Line translators. Accommodation includes staff translators and translator services. Moore Haven employs a variety of staff that speak other languages fluently and are on the approved translators list for the institution. The auditor also viewed the *FDC Inmate Orientation Handbook* and incarcerated individual brochure, *NI1-120 - PREA Education*, which were both printed in English and Spanish. The auditor was provided a copy of 20 completed DC6-134C forms in Spanish showing incarcerated individuals who read and write in Spanish were provided with accommodations to observe the intake orientation PREA video.

The auditor interviewed three (3) incarcerated individuals who spoke Spanish during the targeted incarcerated individual interviews. Two (2) of the incarcerated individuals were able to speak enough English to communicate with the auditor and confirmed receiving the PREA education by watching the PREA video in Spanish. The third individual utilized a staff member to translate English and Spanish during his interview with the auditor. He also confirmed watching the PREA video in orientation in Spanish. All three explained to the auditor how to file an allegation of sexual abuse if it were necessary and understood behavior that was improper. All three individuals also reported seeing and reading the posted zero-tolerance signs, in Spanish, in the housing unit. 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.

**115.16(c).** In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates shall not be used as interpreters or readers except in exigent circumstances."

During the onsite phase of the audit, the auditor spoke with 14 random officers and 17 random incarcerated individuals. All staff and incarcerated individuals stated that the facility does not utilize incarcerated individuals to interpret for other incarcerated individuals. Staff members stated clearly that using an incarcerated individual to interpret could be dangerous, as there is no way to ensure that the translation from

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|  | <p>their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.17</b> | <b>Hiring and promotion decisions</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <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. <i>FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers</i></li> <li>2. <i>GEO Employment Questionnaire</i></li> <li>3. <i>Bureau of Contractor Operated Correctional Facilities - History Facesheet</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>115.17(a).</b> In the PAQ, the auditor was provided <i>FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers</i>. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant's prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire. The offenses in this standard are all included in this list of automatic eliminations. The procedure requires a full review of the past criminal justice employment history. This would allow for the review of an applicant's past engagement in sexual abuse in a correctional facility. This same review is required for current employees that are seeking promotional opportunities.</p> <p>All potential volunteers and contractors that will have contact with incarcerated individuals inside the secure facility must also have a completed background check performed prior to admission to the facility. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.</p> <p>During the onsite phase of the audit, the auditor interviewed a human resources staff member assigned to perform hiring tasks at Moore Haven. He explained that all applicants must complete a full application for employment, including the <i>GEO</i></p> |

*Employment Questionnaire*. He provided the auditor a copy of the questionnaire, which includes each of the questions required under this provision. The auditor reviewed the records of ten (10) randomly selected staff members. The agency provided the auditor with approved clearances for corrections officers hired during the last 12 months on the *Bureau of Contractor Operated Correctional Facilities - History Facesheet*, provided by FDC following the completion of the required criminal background check. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(b).** *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* includes an extensive review of the applicant's prior work history. This review asks questions regarding the applicant's sexual harassment history. This review must be completed before the applicant can be approved for employment by the Department. Moore Haven indicated that there were 73 new staff members hired over the prior 12 months who had the completed background checks before approval for hire.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told 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 confirmed through the background check of prior employers, as it requires this disclosure. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(c).** The auditor was provided *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires a full review of the applicant's prior corrections history, if applicable, and state and national criminal history checks. The procedure provides guidelines for the review of the criminal history and what prior criminal offenses will automatically eliminate the applicant from hire.

The auditor reviewed the records of ten (10) randomly selected staff members. The agency provided the auditor with approved clearances for corrections officers hired during the last 12 months on the *Bureau of Contractor Operated Correctional Facilities - History Facesheet*, provided by FDC following the completion of the required criminal background check.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told 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 but are typically performed by the outside contractor and are included in the contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(d).** As discussed in provision 115.17(a) above, the agency completes a criminal background check for all individuals who will be employed through a department contractor. These reviews are typically completed by the contractor.

This is included in the contractor's FDC contract.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. The auditor was told all individuals who will work with a department contractor must pass the full criminal history review before being approved for entrance to the institution. These reviews are typically performed by the contractor and are included in the FDC contract.

This provision is especially important for Moore Haven, as the institution is operated by a contractor, GEO. All staff members at Moore Haven have had the proper background checks completed and have been approved to work inside the secure institution by both GEO and FDC. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(e).** In the PAQ, the agency provided *Florida Statute 435.03 - Level 1 screening standards*, and *Florida Statute 435.04 - Level 2 screening standards*. Under State Law, certified corrections officers must undergo Level 2 screening standards prior to employment. These standards include background investigations, fingerprinting for statewide criminal history records checks, and national criminal history checks. FDC fingerprints all certified and non-certified employees and enters their fingerprints into the Florida Department of Law Enforcement (FDLE) FALCON system.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. He related to the auditor that GEO, the Florida Department of Corrections, and Moore Haven are enrolled in the Florida Department of Law Enforcement (FDLE) FALCON system. 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 human resources staff member at Moore Haven confirmed that fingerprinting of staff is a part of their normal procedure, and all security and non-security staff members are fingerprinted into the FDLE livescan system, thus providing for immediate notification of a Moore Haven staff member is arrested and fingerprinted anywhere in the United States. This satisfies the requirement to perform background checks every five (5) years.

For volunteers and contractors, the agency requires that background checks be performed annually for all volunteers and contractors to remain active on the approved list. This is a requirement included in all FDC contracts and for all volunteers. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(f).** The auditor was provided *FDC Procedure 208.049 - Background Investigation and Appointment of Certified Officers* in the PAQ. This procedure sets

forth guidelines for conducting background investigations and hiring certified officers for FDC. The procedure requires that applicants disclose any prior sexual misconduct.

During the auditor's interview with the human resources staff member, it was confirmed the agency follows this policy. He 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. He also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.17(g).** The agency's employment application and *GEO Employment Questionnaire* were provided to the auditor during the interview. The application clearly provides the applicant with the statement that all statements on the application are true, and any misstatement, misrepresentation or falsification of facts shall cause forfeiture of all rights to employment with the agency.

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 human resources staff member. He confirmed 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. He stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. He 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 | Upgrades to facilities and technologies  |
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|        | <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. None</li></ol></li><li>2. Interviews:<ol style="list-style-type: none"><li>1. Agency head</li><li>2. Warden</li></ol></li></ol> |

**Findings (by provision):**

**115.18(a).** The agency stated that Moore Haven has not acquired new facilities or made substantial expansion or modifications to the existing facility since the last PREA audit.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated there have been no building changes or construction over the last year. He stated that administration, in conjunction with FDC, constantly reviews the need for changes or updates to the Moore Haven facility. They would always ensure that any changes would take into account the sexual safety of the incarcerated individual population when making decisions. The auditor was provided written responses the PREA audit interview questions for the Agency Head. The agency head stated that all facility modifications are based on safety for both incarcerated individuals and staff. They must be submitted for approval by Regional Directors. Modifications must take into account proper line of sight, ensuring that new construction does not create blind spots, and ensuring new construction will not inhibit an incarcerated individual's ability to benefit from all aspects of PREA. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.18(b).** The agency stated that Moore Haven has not installed additional cameras or enhanced their systems to better their ability to prevent, detect, and respond to sexual abuse and sexual harassment allegations.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated the administration constantly reviews what changes might be needed to enhance the video monitoring system for Moore Haven. No changes or enhancements are planned at this time. Video surveillance is regularly reviewed to ensure compliance with requirements for security checks and proper implementation of all security and safety procedures. The auditor was provided written responses the PREA audit interview questions for the Agency Head. The agency head stated that resources have been focused on adding and upgrading current video monitoring technology to enhance overall sexual safety. The Department is continually working with the State legislature to obtain funding to enhance current technology with the goal of having all areas of every facility under surveillance. Video is utilized to identify suspicious activity by incarcerated individuals and staff members, and it can assist the Office of Inspector General with investigations and prosecutions. The Department has begun using audio monitoring as well as another tool to increase the Department'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.

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| <b>115.21</b> | <b>Evidence protocol and forensic medical examinations</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. *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*
  2. *FDLE Adult/Adolescent Forensic Sexual Assault Examination*
  3. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  4. *PREA Victim Advocacy Brochure*
  5. *Agency Term Contract ATC-23-007 Prison Rape Elimination Act (PREA) Forensic Medical Exams*
  6. *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and Moore Haven Correctional Facility*
2. Interviews:
  1. Specialized staff
  2. Targeted incarcerated individuals
3. Site Review Observations:
  1. Medical services

**Findings (by provision):**

**115.21(a).** In the PAQ, the agency provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure states, "The Office of the Inspector General shall, except pursuant to the terms of any valid Memorandum of Understanding (MOU) or protocol with any other law enforcement agency, be the primary investigative unit of all sexual misconduct allegations occurring on Department property." The auditor was also provided the *FDLE Adult/Adolescent Forensic Sexual Assault Examination* 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 Office of the Inspector General (OIG) for all investigations at FDC.

During the onsite phase of the audit, the auditor interviewed the assigned facility investigator. He confirmed that he is assigned to investigate PREA-related incidents at the institution, and to coordinate with the Office of the Inspector General (OIG) to investigate all allegations of sexual abuse made by incarcerated individuals at Moore Haven. 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 14 officers. Each of the 14 officers interviewed knew the OIG and the facility investigator investigates all allegations of sexual abuse and sexual assault. All 14 officers also knew evidence was collected by the OIG and officers 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.

**115.21(b).** The auditor was provided the *FDLE Adult/Adolescent Forensic Sexual Assault Examination* in the PAQ. This document identifies the standard evidence that is to be collected for all reports of sexual abuse, sexual assault, and sexual misconduct. This is the evidence collection document utilized by the Office of the Inspector General (OIG) for all investigations at FDC. The protocol includes collection and preservation of evidence that is appropriate for youth.

The auditor reviewed the evidence protocol and compared it with the Department of Justice's (DOJ) Office on Violence Against Women publication, "*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.*" 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.

**115.21(c).** In the PAQ, the agency provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure establishes guidelines for the investigation of sexual abuse and sexual misconduct within the Department of Corrections. The procedure requires the OIG to ensure the incarcerated individual victim receives medical treatment, a forensic examination, and advocacy.

The auditor was also provided with a copy of *Agency Term Contract ATC-23-007 Prison Rape Elimination Act (PREA) Forensic Medical Exams*, a contract between the Department of Corrections and Panhandle Forensic Nurse Specialist, Inc. The contract provides for Panhandle Forensic Nurse Specialist (contractor) to ensure all examinations are performed by and RN (registered nurse) with a SAFE (sexual assault forensic examiner) and/or SANE (sexual assault nurse examiner) certification. The contractor shall respond to the corrections facility within four (4) hours of the Department's service request and perform the forensic medical examination (FME) as outlined in the Florida Attorney General's "*Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination.*" The contractor shall also ensure that if the incarcerated individual victim requests a victim advocate be present, the contractor will not perform the examination until the advocate is present. The contract requires the FME to be performed without cost to the incarcerated individual victim. This requirement is also included in *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the PAQ, Moore Haven indicated there was one (1) FME exam performed for a victim at the institution during the 12 months prior to the onsite audit. This was confirmed with staff and through a review of the investigation records during the onsite phase of the audit.

During the onsite phase of the audit, the auditor conducted a telephone interview with a nurse director at Panhandle Forensic Nurse Specialists. The director verified that their contract with FDC requires them to respond immediately to an institution, when contacted, to perform a forensic medical examination. A SANE nurse will respond and perform the examination. 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.

**115.21(d).** In the PAQ, the facility provided the auditor with a copy of a *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and Moore Haven Correctional Facility*. This agreement provides for the Abuse Counseling & Treatment Center (ACT) to provide victim advocacy for incarcerated individual victims at the Moore Haven institution. The agreement allows for the institution to contact ACT to request a certified victim advocate to accompany the incarcerated individual sexual abuse victim during a sexual assault forensic exam if requested by the victim. ACT is required to provide a certified victim advocate to respond to the incarcerated individual's request for advocacy accompaniment during the FME and investigatory interviews, provide follow-up services and crisis intervention, maintain privileged communication with the incarcerated individual victim, and provide referrals for treatment after the individual's release or transfer to another facility.

The auditor was also provided documentation of completion of a Victim Services Practitioner course through the Florida Crime Prevention Training Institute for the agency PREA coordinator and the office's two (2) corrections services consultants. The practitioner course qualifies all three (3) as community victim advocates, which allows them to provide advocacy services for inmate victims when other advocacy services are unavailable.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that Moore Haven has access to victim advocates through ACT. Incarcerated individuals are informed of the available advocates through signage in the facility and through the incarcerated individual handbook. The auditor contacted the Chief Executive Officer (CEO) at ACT during the onsite phase of the audit. The CEO discussed the current agreement with Moore Haven to provide victim advocacy for the incarcerated individuals and explained the availability of advocates who were able to respond to Moore Haven and provide services as outlined in the agreement. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals told the auditor they knew 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 facility investigator told them about ACT. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.21(e).** In the PAQ, the facility provided the auditor with a copy of a *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and Moore Haven Correctional Facility*. This agreement provides for the Abuse Counseling & Treatment Center (ACT) to provide victim advocacy for incarcerated individual victims at the Moore Haven institution. The agreement allows for the institution to contact ACT to request a certified victim advocate to accompany the incarcerated individual sexual abuse victim during a sexual assault forensic exam if requested by the victim. ACT is required to provide a certified victim advocate to respond to the incarcerated individual's request for advocacy accompaniment during the FME and investigatory interviews, provide follow-up services and crisis intervention, maintain privileged communication with the incarcerated individual victim, and provide referrals for treatment after the individual's release or transfer to

another facility.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. He stated that Moore Haven has access to victim advocates through ACT. Incarcerated individuals are informed of the available advocates through signage in the facility and through the incarcerated individual handbook. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals told the auditor they knew 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 facility investigator told them about ACT. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.21(f).** All sexual abuse investigations are performed by the facility investigator and with the assistance of the Office of the Inspector General. They follow all the provisions of this Standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

**115.21(h).** Moore Haven has a contract with ACT to provide victim advocacy services for the institution. 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.

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| <b>115.22</b> | <b>Policies to ensure referrals of allegations for investigations</b> |
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| <b>Auditor Overall Determination:</b> Meets Standard |
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| <b>Auditor Discussion</b> |
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| <b>The following evidence was analyzed in making the compliance determination:</b> |
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| <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li><li>2. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i></li></ol></li><li>2. Interviews:<ol style="list-style-type: none"><li>1. Specialized staff</li></ol></li></ol> |
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| <b>Findings (by provision):</b> |
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| <p><b>115.22(a).</b> In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the OIG (Office of Inspector General) to evaluate the incarcerated individual's concern or</p> |
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allegation. The auditor was also provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. This procedure calls for the OIG to be the investigative unit for allegations of sexual abuse on Department property. *FDC Procedure 108.001 - Authority of the Inspector General* was also provided in the PAQ. This procedure states, "The OIG is responsible for prison inspection and investigation, both criminal and internal affairs investigations..." The institution indicated there were a total of 24 allegations of sexual abuse or sexual harassment over the 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the facility'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 reviewed the sexual abuse and sexual harassment allegations at the same time. There were 24 allegations of sexual abuse, sexual misconduct, and sexual harassment reported over the previous 12 months, and each one appears to have been investigated properly, based upon the paperwork provided to and reviewed by the PREA auditor. The auditor was provided written responses for the PREA interview questions from the Agency Head. The agency head confirmed that all allegations of sexual abuse and sexual harassment are investigated by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.22(b).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure requires that all staff members at FDC immediately notify a shift supervisor, the Chief of Security, the Warden, or the OIG (Office of Inspector General) to evaluate the incarcerated individual's concern or allegation.

During the onsite phase of the audit, the auditor interviewed an investigator with the Office of Inspector General (OIG). The investigator confirmed that agency policy requires all allegations of sexual abuse and sexual harassment be referred to the OIG for investigation. The auditor reviewed the Florida Department of Corrections website, and under the tab for Prison Rape Elimination Act, the Department lists the agency's zero-tolerance information and provides the public an opportunity to file an allegation of sexual abuse or sexual harassment on a third-party grievance form. The agency's PREA policy is also posted. The information can be found here: **Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us)**. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.22(c).** All investigations are referred to the OIG and the information posted on the agency's website clearly outlines the responsibilities of the OIG and the agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.22(d).** The auditor is not required to audit this provision.

**115.22(e).** The auditor is not required to audit this provision.

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| <b>115.31</b> | <b>Employee training</b>   |
|               | <p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1267 412"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="320 490 1214 524">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li data-bbox="424 528 1418 602">1. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li data-bbox="424 611 762 645">2. Training curriculum</li> <li data-bbox="424 654 671 687">3. Training logs</li> </ul> </li> <li data-bbox="320 696 541 730">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="424 734 735 768">1. PREA coordinator</li> <li data-bbox="424 777 679 810">2. Random staff</li> </ul> </li> </ul> <p data-bbox="256 853 639 887"><b>Findings (by provision):</b></p> <p data-bbox="256 925 1481 1458"><b>115.31(a).</b> In the PAQ, the facility provided a copy of their <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure states that all staff training on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment related to PREA standards shall be developed by the Bureau of Professional Development and Training. All staff shall be thoroughly trained and informed regarding the Department’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment at least every two (2) years. The general PREA training shall include the ten points listed in the PREA standard. The auditor was provided the Department’s training curriculum in the PAQ. The auditor reviewed the curriculum and verified the appearance of the ten (10) required points of the standard. The training material is presented in a manner that all staff members can understand, and the Department utilizes a test at the end of the course to measure understanding.</p> <p data-bbox="256 1498 1469 1991">During the onsite phase of the audit, the auditor interviewed 14 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. Each officer easily provided the auditor with the date of their last date of training, as it is listed on their training card that is attached to their agency identification card that is worn while on duty. All officers interviewed verified the ten points of this standard in the Department training. The auditor was told they receive PREA training as part of their annual in-service training. The auditor reviewed training records for ten randomly selected officers 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="256 2031 1453 2065"><b>115.31(b).</b> The Department training curriculum related to PREA is consistent for all</p> |

corrections staff across the state. All employees are cross trained for male and female incarcerated individuals. The annual in-service course addresses both genders. Although Moore Haven houses male incarcerated individuals only, all staff at Moore Haven receive the same training for PREA. The Department does provide additional training for security staff who are assigned to work at FDC institutions with female incarcerated individuals. The auditor was provided with a copy of the Lesson Plan for *Female Offender - Different NOT Difficult*. The lesson plan is comprehensive, and the goal is “to provide in depth training on understanding gender, economic, health, social and psychological conditions of female offenders, and trauma informed supervision, as well as staff/offender supervision for employees working with female offenders.” Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.31(c).** The agency provides training annually for all staff members. Training related to PREA has been provided to staff since 2010. The auditor reviewed training records and determined that all current staff members have received PREA training. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.31(d).** All classroom training and online classes require staff to acknowledge, in writing or electronically, they understand and will comply with the training on PREA. The PREA course includes a test to confirm the staff member’s understanding of the information provided.

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.

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| <b>115.32</b> | <b>Volunteer and contractor training</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>FDC Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors</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> |

**115.32(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “The institution shall ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities under this and related policies via Professional Development and Training lesson plan “*Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign*”. The auditor was provided a copy of that training document in the PAQ. The agency indicated that 66 approved volunteers and seven (7) approved contractors have been educated on the PREA policies.

During the onsite phase of the audit, the auditor interviewed one (1) contractor and one (1) volunteer regarding their PREA education and training. Both confirmed the completion of the required PREA training provided by the Department. The contractor interviewed works with the contracted commissary provider, Keefe, and the volunteer works with the institution’s Chaplain to provide religious services. The auditor was told that contractors provide all employees with the required PREA education before the contractor is placed at an institution for employment. The Department then requires annual training in the Department’s curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden, the Facility Administrator, that all volunteers are required to complete the same training prior to entering the compound. The Chaplain and the religious volunteer confirmed the requirement to attend a PREA training class annually. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.32(b).** The auditor reviewed the *FDC Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors Read and Sign* training curriculum which was included in the PAQ. The curriculum provides the agency’s zero-tolerance policy and focuses on the volunteer or contractor’s role for prevention, detection, and reporting of sexual abuse and sexual harassment. The curriculum appears to be appropriate for the level of contact with inmates.

During the onsite phase of the audit, the auditor interviewed one (1) contractor and one (1) volunteer regarding their PREA education and training. Both confirmed the completion of the required PREA training provided by the Department. The contractor interviewed works with the contracted commissary provider, Keefe, and the volunteer works with the institution’s Chaplain to provide religious services. The auditor was told that contractors provide all employees with the required PREA education before the contractor is placed at an institution for employment. The Department then requires annual training in the Department’s curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden, the Facility Administrator, that all volunteers are required to complete the same training prior to entering the compound. The Chaplain and the religious volunteer confirmed the requirement to attend a PREA training class annually. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.32(c).** The auditor was provided training logs 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.

**115.33**

**Inmate education**

**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. *FDC Procedure 601.210 - Inmate Orientation*
  2. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  3. *FDC Form NI1-120 - Sexual Abuse Awareness Brochure*
  4. *Form DC6-134C - FDC Acknowledgement of Receipt of Orientation*
2. Interviews:
  1. Specialized staff
  2. Random staff
  3. Random incarcerated individuals
3. Site Review Observations:
  1. Housing units
  2. Intake

**Findings (by provision):**

**115.33(a).** In the PAQ, the auditor was provided *FDC Procedure 601.210 - Inmate Orientation*. The procedure states, "The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration." A major component of the initial orientation program is education on PREA and sexual abuse in prison. The procedure describes initial PREA education as the Department's zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment via the "*Sexual Abuse Awareness Brochure*" (Form NI1-120). Moore Haven provided documentation to show 806 incarcerated individuals were received over the last 12 months prior to the audit and all 806 incarcerated individuals had received the intake education.

During the onsite phase of the audit, the auditor toured Moore Haven and was shown the intake area by the property officer. She walked the auditor through the institution's intake process and explained how individuals transferred into Moore Haven are processed. The property officer showed the auditor where the transport bus unloads individuals and they are escorted into the intake area, where they are kept separate from all other individuals until the intake process is complete. The property officer showed the auditor where unclothed searches of the individuals are performed, by male corrections officer only. The room where the searches are completed does not have a camera and no window into the room to avoid any other individual or officers observing the incarcerated individuals in a state of undress. The individuals have their property searched and inventoried, then the individuals are escorted into the visitation room to complete the rest of the intake process. The

institution provides a complete orientation for the incarcerated individuals on that first day to the institution, which includes initial education for PREA. The auditor was provided with a copy of the initial PREA education brochure, *Sexual Abuse Awareness* (Form NII-120) and then asked to sign an acknowledgement form that he had received the PREA education. The auditor interviewed 17 random incarcerated individuals during the onsite audit. They all described receiving education about PREA when they arrived at Moore Haven or were given education years ago when "PREA got started" because they were already here. All 17 incarcerated individuals could easily describe the zero-tolerance policy, know what behavior was prohibited, and know how to report sexual abuse. The auditor confirmed with the property officer that all individuals who enter the facility receive the PREA education as part of their orientation packet. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.33(b).** In the PAQ, the auditor was provided *FDC Procedure 601.210 - Inmate Orientation*. The procedure states, "The inmate orientation program provides the necessary information important to an inmate upon entry into the Florida Department of Corrections and throughout her/his incarceration." The procedure requires comprehensive education for incarcerated individuals to be provided after the incarcerated individual is transferred into an institution. The comprehensive education includes PREA education, in the form of the *Sexual Assault and Sexual Harassment Orientation*, which is completed through the viewing of a PREA orientation DVD provided by the FDC. The educational video is provided by FDC and includes valuable information based on a video previously provided by the PREA Resource Center and Just Detention International, only shorter, and easier to read and understand. The institution's classification staff provides the orientation to the incarcerated individual population. Moore Haven provided documentation to show 806 incarcerated individuals housed in the institution for at least 30 days over the last 12 months prior to the audit and all 866 incarcerated individuals had received the comprehensive education.

During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer, who confirmed the use of the PREA video DVD, to ensure that all incarcerated individuals can view the video and receive the PREA education. The PREA auxiliary officer is responsible for delivering the PREA education by showing the PREA video and reading the required script. The PREA auxiliary officer explained that she is part of the orientation team that meets with all individuals upon their arrival to the institution. The auditor interviewed 17 random incarcerated individuals during the onsite phase of the audit. All 17 incarcerated individuals 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.

**115.33(c).** The facility provides all incarcerated individuals with PREA education at intake and during orientation. The auditor interviewed the PREA auxiliary officer, who confirmed the use of the PREA video DVD, to ensure that all incarcerated individuals can view the video and receive the PREA education. The PREA auxiliary officer is responsible for delivering the PREA education by showing the PREA video and reading the required script. The PREA auxiliary officer explained that she is part of the

orientation team that meets with all individuals upon their arrival to the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.33(d).** In the PAQ, the auditor was provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines resources available for the institution to provide the required PREA education to all incarcerated individuals, including those with recognized disabilities and those that are limited English proficient (LEP). Those resources include the use of close captioning, large print materials, reading of materials, use of Department translators, or use of the Language Line services. The procedure also states that LEP incarcerated individuals are to be provided PREA education in their primary language.

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 incarcerated individuals 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 *FDC Inmate Handbook* is available to incarcerated individuals in both languages. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide education to the incarcerated individuals. The auditor interviewed one (1) individual who is partially deaf and one individual who is partially blind during the onsite audit, and both confirmed being able to understand the education by reading it and sitting close to the PREA video or by having it read to them. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.33(e).** In the PAQ, the facility provided the auditor copies of 20 *FDC Acknowledgement of Receipt of Orientation* forms (Form DC6-134C), showing incarcerated individuals had completed the intake orientation and watched the PREA video. The auditor reviewed several documents and confirmed the receipt of the education. This information is also maintained in the Moore Haven corrections management system. They show documentation of all 806 individuals housed for at least 30 days over the last 12 months prior to the audit. 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 incarcerated individuals. In all housing units there are signs posted in English and Spanish. These signs remind incarcerated individuals that sexual abuse is not tolerated and provides the hotline number, as well as the information for available counseling services. The incarcerated individuals all have access to the kiosk where they can access information about PREA and have access to a grievance to complete if needed. The individuals are provided a tablet, where they can easily access PREA education, the PREA video, and forms to report sexual abuse or sexual harassment incidents. The incarcerated individuals are also provided an *FDC Inmate Handbook*, where the Department's sexual abuse policy is documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.34</b> | <b>Specialized training: Investigations</b>  |
|               | <p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1267 412"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="320 490 1214 524">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li data-bbox="424 528 1401 602">1. Training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i></li> <li data-bbox="424 611 671 645">2. Training logs</li> </ul> </li> <li data-bbox="320 654 539 687">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="424 696 724 730">1. Specialized staff</li> </ul> </li> </ul> <p data-bbox="256 770 639 804"><b>Findings (by provision):</b></p> <p data-bbox="256 842 1453 1077"><b>115.34(a).</b> In the PAQ, the facility provided the training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i>, which was provided by The Moss Group. This training is provided to all the Department investigators from the OIG office. 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 data-bbox="256 1122 1477 1402">The auditor interviewed the PREA auxiliary officer during the onsite phase of the audit. The PREA auxiliary officer confirmed that she had taken the course provided by the Department and had successfully received her certificate. The PREA auxiliary officer was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed the training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="256 1447 1453 1727"><b>115.34(b).</b> In the PAQ, the facility provided the training curriculum - <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i>, which was provided by The Moss Group. This training is provided to all the Department investigators from the OIG office. The curriculum is known to the auditor and meets the requirements of the standard, covering each of the four points listed in the provision. The institution stated that 180 investigators have received the required education.</p> <p data-bbox="256 1771 1477 2051">The auditor interviewed the PREA auxiliary officer during the onsite phase of the audit. The PREA auxiliary officer confirmed that she had taken the course provided by the Department and had successfully received her certificate. The PREA auxiliary officer was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed the training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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|  | <p><b>115.34(c).</b> The agency maintains documentation showing the completion of the investigations course for 180 investigators from the OIG office. There is one (1) facility investigator assigned to Moore Haven. 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> |
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| <b>115.35</b> | <b>Specialized training: Medical and mental health care</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>GEO PREA Specialized Medical and Mental Health Training</i></li> <li>3. Training documentation</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 <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. The procedure requires that all staff, including all medical and mental health staff receive training on the Department’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. In addition to the general PREA training, medical health care practitioners and mental health care practitioners who work regularly with inmates shall complete specialized training. The agency indicated that 28 medical and mental health staff members are approved for work at Moore Haven, and they all have completed the specialized PREA education.</p> <p>During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services, the health services administrator, the director of nursing, and a psychologist. During the interview, the auditor was told the medical and mental health services at Moore Haven are provided by GEO staff members. As staff members, all health services staff are required to participate in the same education as all other institution staff members. All three explained that all health and mental health staff receive general PREA education from the agency before they are approved to work at the institution. This education is required by the FDC contract and by GEO. The health staff are also required to take the specialized medical course, <i>GEO PREA Specialized Medical and Mental Health Training</i>. The auditor also</p> |

informally interviewed two (2) additional medical and mental health staff members, who also confirmed receiving general PREA education and the specialized medical education. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.35(b).** Medical staff at the facility do not perform forensic examinations. Per contract, all forensic examinations are performed by a contracted provider, who would respond to the institution to complete the exam. 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.

**115.35(c).** The agency provided a printed training document, showing completion of the required general PREA education and the specialized course, in the PAQ. The documentation provided shows the completion of both courses for all 28 approved medical and mental health staff members. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.35(d).** The agency provided a printed training document, showing completion of the required general PREA education and the specialized course, in the PAQ. The documentation provided shows the completion of both courses for all 28 approved medical and mental health staff members.

Through interviews with medical staff members and the health services administrator, the auditor learned that all staff in the medical unit receive the PREA training through their employer, GEO. Based on this analysis, the auditor finds the facility in compliance with this provision.

| 115.41 | Screening for risk of victimization and abusiveness  |
|--------|--|
|        | <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>IBAS IRMS Assessment</i></li> <li>3. <i>Intake PREA Screening Checklist</i></li> <li>4. <i>Classification PREA Screening Checklist</i></li> <li>5. Screening records</li> </ol> </li> <li>2. Interviews:               <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random incarcerated individuals</li> </ol> </li> </ol> |

3. Site Review Observations:

1. Intake
2. Classification

**Findings (by provision):**

**115.41(a).** The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery."

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who confirmed that all incarcerated individuals are screened upon admission to Moore Haven. The auditor confirmed that classification officers are present during the intake of newly received incarcerated individuals when they are transferred into the institution. During the intake process, a classification officer meets with each individual and completes the required initial screening. The auditor interviewed 17 random incarcerated individuals during the onsite audit. All 17 incarcerated individuals confirmed that they had been asked the screening questions by a classification officer. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(b).** The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "Classification will screen all inmates within 72 hours of intake. Characteristics such as the inmate's age, criminal record, and prior identified history of sexual victimization or predation will be utilized to help determine if s/he is at risk of future victimization of sexual abuse, sexual battery, or is at risk of committing sexual abuse or sexual battery." The agency stated that Moore Haven had 806 incarcerated individuals admitted to the institution within the past 12 months whose length of stay was at least 72 hours, and all 806 incarcerated individuals had been screened by classification.

During the onsite phase of the audit, the auditor reviewed ten (10) incarcerated individual records which all included the screening from classification. The screening had been completed within 72 hours of the inmate's arrival at Moore Haven. The auditor interviewed three (3) classification officers during the onsite audit. They confirmed that the screening of all incarcerated individuals is done within 72 hours of the individual's arrival at Moore Haven. The auditor was unable to observe the screening with an incarcerated individual but sat with a classification officer while the classification officer completed the screening with the auditor acting as an incarcerated individual. The officer read the questions on the intake screening tool exactly as they are written and noted the incarcerated individual's responses.

Actually, about halfway through the screening questions, the classification officer stopped reading from the tool and was able to complete the screening from memory. The auditor observed the relative ease with which the classification officer asked the

personal questions. This led the auditor to understand that the officer routinely performs the screening and asks the questions in the same manner. The auditor interviewed 17 random incarcerated individuals, and each individual related that they spoke with classification after they transferred to Moore Haven and they were asked screening questions including prior confinement in jail or prison, prior sexual abuse, identify as gay, lesbian, transgender, or if they thought they would be in danger of sexual abuse at Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(c).** The agency provided a copy of the *IBAS IRMS Assessment* screening tool to the auditor in the PAQ. 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 the 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.

**115.41(d).** The agency provided a copy of the *IBAS IRMS Assessment* screening tool to the auditor in the PAQ. 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 individual's potential for vulnerability. The tool asks the incarcerated individuals for his or her feeling of safety while incarcerated.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers. All three explained that they speak directly with the incarcerated individuals to complete the screening tool and ask all the questions on the tool. Classification officers are encouraged to include comments regarding their observations regarding safety and vulnerability based on the conversation with the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(e).** The FDC screening tool provided to the auditor includes questions about the individual's prior sexual abuse history in a detention facility, prior sexual abuse while incarcerated in FDC, and committed sexual abuse at any time in the individual's life. The screening asks the assessor to review known history of the incarcerated individuals to determine if there is documentation of committed sexual abuse other than the individual's admitted offenses. The screening also reviews additional violent criminal offenses.

The auditor interviewed three (3) classification officers during the onsite phase of the audit. The officers confirmed that the screening tool includes questions about an individual'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 *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "Within 30 days from the initial intake screening, the institution will reassess the inmate's risk of victimization

or abusiveness.” In the PAQ, the institution stated there were 806 incarcerated individuals admitted to the facility during the previous 12 months whose length of stay was 30 days or more, and all 806 have been reassessed.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who confirmed that incarcerated individuals are reassessed within 30 days from the initial screening completion. The auditor confirmed with the classification officers that their system automatically calendars each individual’s reassessment at approximately 30 days after the initial intake screening is completed. This ensures the reassessment is completed on time. The auditor reviewed records for ten (10) incarcerated individuals and confirmed the reassessment was completed within 30 days of the individual’s arrival at Moore Haven. During interviews with 17 random incarcerated individuals, the auditor asked if they were asked additional follow-up questions by classification staff, and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(g).** The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, “An inmate’s risk level will be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

The auditor interviewed three (3) classification officers during the onsite audit, and they confirmed that incarcerated individuals are continually reassessed based on information that is received from other staff, incarcerated individuals, or through incident reports. During interviews with 17 random incarcerated individuals, the individuals stated they recalled being asked follow-up questions by classification staff. The auditor reviewed records of reassessment in the institution’s investigation files. Each incarcerated individual that was included in a sexual abuse investigation was reassessed for victimization or abusiveness by classification and that reassessment was included in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(h).** The agency supplied *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, “Inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked during the risk screening.”

During the onsite audit, the auditor interviewed three (3) classification officers, who stated that incarcerated individuals will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. It is the individual’s decision not to disclose the information. The auditor was told that staff will attempt to encourage the incarcerated individuals to answer the questions by reminding the incarcerated individual 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 has taken specific steps to safeguard the risk screening information. The information is maintained in the computer and accessible only by classification staff, investigators, and administrative staff members.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers. They told the auditor that only classification staff can access the risk screening information in the computer. Without a classification logon, you cannot access the information. The PREA compliance manager was interviewed, and he stated that screening information is accessible by classification staff only. Without a valid login for classification, you cannot access the screens to see the screening information. The auditor was provided written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that the classification interview is on the computer and only accessed by classification. This is to protect sensitive information. During the site review, the auditor asked several random officers 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.

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| <b>115.42</b> | <b>Use of screening information</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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>Housing Assessment &amp; Placement</i></li> <li>3. <i>IBAS Factors &amp; Score / Profile Comparison</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.42(a).</b> In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. The procedure states, "Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmate at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmates perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status." The agency provided copies of scoring decision sheets for housing at the institution in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate incarcerated individuals that score as vulnerable from those that score as potential abusers.</p> |

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, 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 their IBAS system utilizes the scoring to ensure that incarcerated individuals with different scoring are not housed in cells together and sometimes in the same housing units. This ensures the required separation for safety. The auditor also interviewed three (3) classification officers. They also confirmed the use of the screening information to properly house those incarcerated individuals at risk of victimization separate from those with a potential to 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 incarcerated individual is housed, but also the jobs and programs that are assigned to the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.42(b).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates perceived to be vulnerable will be housed and given work/program assignments consistent with custody level and medical status. Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers. Inmates perceived to be predatory will be housed and given work/program assignments consistent with custody level and medical status." The agency provided copies of scoring decision sheets for housing at the institution in the PAQ. The auditor was able to see the factors from the risk screening utilized to keep separate incarcerated individuals that score as vulnerable from those that score as potential abusers.

The auditor interviewed three (3) classification officers during the onsite phase of the audit. They confirmed the use of the screening information to properly house those incarcerated individuals at risk of victimization separate from those with a potential to 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 individual is housed, but also the jobs and programs that are assigned to the individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.42(c).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

**115.42(d).** Pursuant to the Memorandum issued by the U.S. Department of Justice,

Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

**115.42(e).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

**115.42(f).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

**115.42(g).** Pursuant to the Memorandum issued by the U.S. Department of Justice, Bureau of Justice Assistance on December 2, 2025, regarding "National PREA Standards Alignment with Executive Order 14168," a compliance determination for this specific subsection is currently paused. The Department of Justice has explicitly directed that applicable non-federal correctional facilities shall not be held to subsections of the PREA Standards that may conflict with Executive Order 14168. Consequently, PREA auditors have been instructed to mark this subsection as "Not Applicable" pending updates to the National PREA Standards. Therefore, no findings or compliance determinations are rendered for this provision in this audit.

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| <b>115.43</b> | <b>Protective Custody</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard                |
|               | <b>Auditor Discussion</b>   |
|               | <b>The following evidence was analyzed in making the compliance</b> |

**determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. *Florida Administrative Code 33-602.220 - Administrative Confinement*
2. Interviews:
  1. Specialized staff
  2. Targeted incarcerated individuals
3. Site Review Observations:
  1. Segregated housing unit

**Findings (by provision):**

**115.43(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers." In the PAQ, Moore Haven stated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.

During the onsite phase of the audit, the auditor reviewed incarcerated individual screening records and was unable to locate any incarcerated individual who was assessed to be at a high risk for victimization. The agency generally does not house those individuals in Moore Haven. Therefore, the auditor was not able to interview an individual at high risk of victimization. The auditor interviewed the Warden, the Facility Administrator, during the onsite audit and the Warden stated that involuntary segregation is not used at Moore Haven to protect those individuals that are at risk for victimization. He stated for individuals with no mitigating factors like disciplinary status, Moore Haven will not place them involuntarily in segregated housing. The IBAS system assists in determining risk factors and helps us to choose appropriate and safe housing assignments for those determined to be at risk. Individuals who report allegations of sexual abuse or sexual harassment will be placed in segregated housing either voluntarily or involuntarily, on a temporary basis until a review can be conducted to verify the extent of the danger. The situation will be reviewed as soon as possible, and the individual will be released from segregation as soon as it can be determined he is no longer in imminent danger, or as soon as alternative means of separation from an alleged abuser can be arranged. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.43(b).** During the onsite phase of the audit, the auditor walked through the institution's segregated housing unit. The auditor talked to several incarcerated individuals that were in confinement and all incarcerated individuals had full access to the telephone, the kiosk, medical and mental health care, request forms, grievance forms, and work programs in the confinement unit, including access to their tablet.

The auditor confirmed this information by speaking with officers that worked in the confinement unit. Even though incarcerated individuals were held in confinement, they still had access to all of this, as much as possible. This confirmed that if Moore Haven staff saw the need to confine an incarcerated individual due to the high risk for victimization, they could still provide the incarcerated individual with access to programs and privileges, consistent with this provision. The auditor interviewed two (2) officers assigned to segregated housing and they confirmed the access to programming and privileges in confinement. There were no incarcerated individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.43(c).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, "Inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there are no available alternative means of separation from likely abusers." In the PAQ, Moore Haven stated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who stated that Moore Haven had not placed any individuals in involuntary segregation over the last 12 months. The auditor interviewed two (2) officers that work in confinement, and they stated that no incarcerated individuals have been housed in confinement due to high risk of victimization. There were no incarcerated individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.43(d).** During the onsite phase of the audit, the auditor reviewed incarcerated individual screening records and was unable to locate any individual who was assessed to be at a high risk for victimization. The agency does not house those incarcerated individuals at Moore Haven. There were no individuals held in segregation due to the high risk of victimization during the onsite audit at Moore Haven. Also, through the review of the institution's sexual abuse allegations, the auditor found that none of the alleged victims were placed in involuntary segregation following the allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.43(e).** In the PAQ, the auditor was provided *Florida Administrative Code 33-602.220 Administrative Confinement*. This Code requires the agency to interview the incarcerated individual and "prepare a formal assessment and evaluation after each 30 day period in administrative confinement." This review is completed for any incarcerated individual in confinement, regardless of the reason for confinement. The auditor understands this would include those incarcerated individuals in segregation due to high risk for victimization.

During the onsite phase of the audit, the auditor interviewed two (2) officers that work in confinement, and they stated that no incarcerated individuals have been housed in confinement due to high risk of victimization. Although, there are no

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|  | <p>individuals currently in segregation for this reason, all individuals in segregation are reviewed every thirty (30) days. There were no individuals in confinement due to the high risk for victimization for the auditor to interview. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.51</b> | <b>Inmate reporting</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. <i>FDC Procedure 602.053 Prison Rape - Prevention, Detection, and Response</i></li> <li>2. <i>FDC Form N11-120 Sexual Abuse Awareness Brochure</i></li> <li>3. <i>FDC Form N11-091 Inmate Orientation Handbook</i></li> <li>4. <i>Contract Between The Florida Department of Corrections and Gulf Coast Children's Advocacy Center, Inc.</i></li> <li>5. <i>Memorandum of Agreement By and Between Abuse Counseling &amp; Treatment (ACT) and Moore Haven Correctional Facility</i></li> <li>6. Sexual Abuse signs</li> <li>7. <i>GEO Employee Handbook</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 incarcerated individuals</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>1. Housing units</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.51(a).</b> In the PAQ, the auditor was provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. This procedure states that all incidents of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment will be reported. The procedure outlines multiple ways for staff and incarcerated individuals to report allegations of sexual abuse and sexual harassment in FDC institutions. The agency provided the auditor with <i>FDC Form N11-120 Sexual Abuse Awareness Brochure</i>, which also lists the multiple ways to report sexual abuse and sexual harassment. The auditor was also provided a copy of the sexual abuse sign that is posted throughout the institution. The sign tells the inmates how to report incidents of sexual abuse and sexual harassment. The auditor was also provided with a copy of the <i>FDC Inmate Orientation Handbook</i>.</p> |

During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing incarcerated individuals of the multiple reporting methods were clearly posted, in two (2) languages, in each housing unit. The auditor interviewed 17 random incarcerated individuals, and all 17 incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. Most of the 17 incarcerated individuals mentioned the PREA hotline as their first avenue to report abuse. That option is clearly marked by telephones throughout the facility. The CSC used the housing unit telephones in several housing units and verified that the phone would connect with the hotline, and it did. The CSC provided the auditor with proof of the hotline results the next day. The auditor interviewed 14 random staff members. All staff could list at least four (4) different ways that the incarcerated individuals could report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.51(b).** The auditor was provided with a copy of the *Contract Between The Florida Department of Corrections and Gulf Coast Children's Advocacy Center, Inc.*, which provides for the operation of the required outside telephone line. The Gulf Coast Children's Advocacy Center (GCCA), under the contract, provides a rape crisis hotline that is staffed 24 hours per day, seven (7) days per week by certified victim advocates. The GCCA shall provide the free outside reporting hotline for incarcerated individuals to report sexual abuse and sexual harassment. When the individual calls the hotline, they shall have the option to report the allegation to an outside entity. After obtaining consent from the individual to report the allegation, the advocate shall immediately forward the reported information to the Warden via email. The auditor was also provided with a copy of the *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and Moore Haven Correctional Facility*. The agreement provides for staff at ACT to take sexual abuse reporting calls from the individuals housed at Moore Haven. As with GCCA, ACT is asked to then contact the institution to pass along the information so the report can be investigated properly. The availability of the outside reporting hotline is readily available to the incarcerated individuals on signs posted in each of the housing units at Moore Haven. The auditor saw the signs posted during the facility site review. The outside entity information is also in the *Sexual Abuse Awareness Brochure*. Incarcerated individuals in segregation without telephone access due to discipline are also provided a mailing address for the GCCA in the Brochure. FDC does not house incarcerated individuals solely for civil immigration, so Moore Haven is not required to comply with this part of this provision.

During the onsite phase of the audit, the auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting number for the outside entity. The posted signs were written in two languages, English and Spanish. The auditor interviewed the PREA compliance manager and asked about the outside reporting entity. He explained that FDC provides two (2) hotline numbers. One is an internal hotline, but the second is the required source outside the agency, answered by the GCCA. The information is posted on all the signs and is in the brochure handed out to all the incarcerated individuals. The

auditor interviewed 17 random incarcerated individuals and all 17 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.

**115.51(c).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. This procedure states, “All staff, volunteers, and contractors will ensure that they foster an environment within their facility that precludes sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment.” This includes taking reports of abuse seriously and initiating immediate reporting of alleged abuse to the OIG. The procedure allows for reporting of incidents verbally to any staff member, through the internal hotline, through the external hotline, filing a request form, filing a formal grievance, filing an informal grievance, filing a third-party grievance, or having a family member, friend, or other public member complete a citizen’s complaint form.

During the onsite phase of the audit, the auditor interviewed 14 random staff members. All 14 staff members interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. The auditor spoke with two (2) staff members who reported being a first responder to an allegation of sexual abuse or sexual harassment. Both explained to the auditor the immediate steps taken upon learning of the allegation. Each of the 17 random incarcerated individuals interviewed were aware that they could report sexual abuse directly to any staff member, call the hotline, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.51(d).** In the PAQ, the auditor was provided with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure, on page 11, states, “Staff may privately report sexual abuse and sexual harassment of inmates to any supervisor or administrator.” This information is also listed in the *GEO Employee Handbook*, which was also provided to the auditor in the PAQ.

The auditor interviewed 14 random staff members during the onsite phase of the audit and all 14 officers and supervisors explained to the auditor that they could talk to any supervisor to privately report incidents of sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.52</b> | <b>Exhaustion of administrative remedies</b>                                       |
|               | <b>Auditor Overall Determination:</b> Meets Standard                               |
|               | <b>Auditor Discussion</b>  |
|               | <b>The following evidence was analyzed in making the compliance determination:</b> |

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *Florida Administrative Code 33-103.006 Formal Grievance - Institution or Facility Level*
  2. *FDC Inmate Orientation Handbook*
  3. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
2. Interviews:
  1. Targeted incarcerated individuals

**Findings (by provision):**

**115.52(a).** The Florida Department of Corrections is not exempt from this standard, as it does have in place an administrative grievance procedure for the incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(b).** The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code allows for no imposition of a time limit for grievances submitted regarding an allegation of sexual abuse, the imposition of time limits for grievances submitted for portions of the grievance that do not apply to sexual abuse, no requirement for an incarcerated individual to use the informal grievance process for alleged sexual abuse incidents, and no restriction on the agency's ability to defend against an incarcerated individual lawsuit on the grounds that the statute of limitations has expired. These four (4) points are required under this provision. FDC provides incarcerated individuals with the *FDC Inmate Orientation Handbook*. In the Handbook, incarcerated individuals are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(c).** The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code provides that incarcerated individuals filing grievances alleging sexual abuse shall not be instructed to file the grievance to the individual who is the subject of the complaint. Additionally, grievances of this nature shall not be referred to the subject of the complaint. FDC provides incarcerated individuals with the *FDC Inmate Orientation Handbook*. In the Handbook, incarcerated individuals are advised that grievance procedures are available under the FAC. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(d).** The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code requires that following investigation and evaluation by the reviewing authority, a response shall be provided to the incarcerated individual within 20 calendar days of

receipt of the grievance. The Code allows the Department to claim an extension of time to respond of up to 70 days for additional investigation. If the Department claims the extension, the incarcerated individual must be notified in writing of the extension and a date by which the decision will be made. The agency noted that they had received zero grievances related to sexual abuse over the previous 12 months. As there had been no grievances filed in reference to sexual abuse, there was no need to file an extension of time for any such grievance.

During the onsite phase of the audit, the auditor interviewed the facility administrator's assistant, who is responsible for coordinating the institution's handling of grievances filed by their incarcerated individuals. She explained the process for the incarcerated individuals to obtain a grievance from staff and where they are deposited into a locked box to ensure the subject of the grievance does not respond to the grievance. The assistant described how she reads through the grievance to determine the subject matter and then forwards the grievance to the proper department for a review and response. She also described steps taken when a grievance references sexual abuse or sexual harassment, which include immediate notification to the OIC and to the PREA auxiliary officer. When asked, the assistant explained the grievance would still be processed even if it alleged the incident occurred well past the normal time limit to file a grievance. The auditor also interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse or sexual harassment. The auditor asked how their allegation was reported. All four incarcerated individuals had reported their allegations verbally to staff members. The auditor reviewed the investigations files and confirmed this information. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(e).** The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code states third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, shall be permitted to assist incarcerated individuals in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of an incarcerated individual. If a third-party files the grievance, the incarcerated individual shall elect to allow the grievance to proceed or request the grievance be stopped. If the incarcerated individual requests the grievance be stopped, it must be documented. Moore Haven indicated that there were zero grievances filed by a third-party over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.52(f).** The formal and informal grievance procedures for FDC are governed by *Florida Administrative Code (FAC) 33-103*. The agency provided *FAC 33-103.006* in the PAQ for the auditor to review. Under the *Formal Grievance* section, the Code establishes an emergency grievance related to sexual abuse. The Code states, "When receiving an emergency grievance from an inmate expressing belief, they are subject to a substantial risk of imminent sexual abuse the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar

days from the receipt of the grievance.” That response must indicate the agency’s determination whether the incarcerated individual is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. 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 *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “When it is determined that an inmate has filed a PREA report in bad faith, i.e., knowingly filed a false report, that inmate shall be subject to discipline.” Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.53 Inmate access to outside confidential support services**

**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. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. *FDC Inmate Orientation Handbook*
  3. *FDC Form N11-120 Sexual Abuse Awareness Brochure*
  4. *Memorandum of Agreement By and Between Abuse Counseling & Treatment (ACT) and Moore Haven Correctional Facility*
2. Interviews:
  1. Specialized staff
  2. Random incarcerated individuals
  3. Targeted incarcerated individuals
3. Site Review Observations:
  1. Housing units
  2. Kiosks

**Findings (by provision):**

**115.53(a).** The facility provided information from *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states that any incarcerated individual who alleges sexual abuse will be advised of the right to have a victim advocate present during the forensic examination and/or the investigative interview. Also, victims will be offered support services by means of a mailing address and/or telephone numbers to local community support group organizations. The auditor was also provided the *FDC Inmate Orientation Handbook*.

In the Handbook, the incarcerated individuals are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the incarcerated individual intends to harm himself or someone else. The incarcerated individuals are also advised that if the incarcerated individual is asking the advocate to report the PREA allegation, the incarcerated individual must sign a release of information first. FDC does not house people detained solely for civil immigration purposes, so this provision does not apply.

During the onsite phase of the audit, the auditor interviewed 17 random incarcerated individuals. Sixteen (16) of the 17 incarcerated individuals interviewed could explain to the auditor the available support and advocacy services. The individuals interviewed understood the services available if someone were a victim of sexual abuse. They told the auditor the information was on the signs posted inside the housing units. No one could recall the exact name, address, or telephone number, but knew they could take off the posted signs if they needed the information. None of the incarcerated individuals interviewed used the services. The last individual interviewed was not aware of those services. He said just did not pay attention because he didn't think he would need it. The auditor interviewed four (4) incarcerated individuals who had reported an allegation of sexual abuse or sexual harassment. All four incarcerated individuals were given the opportunity to contact a victim advocate, and they chose not to. They told the auditor they saw no reason to talk with someone but knew they could do that. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.53(b).** The auditor was provided the *FDC Inmate Orientation Handbook* in the PAQ. In the Handbook, the incarcerated individuals are advised that communication with victim advocacy services will be kept confidential, except information that requires mandatory reporting, such as if the incarcerated individual intends to harm himself or someone else. The incarcerated individual is also advised that if the individual is asking the advocate to report the PREA allegation, the individual must sign a release of information first.

During the site review, the auditor interviewed 17 random incarcerated individuals. Sixteen (16) of the 17 incarcerated individuals interviewed could explain to the auditor the available support and advocacy services. The individuals interviewed understood the services available if someone were a victim of sexual abuse. They told the auditor the information was on the signs posted inside the housing units. No one could recall the exact name, address, or telephone number, but knew they could take off the posted signs if they needed the information. None of the incarcerated individuals interviewed used the services. When asked about confidentiality, the individuals assumed there would be confidentiality. The auditor interviewed four (4) incarcerated individuals who had reported an allegation of sexual abuse or sexual harassment. All four incarcerated individuals were given the opportunity to contact a victim advocate, and they chose not to. They told the auditor communication would be confidential as it says in the brochure provided to them when they reported their allegation. 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*

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|  | <p><i>of Agreement By and Between Abuse Counseling &amp; Treatment (ACT) and Moore Haven Correctional Facility.</i> The contract provides for ACT to provide a victim advocate to respond to Moore Haven to support a sexual abuse victim when a sexual assault forensic examination is performed, and to provide resources for victim support, as is required by the PREA standards. The agreement also calls for ACT to provide certified victim advocates to take telephone calls and accept correspondence from incarcerated individuals who may require emotional support. The auditor contacted the Chief Executive Officer (CEO) at ACT and confirmed the steps that would be taken when they were contacted by telephone or mail. The auditor was told advocates would respond directly to Moore Haven, if needed, for direct communication with the victim, or correspond by mail or telephone. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.54</b> | <b>Third-party reporting</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <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. FDC Website <i>Third-Party Grievance Instructions</i></li> <li>2. FDC Website <i>Third-Party Report Form</i></li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.54(a).</b> The facility provided a printout of the FDC website third-party grievance instructions page in the PAQ. This page explains for the public the proper use of the grievance form and how to complete the form. The page provides a direct link to the grievance form. The auditor reviewed the form and the web page and confirmed that it meets the requirements of this provision. The web page can be found at <b>Prison Rape Elimination Act (PREA) -- Florida Department of Corrections (state.fl.us)</b>. Incarcerated individuals are informed through signage and the 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> |

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| <b>115.61</b> | <b>Staff and agency reporting duties</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> |

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

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
2. Interviews:
  1. Specialized staff
  2. Random staff

**Findings (by provision):**

**115.61(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure establishes guidelines for the proper and immediate reporting of sexual abuse and sexual harassment incidents as well as provides for safeguards for victims, management of evidence, and actions to be taken to report the allegation through the substantiation of the allegation by investigation. The procedure states, "Any employee, volunteer, contractor, or intern who observes, has knowledge of, or receives information, written or verbal (either first hand or from a third party), regarding the fear of, coercion into, or actual sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment will immediately notify the Shift Supervisor, the Chief of Security, the Warden, or the OIG, who will then take immediate steps to evaluate the inmate's concern/allegation." The procedure requires that staff promptly report any allegation involving retaliation against alleged victims or identified reporters of sexual abuse or sexual harassment and promptly report information regarding staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. The procedure goes on to say that the employee's failure to report or take immediate action will be subject to discipline, up to and including termination.

During the onsite phase of the audit, the auditor interviewed 14 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 compound. Each staff member knew that it was a requirement for all staff to immediately report all knowledge or suspicion of sexual abuse of an incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.61(b).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* includes a prohibition on releasing information related to sexual abuse or sexual harassment incidents. The procedure 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.

During the onsite phase of the audit, the auditor interviewed 14 random staff members. All 14 officers were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the officers

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.

**115.61(c).** 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 Florida Department of Corrections and Centurion are required to immediately report all incidents.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three, the health services administrator, the director of nursing, and a psychologist, confirmed that they are mandatory reporters of sexual abuse of the incarcerated individuals. Staff did confirm that they would inform the incarcerated individual of their duty to report and limits to the confidentiality of information learned from the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.61(d).** 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). The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that immediate action would be taken to ensure the incarcerated individual'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 OIG would be notified, and the SART would be notified. The auditor received written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that for individuals under the age of 18, the agency would contact outside law enforcement and report to the Office of Inspector General. For vulnerable adults, OIG would be contacted and report to DCF per Florida Statute. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.61(e).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* states that staff must foster an environment that precludes sexual abuse and sexual harassment, including initiating immediate reporting of alleged sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment to the OIG.

The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit. The Warden told the auditor that every allegation of sexual abuse and sexual harassment is investigated at Moore Haven. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Office of Inspector General. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.62</b> | <b>Agency protection duties</b>                      |
|               | <b>Auditor Overall Determination:</b> Meets Standard |

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|  | <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</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><b>Findings (by provision):</b></p> <p><b>115.62(a).</b> In the PAQ, the facility provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. The procedure states, “Any staff member will notify the Shift Supervisor if s/he observes an inmate acting in what appears to be a sexually threatening or coercive manner, or if the staff member has reason to believe that an inmate poses a risk of being sexually victimized.”</p> <p>The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In the responses, the agency head stated that if an incarcerated individual is at risk of imminent sexual abuse the incarcerated individual would be immediately separated from the potential abuser, then given the opportunity to speak to a staff member regarding the situation as well as medical and/or mental health. If necessary, a housing change or facility transfer may be required for the incarcerated individual. The incarcerated individual may also request to be reviewed for placement in protective management. The Warden, the Facility Administrator, was interviewed during the onsite audit. The Warden told the auditor that they would take immediate action to separate the incarcerated individual from the potential abuser, then look to establish safer housing, close to the officer’s station. The decision on the ultimate placement is driven by his need for protection from possible abuse and/or retaliation during the internal review. If the individual cannot be protected without maintaining him in confinement, then a transfer to another institution is considered, where his safety can be ensured without a placement in confinement. The auditor interviewed 14 random staff members during the onsite audit. All 14 officers stated that they would take immediate action to remove the incarcerated individual from the situation. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.63</b> | <b>Reporting to other confinement facilities</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. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. Other institution notification
  3. Sexual Abuse Investigation files
2. Interviews:
  1. Agency head
  2. Specialized staff

**Findings (by provision):**

**115.63(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution's Warden notify the sending institution's Warden within 72 hours of receiving the allegation. The notification must then be documented on the proper form. The receiving institution, where the allegation is reported, will be responsible for initiating the sexual abuse reporting process. In the PAQ, Moore Haven noted two (2) reported incidents over the prior 12 months. The institution provided copies of the warden-to-warden notification for both in the PAQ.

The auditor was provided written responses to the PREA audit interview questions for the PREA coordinator. In the responses, the PREA coordinator confirmed that the facility does make these notifications. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.63(b).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure requires that if staff at the receiving institution receives information that sexual abuse occurred at another institution the receiving institution's Warden notify the sending institution's Warden within 72 hours of receiving the allegation. In the PAQ, Moore Haven noted two (2) reported incidents over the prior 12 months. The institution provided copies of the warden-to-warden notification for both in the PAQ, both of which were completed within 72 hours of when the incarcerated individual reported the alleged incident to Moore Haven staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.63(c).** In the PAQ, Moore Haven noted two (2) reported incidents over the prior 12 months. The institution provided copies of the warden-to-warden notification for both in the PAQ, both of which were completed within 72 hours of when the incarcerated individual reported the alleged incident to Moore Haven staff. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.63(d).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that the receiving

institution will be responsible for contacting the EAC (Emergency Action Center) and entering the report for appropriate handling. The OIG will also be notified. Even though this appears to be contrary to this provision, it is appropriate, as the OIG will investigate the allegation regardless of where at FDC the incident occurred. The institution noted one (1) such notification to the Moore Haven Warden during the 12 months prior to the audit.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden stated there had been one notification from another institution during the previous 12 months. The Warden told the auditor that he immediately forwarded the information so an investigation could begin. If the alleged occurrence was recent, staff at Moore Haven would secure the potential crime scene until evidence could be collected. Moore Haven would await receipt of the initial report and maintain the sexual abuse investigation file. The auditor was provided with written responses to the PREA interview questions from the Agency Head. In his response, the Secretary stated that the point of contact for such notifications is either the facility where the incident occurred or the OIG. The incident would automatically be forwarded to the OIG for full investigation. The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files for the last year and noted the investigation file for the only case initiated by a warden-to-warden notification from another institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.64</b> | <b>Staff first responder duties</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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. Sexual Abuse Investigation files</li> </ol> </li> <li>2. Interviews:             <ol style="list-style-type: none"> <li>1. Targeted incarcerated individuals</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 <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. In the section entitled <i>Response</i>, the agency outlines the responsibilities for staff members to properly respond to allegations of</p> |

sexual abuse. The procedure requires the first security staff member to separate the alleged victim and abuser, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence. The agency stated there were twenty (20) allegations of sexual abuse reported over the previous 12 months. Of those 20, in all 20 allegations the security staff member separated the alleged victim from the abuser. Two (2) of those 20 allegations were reported within a time period where the staff members could take action to preserve evidence as required under this provision.

The auditor interviewed two (2) 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 and told the auditor that their allegation was reported after the time frame to properly collect evidence. The auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse or sexual harassment during the onsite audit. The four individuals told the auditor that they were immediately removed from other incarcerated individuals and taken to see staff in medical. They were all asked to preserve evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.64(b).** The facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. In the section entitled *Response*, the agency outlines the responsibilities for staff members to properly respond to allegations of sexual abuse. The procedure states that if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence and then notify security staff. Moore Haven provided the auditor information showing no such allegations first reported by a non-security staff member during the 12 months prior to the audit.

During the onsite phase of the audit, the auditor interviewed two (2) staff members who were first responders to incidents of sexual abuse. Both told the auditor that a non-security staff member would immediately notify a corrections officer. One (1) non-security staff member was interviewed and, although she had never been placed in that situation, she repeated properly each step she was to take in such a situation, including separation of the alleged victim and steps to preserve evidence. The auditor interviewed 14 random staff members during the onsite audit. All 14 officers 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. The auditor reviewed the institution's 20 sexual abuse investigation files from the previous 12 months at Moore Haven. In each file, the initial incident report properly identified the first responder steps taken upon learning of the allegation. The first step was always to separate the victim from the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.65</b> | <b>Coordinated response</b>   |
|               | <p data-bbox="256 188 991 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1267 412"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="320 490 1214 524">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li data-bbox="424 528 1469 595">1. <i>Moore Haven Correctional &amp; Rehabilitation Facility PREA Coordinated Response</i></li> </ul> </li> <li data-bbox="320 613 541 647">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="424 651 600 685">1. Warden</li> </ul> </li> </ul> <p data-bbox="256 725 639 759"><b>Findings (by provision):</b></p> <p data-bbox="256 792 1477 1285"><b>115.65(a).</b> The agency provided the <i>Moore Haven Correctional &amp; Rehabilitation Facility PREA Coordinated Response</i> document in the PAQ. The document outlines the responsibilities of the first responder, including the steps to ensure the preservation of evidence, the provision of a sexual abuse awareness brochure for the victim, and the writing of an initial incident report. The next step is the notification of the Shift Supervisor and the Chief of Security, who will ensure the victim is escorted to health services. The document outlines the rest of the Supervisor or Chief's responsibilities, which includes notification of the Office of the Inspector General (OIG) and the Sexual Assault Response Team (SART). The document then outlines the responsibilities of the OIG Inspector and the SART team's forensic nurse. The medical team is included in the document. The responsibilities of the mental health staff are also included in the document.</p> <p data-bbox="256 1330 1442 1621">During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden, the Facility Administrator. The Warden made it clear that having this document in place makes it easy for staff at Moore Haven to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the incarcerated individual victim. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="256 1655 1477 2024">The auditor interviewed more than twenty specialized staff members at the institution during the onsite phase of the audit. Everyone interviewed clearly understood their role in the institution's efforts to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. More importantly, all the staff members the auditor spoke with understood exactly what to do if an incarcerated individual reported an incident of sexual abuse. The institution's coordinated response plan outlines each of the steps for staff and is in place to ensure that proper response. With this plan in place and staff's understanding of their role, the auditor considers the institution to have exceeded this Standard.</p> |

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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><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. <i>Collective Bargaining Agreement between GEO Secure Services, LLC. and National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO</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> The agency provided the auditor with a copy of the executed <i>Collective Bargaining Agreement between GEO Secure Services, LLC. and National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO</i>. The auditor reviewed the document and found no provision that prevented GEO from disciplining a corrections officer covered under the bargaining agreement for committing an offense of sexual misconduct.</p> <p>The auditor was provided with written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that the Department does currently have a collective bargaining agreement with the Police Benevolent Association (PBA) and the Teamsters. The Department is authorized to dismiss or suspend a permanent status career service employee for any cause noted in Chapter 110.227 of the Florida Statutes and Rule 60L-26.005 (2) of the Florida Administrative Code. Such causes include poor performance, negligence, insubordination, inefficiency, or inability to perform assigned duties, violation of law or agency rules, conduct unbecoming a public employee, misconduct, habitual drug use and any conviction of any crime. The Department does not have permanent post assignments, nor does it allow for posts to be “bid” out. Staff members are assigned to posts prior to the commencement of the shift by their shift supervisor. Staff members can be relocated to numerous posts, including posts that do not allow for contact with incarcerated individuals. Because the Department is so large, staff and incarcerated individuals may be relocated to alleviate any problems. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.66(b).</b> The auditor is not required to audit this provision.</p> |

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| <b>115.67</b> | <b>Agency protection against retaliation</b> |
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**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. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. Sexual Abuse Investigation files
2. Interviews:
  1. Targeted incarcerated individuals
  2. Agency head
  3. Specialized staff

**Findings (by provision):**

**115.67(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure requires staff to foster an environment to preclude sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment, by taking specific actions that include promptly reporting allegations involving retaliation against alleged victims or identified reporters of sexual abuse and sexual harassment. Moore Haven has designated their four (4) classification officers as the retaliation monitors.

During the onsite phase of the audit, the auditor interviewed three (3) classification officers, who confirmed that they act as the retaliation monitors at Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.67(b).** The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that facilities deploy numerous measures including housing changes, program changes, and changes in work assignments. If warranted, an incarcerated individual may be transferred to another Department facility in order to protect them from retaliation. All incarcerated individuals who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the incarcerated individual with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Incarcerated individuals are also provided information for the local rape crisis center for emotional support services. Staff members may be afforded the ability to change posts or facilities to protect them from retaliation. They are also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment. During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden stated that alleged retaliation would be reported via incident report to the Office of the Inspector General then take any action necessary to protect the reporting person from further retaliation. The auditor interviewed staff members designated to

monitor retaliation, three (3) classification officers. All three told the auditor that she visits victims shortly after receiving notification of the reported allegation and tells them about her role in monitoring their safety. All three agreed they would tell the individual to contact her if they have a problem and offers assistance to provide them with information about the outside emotional support services. Visits with the individual are periodical, every 30 days, and the meeting is documented. This monitoring lasts for 90 days following the report of the allegation. If problems arise, they would report it immediately and they can offer a transfer to another institution or locate a new work assignment, if needed. The auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse at Moore Haven. All four incarcerated individuals discussed having someone talk with them about possible retaliation. None of the incarcerated individuals reported problems with retaliation but did talk with a classification officer and reported they were having no problems. All four remembered talking with the classification officer several times. The auditor reviewed retaliation monitoring reports in the institution's sexual abuse investigation files and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.67(c).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure states that monitoring shall continue for at least 90 days with at least three contact status checks to occur within the 90-day monitoring period. The agency is to monitor conduct through the review of disciplinary reports, treatment by other staff and incarcerated individuals, and changes in housing, program assignments, work assignments, and demeanor. If the incarcerated individual is transferred during the monitoring period, the receiving institution will continue the monitoring of the incarcerated individual. Also, monitoring may continue past the 90 days if the agency feels that there is a continuing need. In the PAQ, Moore Haven indicated there were no noted cases of potential retaliation, where the staff took immediate action to protect the incarcerated individual from additional retaliation or harm.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden 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 Warden may authorize the transfer of the incarcerated individual for protective purposes. The auditor interviewed three (3) classification officers, who are charged with performing the retaliation monitoring. All three stated that she would review incident reports and housing assignments each month before meeting with the incarcerated individual to discuss potential retaliation. They would also review medical information to attempt to determine if the incarcerated individual was having problems that were unreported. If necessary, the incarcerated individual would be separated to provide an opportunity for the incarcerated individual to speak freely to staff 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 incarcerated individual's behavior. Based on this analysis, the auditor finds the

facility in compliance with this provision.

**115.67(d).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. This procedure includes requirements for staff to monitor for retaliation. The procedure requires periodic checks at the 30-, 60-, and 90-day mark of the 90-day monitoring period.

During the onsite phase of the audit, the auditor interviewed the designated retaliation monitors, three (3) classification officers. They stated that their periodic checks are performed every 30 days. They can always see an incarcerated individual more frequently if behavior warrants that, but the procedure requests a visit with the incarcerated individual at 30-day intervals. They continue to monitor every day by reviewing records from the classification office but will only meet with the incarcerated individual every 30 days. They provided the auditor with copies of current monitoring records, showing the required notes from visits with victims in their housing units. The auditor noted the visit and the incarcerated individual's acknowledgement of their own safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.67(e).** The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In the responses, the Secretary of Corrections stated that if an individual who cooperates with an investigation expresses fear of retaliation and the individual is an incarcerated individual, the individual would be afforded a housing change or a transfer to another Department facility. The incarcerated individual will be subject to the 90-day monitoring. If the subject is a staff member, they may be provided the opportunity to change posts or institutions and will also be subject to the 90-day monitoring.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden 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 Warden may authorize the transfer of the incarcerated individual for protective purposes. 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.

| <b>115.68</b> | <b>Post-allegation protective custody</b>  |
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|               | <b>Auditor Overall Determination:</b> Meets Standard                               |
|               | <b>Auditor Discussion</b>  |
|               | <b>The following evidence was analyzed in making the compliance determination:</b> |

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. Sexual Abuse Investigation files
2. Interviews:
  1. Specialized staff
  2. Random staff
  3. Targeted incarcerated individuals
3. Site Review Observations:
  1. Segregated housing

**Findings (by provision):**

**115.68(a).** In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “Inmate victims of sexual abuse and/or sexual harassment will not be involuntarily segregated unless an assessment of all other available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers.” Moore Haven has indicated in the PAQ that there have been no incarcerated individuals involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.

During the onsite review, the auditor interviewed the Warden, the Facility Administrator, about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that Moore Haven has plenty of available space and they do not see the need to utilize confinement to keep incarcerated individuals safe. No incarcerated individuals have been placed in confinement for this reason. If it were to become necessary, Moore Haven would only place someone in segregation until another alternative safe housing became available. The auditor interviewed four (4) incarcerated individuals who had been the victim of sexual abuse. None of the four incarcerated individuals had been placed in segregated housing following their allegation. The auditor also interviewed two (2) staff members that work in segregated housing who confirmed that incarcerated individuals are not placed in segregated housing to keep them safe following the filing of allegations of sexual abuse. Those incarcerated individuals remain in general population. The auditor was able to confirm this by reviewing the information in the sexual abuse investigation files. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.71</b> | <b>Criminal and administrative agency investigations</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. *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*
  2. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  3. Sexual Abuse Investigation files
2. Interviews:
  1. Specialized staff
  2. c Targeted incarcerated individuals
3. Site Review Observations:
  1. Sexual Abuse Files Storage

**Findings (by provision):**

**115.71(a).** In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “The OIG shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment...” Also included in the PAQ was *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. This procedure states that the OIG shall be the primary investigative unit for all sexual misconduct allegations occurring on Department property.

During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. The PREA auxiliary officer confirmed that she is tasked with investigating sexual harassment incidents at the institution. She also handles the paperwork for all sexual abuse and sexual harassment allegations. After the initial investigation is begun, she forwards information to the Office of Inspector General (OIG) to continue the investigation of allegations of sexual abuse. The OIG is notified immediately upon the agency learning of the allegation. 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, except there is a requirement to ask the alleged victim if they want the OIG to continue to investigate the allegation or to stop the investigation. This step must be completed before the investigation can move forward. The PREA auxiliary officer takes over the complete investigation for the sexual harassment allegations, unless the IOG requests a referral and initiates a full investigation based upon the information submitted in the initial complaint.

The auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the last 12 months and was able to confirm the investigative process. The OIG, along with the facility investigator and the PREA auxiliary officer, were the investigating agency for each record. The referral to the OIG was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(b).** The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states that investigators must complete specialized training in addition to the general PREA education.

During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. The PREA auxiliary officer confirmed that she had taken the required specialized course for investigators. She confirmed that FDC requires all OIG investigators to take the class. 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.

**115.71(c).** During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. She explained that every investigation inside the facility is treated like an investigation outside the facility, where each investigation would include everything expected in this provision of the standard. She explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. She also told the auditor that if the sexual assault was to the extent that the victim required a forensic medical examination, a SANE nurse from the contracted SART team would respond to the facility, along with a victim advocate as part of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(d).** During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. She told the auditor that the standard for the OIG is to never perform compelled interviews with subjects. The OIG handles criminal investigations first and any potential administrative review would remain in a pending status until criminal proceedings are closed and then move forward. Compelled interviews are a last resort and would not be utilized by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(e).** *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* forbids the use of voice stress analysis or polygraph examination in investigations.

During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. The PREA auxiliary officer explained that the use of a polygraph examination or other truth-telling device is problematic in an investigation due to the admissibility in court proceedings. The PREA auxiliary officer explained that she assesses the credibility of all individually following a review of all evidence available. An assessment would be completed at the end of her investigation, after reviewing written statements and all the evidence collected. This credibility assessment does not consider whether someone is a staff member or incarcerated individual. The auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse or sexual harassment. All four incarcerated individuals told the auditor they had not been asked to take a polygraph examination and were given the opportunity to fully explain their allegation to an investigator. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(f).** The auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "During investigation into any PREA allegations, Inspectors shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures." The procedure goes on to state, "An Inspector ... shall complete the investigation in accordance with OIG Procedures and Directives, and complete to appropriate PREA report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings."

During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. The PREA auxiliary officer told the auditor that 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 incarcerated individual or staff member to violate rules and commit an act of sexual misconduct. All administrative investigations are reported in written reports and submitted to the OIG and the institution Warden. She told the auditor she always makes an effort to interview individuals who were identified on video as being in the area of the alleged incident, or individuals who are housed next to the alleged abuser. This provides a better opportunity to gather information regarding the incident. These witness statements were noted on the sexual harassment investigation files reviewed by the auditor.

The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months. The investigation files include the following documents (as needed): Incident report, witness statements, grievance, *PREA Investigative Report* (DC6-2019), *Inspector General Inquiry/Report*, Notification of other institution (warden to warden email), Discipline report, Arrest report, Law enforcement notification, special review screens, *Acknowledgement of receipt of grievance orientation* (DCI-307), *Acknowledgement of Receipt of Training on PREA* (DC6-134C), iBAS/SRI Results-IM29 screen print, IM70 or IRN 79 printout, iBAS/SRI re-assessment screening (IM29 screen print), Medical/Mental Health forms, housing logs (DC6-208), special housing logs (DC6-233), Holding cell log (DC6-208), SART notification, *Sexual Abuse Incident Review* (DC6-2076), notification/reporting to incarcerated individual by IG notification, and monitoring for retaliation.

The auditor found very complete investigative files, with proof of immediate action taken upon the first notification of the allegation, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(g).** During the onsite phase of the audit, the auditor interviewed the PREA auxiliary officer. The PREA auxiliary officer told the auditor that all criminal investigative reports include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator will attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the institution's 24 sexual abuse and

sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse committed by a staff member or another incarcerated individual, therefore, no referrals for potential criminal charges and criminal prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(h).** The auditor interviewed the PREA auxiliary officer and was assured that any allegations where criminal charges were possible would be referred for potential prosecution as is required under the standard. The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse committed by a staff member or another incarcerated individual, therefore, no referrals for potential criminal charges and criminal prosecution. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(i).** The auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "The agency shall retain all administrative and criminal investigative reports, pursuant to a sexual battery investigation, as long as the alleged suspect is incarcerated, supervised, or employed by the agency, plus five years and marked with a stamp or marker..."

During the onsite audit, the auditor was shown the storage of the investigative files in the office of the PREA auxiliary officer. The files are marked appropriately and stored in a locked cabinet. The PREA auxiliary officer told the auditor that the files remain in the locked cabinet unless they are being updated or are under review. The agency retains sexual abuse files for at least ten (10) years. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.71(j).** The auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure states, "The departure of the alleged suspect or victim from the employment or control/supervision of the Department shall not provide a basis for terminating any PREA investigation."

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

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

**115.71(l).** The agency refers all sexual abuse investigations to the OIG. The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit, and he stated that all investigations are completed by the OIG, who cooperates

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|  | <p>fully with the FDC. The auditor interviewed the PREA compliance manager. He stated that all investigations are performed by the OIG. The auditor interviewed the facility investigator. The investigator said that they investigate all sexual abuse and sexual harassment allegations that occur on facility grounds. In the normal course of business, the outcomes of those investigations are shared with the institution to complete the administrative investigative file for each allegation. The auditor was provided written responses to the PREA interview questions from the PREA coordinator. In the responses, the PREA coordinator stated all investigations are performed by the OIG and there is full cooperation and coordination between the agencies. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>  |
|               | <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. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i></li> <li>2. <i>FDC Office of Inspector General Procedure 2.005 Investigations - Other</i></li> <li>3. 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>115.72(a).</b> The auditor was provided <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure states that the agency will utilize a preponderance of evidence as the standard for investigations regarding sexual abuse and sexual harassment. The auditor was also provided with <i>FDC Office of Inspector General Procedure 2.005 Investigations - Other</i>. This purpose of this procedure is to establish the authority and responsibility of the Office of Inspector General’s (OIG) processing of criminal and administrative investigations related to Prison Rape Elimination Act investigations. In the definitions section of the procedure, preponderance of evidence is clearly defined, and that term is listed in each of the required PREA investigations outcomes.</p> <p>The auditor interviewed the PREA auxiliary officer during the onsite phase of the audit. The PREA auxiliary officer told the auditor that the standard of proof for investigations is a preponderance of evidence or lower. The auditor reviewed the</p> |

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|  | <p>institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months and determined that the facility uses this standard for all investigations, as it clearly written in the conclusions section in each of the investigation memos. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.73</b> | <b>Reporting to inmates</b>   |
|               | <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. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i></li> <li>2. <i>FDC Form DC6-2080 Inmate Notification (PREA)</i></li> <li>3. Notification form example</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. Targeted incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.73(a).</b> The auditor was provided <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations</i> in the PAQ. The procedure states, “At the conclusion of any sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism investigation, the Inspector shall make appropriate notifications and follow-up notifications” to the incarcerated individual victim. Such notifications include whether the allegation was sustained, partially sustained, not sustained, unfounded, or closed by arrest. Moore Haven provided several examples of a completed notification form showing receipt by the incarcerated individual. Moore Haven indicated in the PAQ there were a total of thirteen (13) such notifications over the last 12 months.</p> <p>During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had reported sexual abuse. Three (3) of the four incarcerated individuals told the auditor they had received the notification regarding the outcome of the investigation. The last individual indicated he had just reported his allegation about one (1) month before the auditor’s visit to the institution and that it likely was not yet complete. The auditor verified this later by reviewing the investigation file. The auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit.</p> |

The auditor confirmed during this review that those investigations that were showing as completed all had a signed notification form in the file. There are thirteen (13) completed sexual abuse investigations, and all 13 investigation files contained a signed copy of the incarcerated individual notification. The auditor interviewed the PREA auxiliary officer during the onsite audit, and she confirmed that there is a requirement for the institution to ensure notification to the incarcerated individual regarding the outcome of the investigation. The auditor also interviewed the Warden, the Facility Administrator, during the audit. The Warden stated that all incarcerated individuals are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.73(b).** The institution's sexual abuse and sexual harassment investigations are completed by the OIG. The OIG provides a complete investigative report to the institution following the completion of the investigation, and the investigator is then required to notify the incarcerated individual in writing of the outcome of the investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.73(c).** The auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure requires that incarcerated individuals are notified, unless the allegation is unfounded, when the staff member is no longer assigned to the housing unit, assigned to the institution, employed by the Department, or when the alleged abuser has been indicted on a charge related to sexual abuse or convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had filed an allegation of sexual abuse or sexual harassment. All four told the auditor they had filed an allegation of sexual abuse by another incarcerated individual. Three (3) of those investigations were determined to be unsubstantiated and one (1) was ongoing. The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite phase of the audit. The auditor was unable to locate any file for allegations against a staff member that were substantiated, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.73(d).** The auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations* in the PAQ. The procedure includes a provision that requires notification to the victim when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse or when the alleged abuser has been convicted on a charge of sexual abuse.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who had filed an allegation of sexual abuse. None of the allegations filed by these incarcerated individuals were determined to be substantiated, so there was no additional notification necessary to the victim. The auditor reviewed the

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|  | <p>institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months. The auditor noted no files with an allegation that was substantiated for incarcerated individual sexual abuse of another incarcerated individual, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.73(e).</b> In the PAQ, the auditor was provided a copy of <i>FDC Form DC6-2080 Inmate Notification (PREA)</i>. This form is utilized to document all notifications to the incarcerated individual victim regarding the status of the outcome of the investigation and the notifications regarding the alleged abuser. Moore Haven provided the auditor with several copies of a completed notification form in the PAQ.</p> <p>During the onsite phase of the audit, the auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months. The auditor located notifications of the outcome of the investigation for the thirteen (13) sexual abuse investigation files that have been closed. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.73(f).</b> The auditor is not required to audit this provision.</p> |
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| <b>115.76</b> | <b>Disciplinary sanctions for staff</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. <i>FDC Rule 33-208.003 Range of Disciplinary Actions</i></li> <li>2. <i>FDC Procedure 208.039 - Employee Counseling and Discipline</i></li> <li>3. 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><b>Findings (by provision):</b></p> <p><b>115.76(a).</b> In the PAQ, the facility provided <i>FDC Rule 33-208.003 Range of Disciplinary Actions</i>. This procedure outlines the agency’s range of discipline expected for staff members following the determination that a staff member has violated an agency <i>Rule of Conduct</i>. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency <i>Rules of Conduct</i>, the <i>Range of Disciplinary Actions</i> shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this provision.</p> |

The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA compliance manager that there were no substantiated incidents of staff sexual abuse during the past year at Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.76(b).** In the PAQ, the facility provided *FDC Rule 33-208.003 Range of Disciplinary Actions*. This procedure outlines the agency's range of discipline expected for staff members following the determination that a staff member has violated an agency *Rule of Conduct*. As committing an offense of sexual abuse, sexual assault, or sexual harassment, would be a violation of the agency *Rules of Conduct*, the *Range of Disciplinary Actions* shows this violation with a potential discipline of suspension, demotion, or dismissal, meeting the standard in this provision.

The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor confirmed through conversations with the PREA compliance manager that there were no substantiated incidents of staff sexual abuse during the past year at Moore Haven. Since there were no substantiated cases against a staff member, there were no terminations of staff due to sexual abuse or sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.76(c).** In the PAQ, the facility provided *FDC Rule 33-208.003 Range of Disciplinary Actions*. This procedure outlines the agency's range of discipline expected for staff members following the determination that a staff member has violated an agency *Rule of Conduct*. The procedure states that the severity of penalties may vary depending upon the frequency and nature of a particular offense and the circumstances surrounding each case.

The auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. There were no substantiated allegations against a staff member. The auditor was unable to locate additional evidence for this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.76(d).** Although there is no clear mention of this in the agency procedures, the requirement for the presumption of dismissal is sufficient to meet the provision.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. Part of the discussion included the agency's requirement to report sexual abuse violations by corrections officers to the Florida Department of Law Enforcement (FDLE), the licensing body for the State of Florida. The Department would report all knowledge of an officer's involvement in a sexual abuse investigation, whether the officer was terminated or resigned prior to the completion of that investigation. In the PAQ, the institution indicated that no staff members had been reported to the FDLE.

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|  | <p>The auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite 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> |
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| <b>115.77</b> | <b>Corrective action for contractors and volunteers</b> |
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|  | <p><b>Auditor Overall Determination:</b> Meets Standard</p> |
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|  | <p><b>Auditor Discussion</b></p> |
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**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. *FDC Procedure 205.002 - Contract Management*
  3. *FDC Office of Inspector General Procedure 2.005 Investigations - Other*
  4. Sexual Abuse Investigation files
2. Interviews:
  1. PREA coordinator
  2. Specialized staff

**Findings (by provision):**

**115.77(a).** In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states, “Contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless determined by the OIG investigation not to be criminal, and to any relevant licensing bodies.” The agency also provided the auditor with *FDC Procedure 205.002 - Contract Management*. This procedure outlines the standards for the Department’s activities with its contractors. Under the *Contract Termination* section, the termination for cause examples includes item number four (4), the contractor fails to comply with the Department’s PREA policies and procedures and/or Federal Rule 28 D.F.R. Part 115. The agency stated that there were no such terminations over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this

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|  | <p>analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.77(b).</b> The agency stated in the PAQ that there were no contractors or volunteers involved in sexual abuse cases over the last 12 months prior to the audit. There was no additional evidence available for the auditor to review for this provision. The auditor interviewed the Warden, the Facility Administrator, during the onsite phase of the audit. The Warden stated that Moore Haven would not consider remedial measures for a volunteer or contractor after being found responsible for an act of sexual misconduct. The individual would be placed on the unapproved access list and prohibited entry to the institution in order to protect the incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.78</b> | <b>Disciplinary sanctions for inmates</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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>FDC Rule 33-601.301 Inmate Discipline General Policy</i></li> <li>3. <i>FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions</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>115.78(a).</b> In the PAQ, the agency provided <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i>. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "<i>Disciplinary Confinement,</i>" Rule 33-602.222, F.A.C., unless otherwise ordered through judicial or administrative process." The agency stated in the PAQ that there were no incarcerated individuals disciplined for offenses of sexual abuse over the last 12 months prior to the audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the institution's 24 sexual abuse and sexual harassment investigation files from the previous 12 months. There were no substantiated allegations of sexual abuse or sexual harassment by an incarcerated individual against another incarcerated individual, therefore no incidents</p> |

of discipline for any incarcerated individual. The auditor was unable to review any additional evidence pursuant to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(b).** In the PAQ, the auditor was provided *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*. This procedure outlines the established penalties for the indicated offenses in the *Code of Conduct*. The list shows a required disciplinary confinement and loss of gain time for an infraction of sexual battery or attempted sexual battery or lewd or lascivious exhibition. If an incarcerated individual is found guilty of these offenses, they can expect this penalty, indicating that the penalty would be commensurate with the nature of the offense for each incarcerated individual.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who confirmed that incarcerated individual discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(c).** In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "*Disciplinary Confinement*," ..." The procedure goes on to state that all incarcerated individuals who have been found guilty of sexual abuse or sexual battery will be referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether their mental disabilities or mental illness contributed to the abuser or perpetrator's behavior.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator, who confirmed that incarcerated individual discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all individuals. It is possible for staff to take into consideration an individual's mental health status when considering penalties of incarcerated individual infractions. The Department does not offer sexual abuse therapy as an alternative to discipline. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(d).** In the PAQ, the agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure outlines disciplinary action for incarcerated individuals and states, "Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with "*Disciplinary Confinement*," ..." The procedure goes on to state that all incarcerated individuals who have been found guilty of sexual abuse or sexual battery will be referred to close management and/or issued a disciplinary report. All close management and disciplinary report hearings will take into consideration whether their mental disabilities or mental illness

contributed to the abuser or perpetrator’s behavior.

During the onsite phase of the audit, the auditor interviewed three (3) staff members of the medical and mental health staff. There is no specific sexual abuse therapy program available for incarcerated individuals at Moore Haven. The incarcerated individual discipline may consider the individual’s mental health, but the mental health staff does not provide specific therapy focused on the prevention of future acts of sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(e).** In the PAQ, the auditor was provided *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*. This procedure outlines the established penalties for the indicated offenses in the *Code of Conduct*. The list of offenses includes a violation for lewd or lascivious exhibition by the incarcerated individuals and for establishing a personal relationship with a staff member or a volunteer.

The agency did not provide the auditor any additional information related to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(f).** The agency has provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the *Discipline* section, the procedure states that when it is determined that an incarcerated individual has filed a PREA report in bad faith, for example knowingly filing a false report, the incarcerated individual may be subject to discipline. In this case, discipline is appropriate and would not violate this provision.

The auditor reviewed the institution’s 24 sexual abuse and sexual harassment investigation files from the previous 12 months during the onsite audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.78(g).** In the PAQ, the auditor was provided *FDC Rule 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions*. This procedure outlines the established penalties for the indicated offenses in the *Code of Conduct*. The agency includes sex acts or unauthorized physical contact involving incarcerated individuals as a prohibited rule of conduct. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.81</b> | <b>Medical and mental health screenings; history of sexual abuse</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard                 |
|               | <b>Auditor Discussion</b>  |
|               | <b>The following evidence was analyzed in making the compliance</b>  |

**determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*
  2. *Intake PREA Screening Checklist*
  3. *Classification PREA Screening Checklist*
  4. *Mental Health Initial Assessment*
2. Interviews:
  1. Specialized staff
  2. Targeted incarcerated individuals
3. Site Review Observations:
  1. Computer systems
  2. Health services

**Findings (by provision):**

**115.81(a).** The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "If results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening."

During the onsite phase of the audit, the auditor interviewed one (1) incarcerated individual who reported prior sexual victimization on the risk screening. The incarcerated individual told the auditor that he was provided the opportunity to meet with someone from mental health. He stated that his visit was about ten (10) days after he arrived in the prison. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.81(b).** The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states, "If results of an SRI assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening."

During the onsite phase of the audit, the auditor interviewed three (3) classification officers who perform the intake risk screening. They told the auditor that all incarcerated individuals are provided the opportunity to see medical and mental health, regardless of their response to the risk screening questions. They all stated, however, that a positive response to any prior sexual victimization on the risk screening would require them to complete an incident report and initiate a visit with mental health for the incarcerated individual. The first intake with mental health typically occurs within 14 days of intake at Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.81(c).** This provision is for jails and does not apply to Moore Haven. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.81(d).** The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure states that information relating to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff necessary to properly make treatment plans, security, and management decisions, including for housing, work, education, and work assignments.

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 incarcerated individuals and how to access the screening information on the computer. The auditor was told they were unable to access that information in the computer. The auditor asked three (3) officers to access the computer and show him the screening information and they were unable to do so. The auditor was assured by the CSC and the PREA compliance manager that access to the screening tool's data was restricted to staff that required access to the information. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.81(e).** The agency provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure requires that medical and mental health staff obtain informed consent from incarcerated individuals prior to reporting information about prior sexual victimization unless the individual is under the age of 18.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services, the health services administrator, the director of nursing, and a psychologist. All three told the auditor that informed consent was a requirement before they could disclose information to security staff. For incarcerated individuals under the age of 18 this was not a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.

| 115.82 | Access to emergency medical and mental health services  |
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|        | <b>Auditor Overall Determination:</b> Meets Standard  |
|        | <b>Auditor Discussion</b>   |
|        | <b>The following evidence was analyzed in making the compliance determination:</b><br><br><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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li><li>2. <i>FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and</i></li></ol></li></ol> |

*Sexual Misconduct Investigations*

2. Interviews:

1. Specialized staff
2. Targeted incarcerated individuals

**Findings (by provision):**

**115.82(a).** In the PAQ, the auditor was provided *FDC Procedure 108.015 - Sexual Battery, Sexual Harassment, and Sexual Misconduct Investigations*. The procedure requires that correctional personnel responding to an allegation of sexual abuse or sexual harassment take all reasonable actions to ensure the safety of all persons and control and detain any suspects. Correctional personnel shall ensure all victims and other injured persons are provided with appropriate first aid and appropriate emergency medical services.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. The health services administrator, the director of nursing, and a psychologist confirmed that any incarcerated individual who was the victim of sexual abuse would be immediately brought to health services as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the incarcerated individual 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 Moore Haven and there would be no waiting for care from a medical professional. The auditor also interviewed four (4) incarcerated individuals who reported an incident of sexual abuse or sexual harassment. All four incarcerated individuals told the auditor they were taken to health services immediately after reporting the incident and were seen by a medical practitioner. They all reported no injuries, although they were evaluated immediately. They told the auditor that an appointment was also scheduled with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.82(b).** The auditor interviewed two (2) security staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. Both understood the need to provide the incarcerated individual with immediate 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. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.82(c).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states "Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be 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."

During the onsite phase of the audit, the auditor interviewed three (3) staff members

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|  | <p>from health services. The health services administrator, the director of nursing, and a psychologist told the auditor that these services would always be provided to the victim. At Moore Haven, pregnancy services would not be provided, as the institution houses male individuals only. The services for STIs would always be available. The treatment plan would be provided by the SANE nurse following the forensic examination and approved by medical provider. The auditor interviewed four (4) incarcerated individuals who had reported sexual abuse. None of the individuals interviewed had physical contact that required follow-up testing and prophylactic medications. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.82(d).</b> <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> was provided to the auditor in the PAQ. The policy 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 investigations arising out of the incident." Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and 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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</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 incarcerated individuals</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.83(a).</b> <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> was provided to the auditor in the PAQ. The policy states, "As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody." Based on this analysis, the auditor finds the facility in</p> |

compliance with this provision.

**115.83(b).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "As appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or contracted facility and will be consistent with the community level of care. The evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody."

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. The health services administrator, the director of nursing, and a psychologist confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for individuals who have been sexually abused. If the SART team responds, a follow-up plan for testing and prophylactic medications will be provided to the institution. The auditor noted one (1) response from the SART team over the last 12 months. The information was included in the sexual abuse investigation file, which also included documentation of the required STI testing for the incarcerated victim and medications provided. Staff will also provide information to the incarcerated victim if the individual is transferred or released. The auditor interviewed four (4) incarcerated individuals who had reported an incident of sexual abuse. All four individuals reported receiving care from medical and mental health. None of them were provided with testing and prophylactic medications based upon the level of physical contact in their allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(c).** The auditor interviewed three (3) staff members from health services during the onsite phase of the audit. The health services administrator, the director of nursing, and a psychologist confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for individuals who have been sexually abused. The care that they provide is 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.

**115.83(d).** Moore Haven houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(e).** Moore Haven houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(f).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states, "Inmate victims of sexual abuse, sexual battery, or staff sexual misconduct while incarcerated will be 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."

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse. All four incarcerated individuals reported receiving care from medical and mental health. None of them were provided with testing and prophylactic medications due to the level of contact with the abuser. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(g).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy 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 investigations arising out of the incident."

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who reported an incident of sexual abuse. All four incarcerated individuals reported receiving care from medical and mental health. All four incarcerated individuals told the auditor that services provided to them after the incident were at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.83(h).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was provided to the auditor in the PAQ. The policy states that a mental health evaluation will be offered to any identified incarcerated individual-on-incarcerated individual abusers within 60 days of learning of such abuse history. The abuser will then be offered treatment as appropriate.

The auditor interviewed three (3) staff members from health services during the onsite phase of the audit. The health services administrator, the director of nursing, and a psychologist told the auditor that mental health evaluations are provided for all sexual abusers as soon as possible after receiving notification of a sexual abuse allegation. Moore Haven has a full mental health staff and can put together a treatment plan for the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

| 115.86 | Sexual abuse incident reviews   |
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|        | <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>FDC Form DC6-2076 Sexual Abuse Incident Review/Facility</i></li> </ol> </li> </ol> |

*Investigation Summary*

3. Sexual Abuse Investigation files
2. Interviews:
  1. Specialized staff
  2. Incident review team

**Findings (by provision):**

**115.86(a).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the *Sexual Abuse Incident Review* section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the *Sexual Abuse Incident Review/Facility Investigation Summary (Form DC6-2076)*. The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor.

The auditor reviewed the institution's 20 sexual abuse investigation files from the previous 12 months during the onsite audit. The institution reported a completed *Sexual Abuse Incident Review/Facility Investigation Summary* for eleven (11) sexual abuse allegations following the completion of the investigation, where the outcome of the investigation was not unfounded. Eight (8) investigations are still ongoing, and one (1) was determined to be unfounded, and the incident review was not required.

The auditor found the completed sexual abuse incident review form in the 11 investigation files where the outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.86(b).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. In the *Sexual Abuse Incident Review* section, the procedure provides for a sexual abuse incident review to be conducted within 30 days of the conclusion of the investigation by completing the *Sexual Abuse Incident Review/Facility Investigation Summary (Form DC6-2076)*. The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor.

The auditor reviewed the institution's 20 sexual abuse investigation files from the previous 12 months during the onsite audit. The institution reported a completed *Sexual Abuse Incident Review/Facility Investigation Summary* for eleven (11) sexual abuse allegations following the completion of the investigation, where the outcome of the investigation was not unfounded. Eight (8) investigations are still ongoing, and one (1) was determined to be unfounded, and the incident review was not required.

The auditor found the completed sexual abuse incident review form in the 11 investigation files where the outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.86(c).** In the PAQ, the facility provided *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response*. The procedure states that the review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisors, investigators, and

medical or mental health practitioners.

During the onsite phase of the audit, the auditor interviewed the Warden, the Facility Administrator. The Warden told the auditor that the incident review following the investigation is important to ensure that any policy, facility, or staff failures were properly noted to ensure that problems were noted and corrected. It was important to identify any preventable errors so they could be avoided in the future. The auditor reviewed the institution's 20 sexual abuse investigation files from the previous 12 months during the onsite audit. The institution reported a completed *Sexual Abuse Incident Review/Facility Investigation Summary* for eleven (11) sexual abuse allegations following the completion of the investigation, where the outcome of the investigation was not unfounded. Eight (8) investigations are still ongoing, and one (1) was determined to be unfounded, and the incident review was not required. The auditor found the completed sexual abuse incident review form in the 11 investigation files where the outcome was not unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.86(d).** *FDC Form DC6-2076 Sexual Abuse Incident Review/Facility Investigation* was provided to the auditor in the PAQ. This form is utilized by FDC to document the incident review meeting information. The form documents the incident review team's consideration of: 1. Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, gang affiliation, or other group dynamics; 3. Examine the area in the facility for physical barriers which may enable abuse; 4. Assess adequacy of staffing levels during different shifts; 5. Assess if monitoring technology should be adjusted to supplement supervision by staff; and 6. Prepare a report of the findings by the review team. Moore Haven also prepares a monthly report of sexual abuse reports and allegations for the Warden's review.

During the onsite phase of the audit, the auditor interviewed the Assistant Facility Administrator, the PREA compliance manager, who participates in the sexual abuse incident reviews. The PCM told the auditor that each incident review includes a review of all the items listed in this provision. He said that without this full review, Moore Haven would not continue to improve and provide an atmosphere of sexual safety. The PREA compliance manager was clear that these incident reviews are important for the institution to not just say that sexual safety is important, but to show to staff and all of administration that is important. They review potential staff failures, the level of staffing at the time of the incident, video monitoring, the physical plant, and any incarcerated individual issues, that may have led to the incident of sexual abuse. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Warden, the Facility Administrator, about the sexual abuse incident reviews. The Warden agreed that the reviews are important to providing a safe environment for the incarcerated individuals. Without carefully reviewing the incidents and taking immediate action, if necessary, then all the education and signs and talk about sexual safety is just that, talk. Action is necessary to make sure that everyone understands that safety for the incarcerated individuals is the most important thing they do. Based on this analysis,

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|  | <p>the auditor finds the facility in compliance with this provision.</p> <p><b>115.86(e).</b> Although the auditor was not provided any documentation for this provision, the information from the auditor’s interviews with staff made it clear that recommendations on incident reviews would be immediately put into practice and corrected. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response Act</i></li> <li>2. <i>SSV-2 Survey of Sexual Victimization</i></li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.87(a).</b> The agency provided the auditor with <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure lists the definitions utilized on the Bureau of Justice Statistics form <i>SSV-2 Survey of Sexual Victimization</i>. 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 <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure includes a section entitled <i>Data Collection and Analysis</i>. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The agency collects data regarding the sexual abuse incidents in the facility and aggregates it for an annual 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 <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i> in the PAQ. The procedure includes a</p> |

section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The reports contain the data necessary to complete the Bureau of Justice Statistics form SSV-2 *Survey of Sexual Victimization*. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.87(d).** The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure requires that the agency collect data from all available incident reports and documents, investigation files and sexual abuse incident reviews. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.87(e).** The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states “The PREA Coordinator will be responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics...” The procedure states that each Compliance Manager is responsible for compiling institution specific PREA data and preparing an annual corrective action plan for his/her institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.87(f).** The agency completes the *Survey of Sexual Violence (SSV)* when the request is received from the Department of Justice. Based on this analysis, the auditor finds the facility in compliance with this provision.

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| <b>115.88</b> | <b>Data review for corrective action</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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>Florida Department of Corrections 2024 Prison Rape Elimination Act (PREA) Annual Report</i></li> </ol> </li> </ol> |

3. *Moore Haven Correctional Facility - 2025 PREA Facility Corrective Action Plan*
  4. Florida Department of Corrections Website
2. Interviews:
1. Specialized staff

**Findings (by provision):**

**115.88(a).** The agency provided the auditor with *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* in the PAQ. The procedure includes a section entitled *Data Collection and Analysis*. The procedure states that data collected will be utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. The agency provided the auditor with a copy of the *Moore Haven Correctional Facility - 2025 PREA Facility Corrective Action* in the PAQ. The Plan is complete and includes a comparison of the 2024 data with the 2025 data. The auditor was also provided with a copy of the *Florida Department of Corrections 2024 Prison Rape Elimination Act (PREA) Annual Report*.

The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In those responses, the Secretary of Corrections explained that the sexual abuse data is collected annually and utilized to complete the *Survey of Sexual Victimization*. The data is collected from all facilities that house Department incarcerated individuals. The data is reviewed by the PREA Coordinator who completes a report of the findings and any potential corrective action. The information is utilized to detect any deficiencies or areas of concern and is utilized to promote better policy and practice. The auditor was provided written responses to the PREA audit interview questions from the PREA coordinator. The PREA coordinator also confirmed the annual data collection. She stated that it was secured annually at the statewide level from each of their corrections facilities, including those that are operated by a contractor, like the Moore Haven institution. Corrective action is taken based on the issues noted and reported on an annual statewide corrective action plan. The plan is posted on the Department's public website. All issues are reviewed, and actions are taken for the prevention of future incidents. The auditor interviewed the PREA compliance manager during the onsite audit, who confirmed the aggregate data review annually. She stated that this might provide information that can be utilized to alter staffing or provide changes to training and education. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.88(b).** The auditor reviewed copies of the agency's annual report for 2025 and confirmed that the report contains information related to this provision. The report includes a comparison of the current year's sexual abuse incident data and corrective actions with those from prior years. Based on this analysis, the auditor finds the facility in compliance with this provision.

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|  | <p><b>115.88(c).</b> The auditor was provided written responses to the PREA audit interview questions from the Agency Head. In those responses the Secretary of Corrections stated that he is responsible for reviewing and approving the annual PREA report. The auditor was provided a copy of the <i>Florida Department of Corrections 2024 Prison Rape Elimination Act (PREA) Annual Report</i>. The annual report is posted to the agency website for public review. The auditor found the annual corrective action plan for 2015 through 2024 on the agency website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.88(d).</b> The auditor was provided written responses to the PREA audit interview questions from the PREA coordinator. In those responses, the PREA coordinator stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the website and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.89</b> | <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. <i>FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response</i></li> <li>2. <i>Moore Haven Correctional Facility - 2023 PREA Facility Corrective Action Plan</i></li> <li>3. Florida Department of Corrections 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> All data included in the annual reporting is secured at the statewide level in secure data storage. This was confirmed through written interview responses from the PREA coordinator. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.89(b).</b> The agency posts the annual report to the agency website. The auditor found the annual corrective action plan for 2015 through 2024 on the agency website. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

**115.89(c).** The auditor was provided written responses to the PREA audit interview questions from the PREA coordinator. In those responses, the PREA coordinator stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the website and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.89(d).** *FDC Procedure 602.053 - Prison Rape: Prevention, Detection, and Response* was included in the PAQ. The procedure includes the following language regarding the storage of data: Case or investigation records, including but not limited to, any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. Based on this analysis, the auditor finds the facility in compliance with this provision.

| 115.401 | Frequency and scope of audits   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <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>115.401(a).</b> This was the fifth audit completed by the Moore Haven Correctional Facility. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.401(b).</b> This is the first year of the fifth PREA audit cycle. The agency is actively auditing one-third of their facilities during the first year of the 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</p> |

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|  | <p>incarcerated individuals. 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 33 incarcerated individuals. The institution provided a private room for the auditor to meet with each incarcerated individual 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 room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |
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| <b>115.403</b> | <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> <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>115.403(f).</b> This was the fifth audit completed by Moore Haven Correctional Facility. The prior audit reports are posted to the Florida Department of Corrections website as required by this provision and the auditor understands that this audit report will be posted properly after FDC receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> |

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

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|                   | that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)   |     |
| <b>115.13 (a)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into   | yes |

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|                   | consideration: Any applicable State or local laws, regulations, or standards?   |     |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?   | yes |
|                   | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?                                      | yes |
|                   | Is this policy and practice implemented for night shifts as well as day shifts?   | yes |
|                   | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?                            | yes |

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| <b>115.14 (a)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na  |
| <b>115.14 (b)</b> | <b>Youthful inmates</b>   |     |
|                   | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | na  |
|                   | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>   |     |
|                   | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | na  |
|                   | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
|                   | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)  | na  |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?   | yes |
| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | na  |
|                   | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the  | na  |

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|                   | facility does not have female inmates.)   |     |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?   | na  |
| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?     | yes |
|                   | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?   | yes |
|                   | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?   | yes |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.16 (a)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  | yes |
|                   | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |

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|                   | 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 |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |     |

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|                   | 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  | yes |

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|--|--|-----|
|  | consent or refuse?   |     |
|  | 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) 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) 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) 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) 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) 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  | yes |

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|                   | 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?   |     |
|                   | 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  | yes |

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|                   | agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)   |     |
| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                   | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |
|                   | Has the agency documented its efforts to provide SAFEs or SANEs?   | yes |
| <b>115.21 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?   | yes |
|                   | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)  | na  |

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|                   | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |
| <b>115.21 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                   | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.21 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | yes |
| <b>115.21 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na  |
| <b>115.22 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  | yes |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?   | yes |
| <b>115.22 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                   | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  | yes |

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|                   | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  | yes |
|                   | Does the agency document all such referrals?   | yes |
| <b>115.22 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| <b>115.31 (a)</b> | <b>Employee training</b>   |     |
|                   | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?                             | yes |
|                   | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  | yes |
|                   | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.  | na  |
|                   | Does the agency train all employees who may have contact with  | yes |

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|                   | inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  |     |
| <b>115.31 (b)</b> | <b>Employee training</b>  |     |
|                   | Is such training tailored to the gender of the inmates at the employee's facility?  | yes |
|                   | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?   | yes |
| <b>115.31 (c)</b> | <b>Employee training</b>  |     |
|                   | Have all current employees who may have contact with inmates received such training?  | yes |
|                   | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                   | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.31 (d)</b> | <b>Employee training</b>  |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |

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|                   | 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 |

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|                   | 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>   |     |

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|                   | 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   | yes |

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|                   | health care practitioners who work regularly in its facilities.)  |     |
| <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   | yes |

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|                   | criteria to assess inmates for risk of sexual victimization: (4)<br>Whether the inmate has previously been incarcerated?  |     |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5)<br>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)<br>Whether the inmate has prior convictions for sex offenses against an adult or child?  | yes |
|                   | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8)<br>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)<br>Whether the inmate is detained solely for civil immigration purposes?  | yes |
| <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 |

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| <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   | yes |

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|                   | being sexually abusive, to inform: Education Assignments?   |     |
|                   | 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>   |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.42 (d)</b> | <b>Use of screening information</b>   |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.42 (e)</b> | <b>Use of screening information</b>   |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.42 (f)</b> | <b>Use of screening information</b>   |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <b>115.42 (g)</b> | <b>Use of screening information</b>   |     |
|                   | This provision is no longer applicable to your compliance finding, please select N/A.   | na  |
| <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  | yes |

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|                   | are at high risk of sexual victimization have access to: Programs to the extent possible?  |     |
|                   | 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   | yes |

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|                   | can be arranged?  |     |
| <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>   |     |

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|                   | 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?<br>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. | no  |
| <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,   | yes |

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|                   | 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.)  |     |
|                   | 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?  | yes |

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|                   | (N/A if agency is exempt from this standard.)   |     |
|                   | 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  | yes |

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|                   | understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  |     |
|                   | 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  | yes |

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|                   | confidentiality, at the initiation of services?  |     |
| <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   | yes |

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|                   | required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?   |     |
|                   | 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  | yes |

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|                   | with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?   |     |
|                   | 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 |

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|                   | 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   | yes |

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|                   | evidence, including any available physical and DNA evidence and any available electronic monitoring data?  |     |
|                   | 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>   |     |

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|                   | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  | yes |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                   | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  | yes |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>   |     |
|                   | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?   | yes |
| <b>115.73 (b)</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.)                 | yes |
| <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  | yes |

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|  | 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?  |     |
|  | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|  | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.73 (d) Reporting to inmates</b>             |  |     |
|  | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|  | Following an inmate's allegation that he or she has been sexually 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) Reporting to inmates</b>             |  |     |
|  | Does the agency document all such notifications or attempted notifications?  | yes |
| <b>115.76 (a) 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) Disciplinary sanctions for staff</b> |  |     |
|  | Is termination the presumptive disciplinary sanction for staff who   | yes |

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|                   | have engaged in sexual abuse?   |     |
| <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>   |     |

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|                   | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?   | yes |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>  |     |
|                   | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>  |     |
|                   | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  | yes |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>  |     |
|                   | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>  |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish 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). | yes |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>   |     |

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|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)                            | yes |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).                  | na  |
| <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 |

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| <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.) | na  |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph §  | na  |

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|                   | 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.) |     |
| <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>   |     |

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|                   | 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 |
|                   | The subsection of this provision is no longer applicable to your compliance finding, please select N/A.   | na  |
|                   | 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,  | yes |

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|                   | investigation files, and sexual abuse incident reviews?  |     |
| <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.)   | yes |
| <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   | yes |

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|                    | 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?  |     |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?   | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                   | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by  | na  |

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|                    | 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.)   |     |
| <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 |