

# PREA Facility Audit Report: Final

**Name of Facility:** Palm Beach County Main Detention Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 02/28/2023

**Date Final Report Submitted:** 09/12/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 09/12/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	01/17/2023
<b>End Date of On-Site Audit:</b>	01/19/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Palm Beach County Main Detention Center
<b>Facility physical address:</b>	3228 Gun Club Road, West Palm Beach, Florida - 33406
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Captain Patrice Quinn
<b>Email Address:</b>	Quinnp@pbso.org
<b>Telephone Number:</b>	561688-4396

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Colonel Alfonso Starling
<b>Email Address:</b>	StarlingA@pbso.org
<b>Telephone Number:</b>	561-688-4417

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Meredith Scott
<b>Email Address:</b>	scottm@pbso.org
<b>Telephone Number:</b>	O: (561) 688-4388
<b>Name:</b>	Joy Ozelie
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<b>Name:</b>	Mary Wright
<b>Email Address:</b>	wrightme@pbso.org
<b>Telephone Number:</b>	O: (561) 688-4433

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Nancy Finisse HSA, MSM, CCHP
<b>Email Address:</b>	NFinisse@Wellpath.us
<b>Telephone Number:</b>	561-688-4669

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	3154
<b>Current population of facility:</b>	1892
<b>Average daily population for the past 12 months:</b>	1866
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	15 - 89
<b>Facility security levels/inmate custody levels:</b>	Maximum, medium and minimum
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	910
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	318
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	38

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Palm Beach County Sheriff's Office
<b>Governing authority</b>	

<b>or parent agency (if applicable):</b>	
<b>Physical Address:</b>	3228 Gun Club Road, West Palm Beach, Florida - 33406
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Patrice Quinn	<b>Email Address:</b>	quinnp@pbso.org

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	

4

- 115.17 - Hiring and promotion decisions
- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.67 - Agency protection against retaliation

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-17
2. End date of the onsite portion of the audit:	2023-01-19

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3154
15. Average daily population for the past 12 months:	1866
16. Number of inmate/resident/detainee housing units:	51
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1933
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	27
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	42
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	94

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>89</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>4</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>16</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>25</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility advised they only had two inmates with a cognitive disability, however they had four housing units of mental health status inmates.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>910</p>



<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>38</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>318</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>22</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The following inmates were selected from the housing units: five from West - A; one from West - B; one from West - D; two from West E; one from West - F; two from Main South 2; one from Main South 3; six from Main South 4; five from Main South 6; one from Main South 7; one from Main South 8; two from Main South 10; four from Main South 12; one from Main West 1; three from Main West 2; four from Main West 3; one from Main West 4; two from Main West 5 and three from Main West 6.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>33 of the inmates interviewed were male, nine were female and two were transgender female. 20 of the inmates interviewed were black, eleven were white, seven were Hispanic, and six were another race/ethnicity. With regard to age, five were under the age of eighteen; eight were between eighteen and 25; fourteen were 26-35; nine were 36-45; three were 46-55 and five were 56 or older. 34 of the inmates interviewed were at the facility less than a year and ten were at the facility between one to five years.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>22</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>3</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></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 auditor handbook requires inmates from physical, vision and hearing combined. The auditor reviewed from the two other categories. Additionally, both inmates identified with vision impairment were released the first day of the on-site portion of the audit.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>3</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor reviewed the list of inmates who reported sexual abuse as well as the current inmates the facility deemed at high risk.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

**71. Enter the total number of RANDOM STAFF who were interviewed:**

18

**72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)**

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

**If "Other," describe:**

Race, Ethnicity, Gender

**73. Were you able to conduct the minimum number of RANDOM STAFF interviews?**

- Yes
- No

**74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

Security staff mainly make up three shifts, 8am-4pm; 4pm-12am and 12am-8am. Five staff were interviewed from the 8am-4pm shift, seven were interviewed from the 4pm-12am shift and six were interviewed from the 12am-8am shift. With regard to the demographics of the random staff interviewed, seven were male and eleven were female. Nine were black, five were white and four were Hispanic. Two were Correctional Support Personnel (CSP), ten were Deputy Sheriff's, three were Sergeants, two were Lieutenants and one was a Captain.

### Specialized Staff, Volunteers, and Contractor Interviews

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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	33
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

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

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



	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Mailroom
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
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**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>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

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

The on-site portion of the audit was conducted on January 17-19, 2023. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documentation to review. The auditor conducted a tour of the West Detention Center on January 18, 2023 and of the Main Detention Center on January 19, 2023. The tour included all areas associated with the Main and West Detention Centers, to include; housing units, laundry, warehouse, intake, vocation, food service, health services, chapel, education and administration. It should be noted that the agency does not offer in-person visitation, all visitation is conducted via video. Additionally, all housing units have their own recreation area that is indoor/outdoor and as such there is not a gymnasium or separate recreation area. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the

television channel.

Third party reporting information is contained on the Zero Tolerance Poster. Neither facility has in-person visitation and as such information is not required to be posted in that area. However, the posters are required to be displayed in public entrance areas. The auditor observed the posters at the Main Detention Center but did not observe them at the West Detention Center.

During the tour the auditor confirmed the facility follows the staffing plan. There was at least one Deputy in the open bay style housing units and the housing units with youthful inmates. The remaining housing units had adequate staff responsible for supervision of the areas. In areas where Deputies were not directly assigned, routine security checks were required. The auditor did not observe any issues with over-crowding. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor identified a few blind spots, however staffing levels and routine security checks alleviated most of the concerns. The auditor recommended cameras for these areas to supplement staff supervision. Conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors conduct at least two rounds a shift. Informal conversation with inmates indicated that staff make rounds at least every hour and that they see a supervisor a few times a day.

During the tour the auditor observed a plethora of cameras in housing units and common areas at the West Detention Center and limited cameras at the Main Detention Center. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The agency was in the process of updating video

monitoring technology at the Main Detention Center. The auditor recommended that cameras be installed throughout the Main Detention Center in housing units and common areas. Cameras, with the exception of those in suicide observation cells, are not actively monitored by staff. Cameras are mainly utilized by administrative staff and investigative staff for investigative purposes.

A review of the cameras noted cross gender viewing issues at the West Detention Center in the intake holding cells and observation cells in health services. The facility staff indicated that strip searches are conducted in the holding cells on camera. Additionally, the observation cells were equipped with toilets. Staff were actively viewing the cameras in the housing unit. Post-it notes were being utilized to obstruct the view of the toilet on the monitors, however a few of the monitors were missing the post-it notes. Removal of the post-it notes indicated that inmate did not have privacy when using the restroom in these cells. At the Main Detention Center, the auditor observed that the cameras in the mental health housing units viewed the cells. While some cells had mattress style barriers placed over the windows providing privacy for the toilets, not all cells had these barriers. As such, the toilets were visible and did not provide adequate privacy for the inmates. With regard to cross gender viewing, the auditor confirmed that most inmates had adequate privacy when showering and using the restroom. Showers provided privacy via raised saloon style doors, raised walls, and/or expanded metal on open bar stock doors. The auditor did observe that the shower in restrictive housing at the West Detention Center had an open cuff port which provided viewing of genital area. Additionally, the showers in the "B" wings of the West Tower of the Main Detention Center were visible from the walkway. Staff are not directly assigned to these areas, however anyone on the tier would have view of those showering. The

auditor observed the view from the officer's station and confirmed that it was obstructed. Most toilets at the facility provided privacy through cell doors with small windows. The open bay style dorms had communal restrooms with saloon style doors and/or raise half wall barriers. It was noted that "B" wings in the West Tower of the Main Detention Center had open bar stock cell doors. The cells had toilets, however Deputies were not assigned inside the unit and the toilets were not visible from the officer's station. As such, while the open bar stock is not private, the position of staff and the opposite gender announcement indicated that inmates have privacy and are advised when opposite gender staff come onto the unit for official duties. The auditor observed that the mental health unit housing did not provide privacy when inmates were using the restroom as the cells had large windows that provided viewing in the entire cell. While some of the cells did have mattress style material barriers placed over the windows, not all had this privacy. Further, cross gender viewing was observed in the medical holding cells at the Main Detention Center. The holding cell windows were very large and those using the toilet were fully visible. During the tour the auditor viewed the strip search areas in intake. As indicated above, the West Detention Center staff advised that they strip search in the holding cells, which have cameras that are viewed and monitored. Strip searches at the Main Detention Center are conducted in a room with a barrier and a curtain. Neither facility has in-person visitation and therefore strip searches are not conducted prior to visitation. In segregated housing at both facilities, strip searches are conducted in the showers. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the breast, buttocks and

genitalia. The image was a specific detailed outline of the individual. The body scanner process is conducted as required under Standard 115.15, with male staff conducting body scans of male inmates and female staff conducting body scans of female inmates. With regard to the opposite gender announcement, the auditor heard the announcement prior to entry in each housing unit, with the exception of the mental health unit as there were already female nurses on the unit. The announcement was in English and was loud enough for those inmates without hearing impairments to hear. Informal conversation with staff and inmates indicated that the opposite gender announcement is routinely done and that there is privacy in the showers and restrooms.

Inmate files are paper and electronic. The paper files are maintained in locked filing cabinets and all requests for access to inmate files goes through the classification staff. Only those with a need to know are provided the inmate file. The initial risk screening is completed electronically and is not placed in the inmate's file. Only classification staff have access to the electronic risk screening information. The risk reassessment is completed by mental health care staff and is only accessible to medical and mental health care staff. Medical and mental health files are both paper and electronic. The records room is staffed and when it is not staffed the door is locked with limited access. Electronic records are only accessible to records clerks and medical and mental health care staff. The medical records staff member confirmed that records would not be disseminated to correctional staff.

During the tour the auditor observed the mail process at both facilities. Incoming mail at the Main Detention Center is x-rayed and sorted into two types of mail, legal and regular. Legal mail is verified and taken to the inmate. The staff make a copy of the legal mail in front of



the inmate and the original is shredded. Outgoing mail at the Main Detention Center is retrieved by the Deputies on the units and processed by the mail room. Mail is not sealed when it is brought to the mail room. Mail room staff search outgoing mail to ensure there is not any contraband. Staff indicated that they do not read outgoing mail, they simply search for contraband. The staff stated that mail to the local rape crisis center is treated as legal mail. At the West Detention Center, the incoming and outgoing mail process is the same. The staff at the mailroom stated they were unsure if mail to the local rape crisis center was treated as legal mail.

The auditor observed the intake process through a demonstration. At the Main Detention Center, inmates are provided an Inmate Rules and Regulations (Handbook), which includes the zero tolerance policy and reporting methods. Additionally, the orientation video is played on a loop and is available in English, Spanish and Creole. It should be noted that during the tour, the orientation video was not playing and the television was not on at all. At the West Detention Center, inmate are also provided a Handbook and the orientation video is played on a loop. The auditor observed the video playing at the West Detention Center on a television in intake. Chairs were in front of the television, which was adequate size. The auditor observed that the audio on the video was low and was difficult to hear. Additionally, at both units the PREA video is also shown upon intake in the housing unit. Staff advised that they go over the zero tolerance policy, the 7777 reporting mechanism, that inmates should immediately report any allegations to a Deputy, the process once an allegation is reported and other information. The staff stated this part is done one on one with each inmate and this is when they are provided their Handbook and a COVID information sheet.

The auditor was provided a demonstration of the initial risk assessment. At the West Detention Center risk assessments are completed in a cubical areas that is open and not confidential. At the Main Detention Center risk assessments are completed in private offices. The staff indicated that when they complete the full risk screening they pull up the information on the computer and ask specific questions on the screening tool. Some of the questions are related to drug use, suicide, sexual orientation, sexual victimization and gang affiliation. The staff stated that if anyone identifies as LGBTI an email is sent to the PCM. The staff stated they also make observations of the inmate and risk is based on the responses provided and the screeners interpretation. The staff stated they also view criminal history and charges of the inmate.

During the tour the auditor had an inmate demonstrate the internal reporting mechanism. The inmate pulled up the kiosk information and confirmed that PREA is not a category for reporting and as such they would have to complete a paper request. Additionally, the inmate advised that grievances are not on the kiosk either. The inmate advised they would have to ask for a paper request from staff and they would have to submit the request back to the Deputy when complete. The auditor had the inmate assist with completing the paper request on January 18, 2022. When the request was provided to the Deputy, the Deputy advised that they would read it immediately and take action when the request is submitted.

The auditor also tested the outside reporting mechanism through the 7777 hotline. The auditor called the hotline at both the Main Detention Center and the West Detention Center to confirm functionality. Inmates select a language (English or Spanish) and then press one for a collect call and enter the 7777 number. Instructions for the hotline are in

both English and Spanish. When the call is connected pre-recorded information advises that the inmate has reached the rape crisis line and a trained person will respond immediately. On the first attempt to the 7777 line the auditor was placed on hold and then hung up on. On the second attempt the auditor reached a live person who confirmed that inmates are able to report sexual abuse and that the information would be forwarded to the facility. On January 18, 2023 the auditor asked the staff member to complete the process of how they would report back to the facility to confirm functionality of the process. On January 18, 2023 the PC advised that a call was received by the on-duty supervisor from the rape crisis center related to the call. It should be noted that inmate phones are both monitored and recorded, however the call to 7777 does not require a pin number or any other identifiable number.

Additionally during the tour, the auditor asked staff to demonstrate how they complete written reports of sexual abuse and sexual harassment. A staff member pulled up the portal where incident reports are completed. The staff confirmed this portal is accessible from any computer in the facility and that each housing unit is equipped with a computer. The staff indicated that appropriate information is entered on the form and they have a sexual assault incident type that they can select. The electronic form is filled out and they can print it or they can electronically send it to the staff member that they mark it should go to. The staff demonstrated that they can choose who the report goes to, such as Captain, Lt, Colonel, etc.

The auditor tested the victim advocacy hotline during the tour. Inmates select a language (English or Spanish) and then press one for a collect call and enter the 7777 number. Instructions for the hotline are in both English and Spanish. When the call is connected pre-recorded information advises

that the inmate has reached the rape crisis line and a trained person will respond immediately. The auditor called the 7777 hotline number and reached a live person. The staff of the hotline advised that the line is only for sexual assault to be reported. She stated that they do not provide victim advocacy services to people in jail. She further stated that they only report the information related to incidents of sexual abuse by those in jail. The staff stated only citizens outside the jail are provided victim advocacy services through the hotline.

The auditor tested the third party reporting mechanism on December 20, 2022. The auditor called the number listed on the agency website and asked to speak to the Watch Commander. It should be noted that the website did not have an area code and as such the auditor had to look up the area code for Palm Beach. The auditor spoke with the Watch Commander who advised that they would take all the information over the phone from the reporting party and would then go get the inmate victim and escort him/her out the housing unit and to medical. She stated an incident report would be written and they would follow up with the person who reported the information. It should be noted that during the interim report the agency updated their website to include the area code for the third party reporting entity phone number.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The facility utilizes the orientation video and the PREA What You Need to Know video. The orientation video is available in English, Spanish and Creole. A review of the orientation video indicates that it includes approximately two minutes of PREA information. The video indicates the ways to report; including through the 7777 hotline and through the kiosk. A photo of the zero tolerance policy is shown and then the video advises that sexual abuse and sexual

harassment is a serious issue that affects everyone and refers the inmate to notices and rule books on reporting and preventing sexual assault. The PREA What You Need to Know video is also played on a loop in the booking area. The Main Detention Center staff stated that they go over the PREA form including advising of the zero tolerance policy, reporting mechanism and where they can find the information posted in the facility. The staff stated inmates sign the form indicating that they received the information. At the West Detention Center the orientation video is shown on a loop. The auditor observed that the video was played on a 32 inch television and that the audio to the video was low and difficult to hear. Inmates at the West Detention Center are also played the PREA What You Need to Know video daily on the inmate channel.

During inmate interviews, the auditor utilized a staff translator for the four LEP inmate interviews. The facility had numerous bilingual staff available to serve as translators on each shift.

### Documentation Sampling

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

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

Yes

No

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

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 919 staff assigned. The auditor reviewed a random sample of 52 personnel and/or training files that included eight staff hired in the previous twelve months, three staff that were promoted in the previous twelve months, fifteen contractors, six volunteers and nine medical and mental health care staff.

Inmate Files. A total of 54 inmate files were reviewed. 42 inmate files were of those that arrived within the previous twelve months, four were LEP inmates, four were disabled inmates, four were transgender or intersex inmates and seven were identified with prior sexual victimization and/or a history of prior abusiveness.

Medical and Mental Health Records. The auditor reviewed medical and mental health documentation for nineteen victims of sexual abuse or sexual harassment as well as mental health documents for seven inmates who disclosed victimization during the risk screening and/or were identified with prior sexual abusiveness.

Grievances. The auditor reviewed the two reported sexual abuse grievances as well as the grievance log and sample grievances.

Incident Reports. The auditor reviewed the incident reports associated with the nineteen investigations as well as a sample of incident reports over the previous twelve months.

Investigation Files. There were 96 allegations reported during the previous twelve months. The auditor reviewed nineteen investigations

including two criminal investigations.

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

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

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

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

	<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>	28	2	28	2
<b>Staff-on-inmate sexual abuse</b>	41	0	41	0
<b>Total</b>	69	2	69	2

**93. 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>	11	0	11	0
<b>Staff-on-inmate sexual harassment</b>	13	0	13	0
<b>Total</b>	24	0	24	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	25	0	2
<b>Staff-on-inmate sexual abuse</b>	0	40	0	0
<b>Total</b>	1	65	0	2

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	10	0	1
<b>Staff-on-inmate sexual harassment</b>	0	12	1	0
<b>Total</b>	0	22	1	1

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	10
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation 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 staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input 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>110. 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>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The auditor reviewed two additional investigations that were on the sexual abuse and sexual harassment tracker, but upon review they did not meet the definition of sexual abuse or sexual harassment under PREA standards.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 906.08 – Facility Reports</li> <li>4. Corrections Operating Procedure (COP) 917.17 – Division Security Inspection</li> <li>5. Corrections Operating Procedure (COP) 923.00 – Juvenile Admission, Classification and Housing</li> <li>6. Corrections Operating Procedure (COP) 917.11 – Searches and Contraband</li> <li>7. Corrections Operating Procedure (COP) 932.05 – Interpreters and Related Services</li> </ol>

8. General Order (GO) 304.02 – Application, Screening and Selection Process
9. Corrections Operating Procedure (COP) 908.02 – Consultants, Volunteers and Contract Personnel
10. Corrections Operating Procedure (COP) 917.25 – Crimes Committed Within a Palm Beach County Sheriff’s Office Corrections Facility
11. Corrections Operating Procedure (COP) 927.05 – Access to Programs and Services for Assisting Inmates with Disabilities
12. Corrections Operating Procedure (COP) 920.00 – Inmate Classification Process
13. Corrections Operating Procedure (COP) 920.01 – Transgender Housing
14. Corrections Operating Procedure (COP) 918.00 – Special Management Units
15. Corrections Operating Procedure (COP) 927.02 – Inmate Grievance Procedures
16. Corrections Operating Procedure (COP) 928.00 – Inmate Access to Telephones
17. General Order (GO) 506.01 – Sex Crime Investigations
18. Corrections Operating Procedure (COP) 933.00 – Volunteer Program
19. Corrections Operating Procedures (COP) 919.00 – Inmate Rules and Disciplinary Process
20. Corrections Operating Procedure (COP) 914.12 – Inmate Health Care Records
21. Corrections Operating Procedure (COP) 914.06 – Special Medical Programs
22. Wellpath Palm Beach County Jail – Response to Sexual Abuse
23. Agency Organizational Chart
24. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments



and the policies outline how the agency/facility will implement the agency/facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has a main policy that address prevention, detection and response: COP 934.00. Additionally, the agency has numerous policies that address components of sexual abuse and sexual harassment prevention, detection and response including: COP 906.08, COP 917.17, COP 923.00, COP 917.11, COP 932.05, GO 304.02, COP 908.02, COP 917.25, COP 927.05, COP 920.00, COP 920.01, COP 918.00, COP 927.02, COP 928.00, GO 506.01, COP 933.00, COP 919.00, Cop 914.12, COP 914.06 and the Wellpath Policy. COP 934.00 page 1 states the Palm Beach County Sheriff's Department of Corrections is committed to emphasizing a zero tolerance of the sexual abuse/assault/harassment of inmates, and sexual acts involving inmates regardless of consensual status, either by staff or other prisoners. Pages 1 -2 note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and page 2 states that violations of this sexual abuse policy may result in discipline up to and including termination. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC and PCM, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ indicated that the PREA Coordinator position in the organizational structure is Captain of Standards and Staff Development. A review of the agency organizational chart reflects that the PC position is an upper-level agency wide position. The PC is a Captain who reports to the Colonel of the Department of Corrections Operations who reports to the Chief Deputy. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated the agency has an accreditation team that includes four staff that serve as PREA Compliance Managers for the facility. She stated that she has daily contact with the PCMs. The PCM further stated that if she identifies an issue complying with a PREA standard she would speak to the Majors and come up with a plan for corrective action. She stated if it is a policy issue she looks at the current policy and makes appropriate revisions. The policy is then reviewed by the Majors and is forwarded through the approval process to the

Sheriff. The PC indicated that any issues, modifications or corrective action are pushed out to staff through PowerDMS and/or line-up training.

115.11 (c): The PAQ stated that the facility has a PREA Compliance Manager and the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standard. The PAQ indicated that the PCM reports to the PC. A review of the facility's organizational chart confirmed that the PCM position at the facility is the Medical Jail Inspector and this position reports directly to the PC. The interview with the PCM indicated that she has enough time to manage all of her PREA related responsibilities. She stated her main responsibility is training, including orientation and training. she stated she reviews the PowerPoints and updates anything related to the standards. The PCM indicated that if she identified an issue complying with a PREA standard she would determine if it was training related, and if it was she would update the necessary PowerPoints. She stated the other staff are hands on and respond immediately to any necessary changes.

Based on a review of the PAQ, DOC COP 934.00, COP 906.08, COP 917.17, COP 923.00, COP 917.11, COP 932.05, GO 304.02, COP 908.02, COP 917.25, COP 927.05, COP 920.00, COP 920.01, COP 918.00, COP 927.02, COP 928.00, GO 506.01, COP 933.00, COP 919.00, Cop 914.12, COP 914.06 and the Wellpath Policy, the organization charts and information from the interviews with the PC and PCM, this standard appears to be compliant.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  Documents:  1. Pre-Audit Questionnaire  Findings (By Provision):  115.12 (a): The PAQ indicated that that agency has not entered into or renewed a contract for confinement of inmates since the last PREA audit and that this provision is not applicable.

	<p>115.12 (b): The PAQ indicated that that agency has not entered into or renewed a contract for confinement of inmates since the last PREA audit and that this provision is not applicable.</p> <p>Based on the review of the PAQ, this standard appears to be not applicable and as such compliant.</p>
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<b>115.13 Supervision and monitoring</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 906.08 – Facility Reports</li> <li>3. Corrections Operating Procedure (COP) 917.17 – Division Security Inspection</li> <li>4. The Staffing Plan</li> <li>5. Daily Staffing Rosters</li> <li>6. Staffing Analysis Annual Update</li> <li>7. Documentation of Unannounced Rounds</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Jail Administrator</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with Intermediate-Level or Higher-Level Facility Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Staffing Levels</li> <li>2. Video Monitoring Technology or Other Monitoring Devices</li> </ol>

### 3. Line of Sight/Blind Spots

#### Findings (By Provision):

115.13 (a): The PAQ indicated that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. The PAQ did not indicate the number of inmates the staffing plan was predicted on but did state that the PBSO staffing plan was developed using the profile of divisions including the inmate management operational philosophy, the physical plant, the net annual work hour calculations, the facility's activity schedules, not the average daily population. The PAQ stated that posts are staffed consistently. The facility employs 910 staff. Security staff mainly make up three shifts, 8am-4pm, 4pm-12am and 12am-8am. Administrative and non-security support staff typically work Monday through Friday and have schedules ranging from 6am-6pm. A review of staffing rosters indicated that the Main Detention Center shift have a Watch Commander and Zone Supervisors. Each floor has a control staff member (CSP) and at least two Deputies. Additionally staff are assigned to the kitchen, central control, intake, release, sanitation, programs, lobby, recreation and relief. The West Detention Center staffing rosters indicate that each shift has a Watch Commander as well as Zone Supervisors. Each housing areas (four pods) has at least three Deputies assigned. Additional staff are assigned to control, kitchen, utility, sanitation and relief. During the tour the auditor confirmed the facility follows the staffing plan. There was at least one Deputy in the open bay style housing units and the housing units with youthful inmates. The remaining housing units had adequate staff responsible for supervision of the areas. In areas where Deputies were not directly assigned, routine security checks were required. The auditor did not observe any issues with over-crowding. The auditor confirmed that the physical plant of the housing units provided an adequate line of sight. The auditor identified a few blind spots, however staffing levels and routine security checks alleviated most of the concerns. The auditor recommended cameras for these areas to supplement staff supervision. Conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors conduct at least two rounds a shift. Informal conversation with inmates indicated that staff make rounds at least every hour and that they see a supervisor a few times a day. The auditor also observed a plethora of cameras in housings units and common areas at the West Detention Center and limited cameras at the Main Detention Center. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The agency was in the process of updating video monitoring technology at the Main Detention Center. The auditor recommended that cameras be installed throughout the Main Detention Center in housing units and common areas. Cameras, with the exception of those in suicide observation cells, are not actively monitored by staff. Cameras are mainly utilized by administrative staff and investigative staff for

investigative purposes. The interview with the Jail Administrator confirmed the facility has a staffing plan and that the staffing plan provides adequate levels to protect inmates from sexual abuse. The Jail Administrator stated staffing is based on housing and each housing unit requires a Deputy to be assigned, except in the linear housing units. He stated video monitoring technology is part of the staffing plan, but it is not currently in all of the areas of the facility. She confirmed they are in the process of adding additional cameras to the main detention center. The Jail Administrator stated the staffing plan is documented in the staffing analysis. The Jail Administrator confirmed that they consider the required components under this provision. She noted that the agency utilizes the NIC staffing guidelines which includes the agency's inmate management philosophy, physical plant, work hours and facility schedule. She further stated that the agency determines the minimum number of staff needed to ensure inmate safety. Further communication with the Jail Administrator indicated the agency checks for compliance with the staffing plan through a review of the daily roster for all three shifts. The interview with the PCM indicated she does not deal with the staffing plan and that the PC would be a better person to speak to regarding the staffing plan development and review process. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and on an as needed basis. She stated she is consulted annually about shifts, however the staffing plan is fixed posts, which never change.

115.13 (b): The PAQ indicated that this provision does not apply and that the agency utilizes mandated and voluntary overtime to cover positions when necessary. The interview with the Jail Administrator confirmed that any deviations from the staffing plan are documented. She stated if a Deputy does not come to work and they do not get any volunteers for overtime, they will mandate staff for overtime. She indicated that the agency is never in non-compliance with the staffing plan.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. COP 906.08, page 2 states a comprehensive staffing analysis is conducted annually. The staffing analysis is used to determine staffing needs and plans. Relief factors are calculated for each classification of staff that is assigned to relieve posts or positions. Essential posts and positions, as determined in the staff plan, are consistently filled with qualified personnel. The staffing plan was most recently reviewed in 2021 (no exact date). The 29 page review includes an introduction, history, changes, staff coverage plan, schedule plans and recommendations. The recommendations section includes tables related to each position's current allocation and the recommended coverage. The prior staffing plan reviews were completed in 2020 and 2019 (no exact date). The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and on an as needed basis. She stated she is consulted annually about shifts, however the staffing plan is fixed posts, which never change.

115.13 (d): The PAQ indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The PAQ further stated that the unannounced rounds are documented and cover all shifts. The PAQ also stated that the facility prohibits staff from alerting other staff of the conduct of such rounds. COP 934.00, page 6 states supervisors shall conduct and document unannounced rounds to identify and potentially deter staff sexual abuse and harassment of inmates. COP 917.17, page 1 states intermediate-level or higher-level supervisors on all shifts will conduct unannounced rounds to identify and deter staff sexual abuse/harassment. These rounds will be documented on the chronological. Staff is prohibited from alerting other staff of such rounds being conducted. A review of the PAQ supplemental documentation review confirmed that unannounced rounds are made across all three shifts. The documentation showed unannounced rounds on three different days, one shift per day. An additional review of documentation for pre-selected days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds are made across all three shift in the housing units. Informal conversation with staff and inmates indicated that Deputies make rounds every 30 minutes, Sergeants make two rounds a shift and the Lieutenant makes at least one round per shift. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds and that the rounds are documented by the Deputies on the chronological log in each housing unit. The intermediate or higher level supervisor stated they ensure other staff don't notify one another they are making rounds by popping in and out of dorms, by going to areas on different shifts and by taking different routes during the rounds.

Based on a review of the PAQ, COP 906.08, COP 917.17, the Staffing Plan, Daily Staffing Rosters, Staffing Analysis Annual Update, Documentation of Unannounced Rounds, observations made during the tour and interviews with the Jail Administrator, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

#### Recommendation

The auditor recommends that the annual staffing review include information related to video technology as well as signatures of the staff who participated in the review as well as a date the review was completed. Additionally, the Main Detention Center has limited video monitoring technology. The auditor highly recommends that cameras be installed in all housing units, the warehouse and other common areas. Additionally, at the West Detention Center the auditor recommends that cameras be installed in the laundry, warehouse and dry storage of food service.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 923.00 – Juvenile Admission, Classification and Housing</li> <li>3. Corrections Operating Procedure (COP) 918.00 – Special Management Units</li> <li>4. Population Age Report</li> <li>5. Youthful Inmate Housing Assignments</li> <li>6. Confirmation of Programming, Education and Recreation</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Youthful Inmates</li> <li>2. Interview with Staff who Supervise Youthful Inmates</li> <li>3. Interview with Program and Education Staff who Work with Youthful Inmates</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Housing of Youthful Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ stated that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through the use of shared dayrooms or other common space, shower area or sleeping quarters. The PAQ further stated the facility has housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters and that the facility does not place youthful inmates in the same housing unit as adults. The PAQ indicated that in the last twelve months, there have been three housing units to which youthful inmates have been assigned that provided sight and sound separation between youthful and</p>

adult inmates in dayrooms, common areas, showers and sleeping quarters and that zero youthful inmates were placed in the same housing unit as adults. COP 923.00, pages 2-3 state juveniles are housed in a specialized unit for juveniles except when: a violent, predatory juvenile poses an undue risk of harm to others, and then he/she will be housed within the specialized unit, but under special management policy and procedure; a qualified medical or mental health specialist documents that the juveniles would benefit from placement outside the unit; or a written report of the specific reasons for housing a juvenile outside the specialized unit and a case-management plan specifying what behaviors need to be modified and how the juvenile may return to the unit. Juveniles in the specialized unit have no more than incidental sight or sound, contact with adult offenders from outside the unit in living, program, dining, or other common areas of the facility. Any other sight or sound contact is minimized, brief, and in conformance with applicable legal requirements. A review of population reports from January 2022 through October 2022 confirm that the facility housed between 20 and 30 youthful inmates throughout the year. The interviews with the line staff who supervise youthful inmates indicated that the agency maintains sight and sound separation between youthful inmates and adult inmates. The staff stated the youthful inmates have separate housing from adults and adults never come near the dorms. Both staff confirmed that youthful inmates are not placed in segregation to comply with this provision. The interviews with youthful inmates confirmed that they are not housed with adult inmates and they do not have contact with them through use of shared dayrooms or other common spaces. During the tour the auditor observed that youthful inmates were located in two housing units on the top floor of the Main Detention Center. The auditor observed that programs were provided daily, to include education, in the common area and classrooms of each housing unit. Additionally, each housing unit had its own recreation area. Adult inmates were not housed in the unit or on the same floor as the male youthful inmates. The one female youthful inmate was housed in the medical unit. Adult inmates are housed on the medical unit, however she was separated by physical and sight. Sound separation was difficult to achieve, however she was at the far end of the medical unit away from most of the adults. Numerous staff, to include a Deputy has direct supervision of the juvenile at all times. She does not share a dayroom, shower or other common area with any adults. The female youthful inmate had separate times for all services and did not come in contact with adults when outside of the medical cell. A review of documentation confirmed that the female youthful inmate has been provided regular recreation and programming. On the first day of the audit the facility housed 27 youthful inmates. All 26 male youthful inmates were housed in the two units on the twelfth floor and the one female youthful inmate was housed in the medical unit.

115.14 (b): The PAQ indicated that the facility maintains sight, sound and physical separation between youthful inmates and adult inmates in areas outside housing units and the agency always provides direct staff supervision in areas outside housing units where youthful inmates have sight, sound or physical contact with adults. COP 923.00, pages 2-3 state juveniles in the specialized unit have no more than incidental



sight or sound, contact with adult offenders from outside the unit in living, program, dining, or other common areas of the facility. Any other sight or sound contact is minimized, brief, and in conformance with applicable legal requirements. The interviews with the line staff who supervise youthful inmates confirmed that in areas outside of the housing unit the agency provides direct staff supervision of the youthful inmates. Staff indicated that a Deputy is with the youthful inmates at all times and they are always escorted by a Deputy. The interviews with youthful inmates confirmed that in areas outside of their housing unit they have direct staff supervision. The youthful inmates stated the only time they come in contact with adult inmates is when they are taken to medical. The inmates stated they are escorted to medical and any other area outside of the housing unit by a Deputy. The interview with education and program staff who work with youthful inmates confirmed that there is direct supervision when youthful inmates and adult inmates come in contact. During the tour the auditor observed that male youthful inmates are housed on the top floor of the Main Detention Center. Adult inmates were not housed in the unit or on the same floor as the male youthful inmates. The one female youthful inmate was housed in the medical unit. Adult inmates are housed on the medical unit, however she was separated by physical and sight. Sound separation was difficult to achieve, however she was at the far end of the medical unit away from most of the adults. Numerous staff, to include a Deputy has direct supervision of the juvenile at all times. She does not share a dayroom, shower or other common area with any adults. The female youthful inmate had separate times for all services and did not come in contact with adults when outside of the medical cell. All youthful inmates are directly supervised by at least one Deputy in each housing unit and have direct supervision inside housing units and outside housing units.

115.14 (c): The PAQ indicated that the facility documents the exigent circumstances for each instance in which youthful inmates' access to large muscle exercise, legally required education services and other programs and work opportunities are denied. The PAQ noted there were zero youthful inmates placed in isolation in order to separate them from adults in the previous twelve months. COP 923.00, page 3 states a rotational schedule shall be utilized to ensure every inmate has access to programs and services to include, but are not limited to, the following: religious activity; library services, including law library; educational; social services; psychological counseling; leisure time activities, which may include television, movies, cards, checkers, chess, etc. as authorized by the facility commander; and access to recreation opportunities and equipment, including a minimum of one hour daily physical exercise outside the cell and outdoors in a recreation area, when weather permits. Restriction against participation in a specific program or service shall be: determined on an individual basis; based on the past histories of disrupting programs and service; and based on uncontrollable or violent behavior. The interviews with the line staff who supervise youthful inmates confirmed there have not been any youthful inmates placed in isolation in order to separate them from adults and as such none were denied access to education, programs and work opportunities. The interviews with youthful inmates confirmed they were never placed in segregated housing in order to separate them

	<p>from adult inmates. One youthful inmate stated he received a disciplinary infraction and remained in the same housing unit, just with restrictions. The interview with education and program staff who work with youthful inmates confirmed that the requirement of sight and sound separation does not interfere with regular programming. The staff stated that programming is completed in the youthful inmate housing units. On the first day of the audit the facility housed 27 youthful inmates. All 26 male youthful inmates were housed in the two units on the twelfth floor and the one female youthful inmate was housed in the medical unit. All youthful inmates have access to outdoor recreation, programming and education, including the one female youthful inmate.</p> <p>Based on a review of the PAQ, COP 923.00, COP 918.00, Population Age Report, Youthful Inmate Housing Assignments, Confirmation of Programming, Education and Recreation, observation made during the tour and interviews with Youthful Inmates, Staff who Supervise Youthful Inmates and Program and Education Staff who Work with Youthful Inmates indicates that this standard appears to be compliant.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 917.11 - Searches and Contraband</li> <li>3. Corrections Operating Procedure (COP) 917.17 - Division Security Inspection</li> <li>4. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>5. PREA 004 - Cross Gender (PREA Resource Center Guidance on Cross-Gender and Transgender Pat Searches)</li> <li>6. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with Random Inmates</li> <li>3. Interview with Transgender or Intersex Inmates</li> </ol>

Site Review Observations:

1. Observations of Privacy in Bathrooms and Showers
2. Observation of Cross Gender Announcement
3. Observation of Video Monitoring Technology

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. COP 934.00, page 6 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. All cross-gender strip searches and cross-gender visual body cavity searches will be documented. COP 917.11, page 3 states each strip search or body scan shall be performed by a staff member of the same gender as the inmate. Any additional personnel observing the search shall also be of the same gender as the inmate. The search shall be conducted in an area where it cannot be observed by persons not associated with the search. Corrections deputies shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. In that event, the circumstances will be documented. Page 5 further states manual or instrument inspection of an inmate's body cavities may be conducted based upon reasonable suspicion the inmate is carrying in the body contraband or other prohibited material. This will be conducted in private by licensed medical staff by direction of the division commander. COP 920.01, page 2 states the inmate (LGBTI) will be searched by a deputy believed to be of the same sex.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. It further indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. COP 917.11, page 2 states correctional deputies may conduct pat down searches. Male or female officers may conduct a pat search of a male inmate, except that a female officer may not search the groin area. A female officer will pat search a female inmate. Page 3 further states all cross-gender pat-down searches of female inmates shall be documented, and only conducted when exigent circumstances exist. Female inmates out of cell opportunities or regularly available programming shall not be restricted in order to comply and does not constitute an exigent circumstance. COP 920.01, page 2 states the inmate (LGBTI) will be searched by a deputy believed to be

of the same sex. The PAQ indicated there were zero pat-down searches of female inmates that were conducted by male staff. Interviews with eighteen random staff confirmed all eighteen were unaware of a time that a female inmate was restricted from going somewhere because there was not a female staff member available to conduct a search. Most staff indicated there is always a female available as they can pull from other divisions of the agency. Interviews with eight female inmates and two transgender inmates indicated that none had been restricted from access to regularly available programming in order to comply with this provision.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also stated that all cross gender pat searches of female inmates are required to be documented. COP 934.00, page 6 states the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. All cross-gender strip searches and cross-gender visual body cavity searches will be documented. Additionally, it states all cross-gender pat-down searches of female inmates shall be documented. COP 917.11, page 3 states each strip search or body scan shall be performed by a staff member of the same gender as the inmate. Any additional personnel observing the search shall also be of the same gender as the inmate. The search shall be conducted in an area where it cannot be observed by persons not associated with the search. Corrections deputies shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. In that event, the circumstances will be documented. Page 5 further states manual or instrument inspection of an inmate's body cavities may be conducted based upon reasonable suspicion the inmate is carrying in the body contraband or other prohibited material. This will be conducted in private by licensed medical staff by direction of the division commander.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ also stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. COP 934.00, page 6 states inmates shall be allowed to shower, perform bodily functions, and change clothing without "non-medical" staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks, etc. Additionally, it states all staff of the opposite gender of the housing units will announce their presence when entering the unit ("knock and announce"). COP 917.17, page 1 states all staff of the opposite gender of the housing unit will announce their presence when entering the unit. During the tour the auditor

observed the video monitoring technology. A review of the cameras noted cross gender viewing issues at the West Detention Center in the intake holding cells and observation cells in health services. The facility staff indicated that strip searches are conducted in the holding cells on camera. Additionally, the observation cells were equipped with toilets. Staff were actively viewing the cameras in the housing unit. Post-it notes were being utilized to obstruct the view of the toilet on the monitors, however a few of the monitors were missing the post-it notes. Removal of the post-it notes indicated that inmate did not have privacy when using the restroom in these cells. At the Main Detention Center, the auditor observed that the cameras in the mental health housing units viewed the cells. While some cells had mattress style barriers placed over the windows providing privacy for the toilets, not all cells had these barriers. As such, the toilets were visible and did not provide adequate privacy for the inmates. With regard to cross gender viewing, the auditor confirmed that most inmates had adequate privacy when showering and using the restroom. Showers provided privacy via raised saloon style doors, raised walls, and/or expanded metal on open bar stock doors. The auditor did observe that the shower in restrictive housing at the West Detention Center had an open cuff port which provided viewing of genital area. Additionally, the showers in the "B" wings of the West Tower of the Main Detention Center were visible from the walkway. Staff are not directly assigned to these areas, however anyone on the tier would have view of those showering. The auditor observed the view from the officer's station and confirmed that it was obstructed. Most toilets at the facility provided privacy through cell doors with small windows. The open bay style dorms had communal restrooms with saloon style doors and/or raise half wall barriers. It was noted that "B" wings in the West Tower of the Main Detention Center had open bar stock cell doors. The cells had toilets, however Deputies were not assigned inside the unit and the toilets were not visible from the officer's station. As such, while the open bar stock is not private, the position of staff and the opposite gender announcement indicated that inmates have privacy and are advised when opposite gender staff come onto the unit for official duties. The auditor observed that the mental health unit housing did not provide privacy when inmates were using the restroom as the cells had large windows that provided viewing in the entire cell. While some of the cells did have mattress style material barriers placed over the windows, not all had this privacy. Further, cross gender viewing was observed in the medical holding cells at the Main Detention Center. The holding cell windows were very large and those using the toilet were fully visible. During the tour the auditor viewed the strip search areas in intake. As indicated above, the West Detention Center staff advised that they strip search in the holding cells, which have cameras that are viewed and monitored. Strip searches at the Main Detention Center are conducted in a room with a barrier and a curtain. Neither facility has in-person visitation and therefore strip searches are not conducted prior to visitation. In segregated housing at both facilities, strip searches are conducted in the showers. The facility utilizes a body scanner for strip searches and visual body cavity searches. The auditor reviewed the process and observed the visual output of the body scanner. The auditor observed that the body scanner image depicted a human figure with an outline of the breast, buttocks and genitalia. The image was a specific detailed outline of the individual. The body scanner process is conducted as required under Standard 115.15, with male staff conducting body scans of male inmates and female staff

conducting body scans of female inmates. With regard to the opposite gender announcement, the auditor heard the announcement prior to entry in each housing unit, with the exception of the mental health unit as there were already female nurses on the unit. The announcement was in English and was loud enough for those inmates without hearing impairments to hear. Informal conversation with staff and inmates indicated that the opposite gender announcement is routinely done and that there is privacy in the showers and restrooms. Interviews with 44 inmates indicated that 39 had privacy from opposite gender staff when showering, using the restroom and changing clothes. All eighteen staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all eighteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 34 of the 44 inmates stated staff of the opposite gender announce prior to entering the housing areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. COP 934.00, page 3 states inmates will not be searched or physically examined for the sole purpose of determining the inmate's genital status. If that status is unknown it may be determined through conversations with the inmate, review of medical records by the health care provider or if necessary by learning that information by part of a broader medical examination conducted in private by a medical practitioner. COP 917.11, page 3 states no searches or physical examinations will be done on a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by the review of medical records through the medical provider, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. COP 920.01, page 2 states inmate's shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, review of medical records by the health care provider or if necessary by learning that information by part of a broader medical examination conducted in private by a medical practitioner. Interviews with eighteen staff indicated all eighteen were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with two transgender inmates further confirmed that neither were ever searched for the sole purpose of determining their genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates COP 917.11, page 5 states all security staff will be trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible,

consistent with security needs. A review of the PREA 004 – Cross Gender confirms that the training is the PREA Resource Center’s video titled Guidance on Cross-Gender and Transgender Pat Searches. A review of training records for 20 staff confirmed all 20 received the search training. All eighteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates. It should be noted one staff member provided incorrect information related to transgender search techniques.

Based on a review of the PAQ, COP 917.11, COP 917.17, COP 934.00, PREA 004 – Cross Gender (PREA Resource Center Guidance on Cross-Gender and Transgender Pat Searches), Staff Training Records, observations made during the tour as well as information from interviews with random staff, random inmates and the transgender inmates indicates this standard appears to require corrective action. During the tour the auditor noted numerous cross gender viewing issues at both facilities. These issues were noted both physically and via video monitoring technology. A review of the cameras noted cross gender viewing issues at the West Detention Center in the intake holding cells and observation cells in health services. The facility staff indicated that strip searches are conducted in the holding cells on camera. Additionally, the observation cells were equipped with toilets. Staff were actively viewing the cameras in the housing unit. Post-it notes were being utilized to obstruct the view of the toilet on the monitors, however a few of the monitors were missing the post-it notes. Removal of the post-it notes indicated that inmate did not have privacy when using the restroom in these cells. At the Main Detention Center, the auditor observed that the cameras in the mental health housing units viewed the cells. While some cells had mattress style barriers placed over the windows providing privacy for the toilets, not all cells had these barriers. As such, the toilets were visible and did not provide adequate privacy for the inmates. The auditor observed that the shower in restrictive housing at the West Detention Center had an open cuff port which provided viewing of genital area. Additionally, the showers in the “B” wings of the West Tower of the Main Detention Center were visible from the walkway. The auditor observed that the mental health unit housing did not provide privacy when inmates were using the restroom as the cells had large windows that provided viewing in the entire cell. While some of the cells did have mattress style material barriers placed over the windows, not all had this privacy. Further, cross gender viewing was observed in the medical holding cells at the Main Detention Center. The holding cell windows were very large and those using the toilet were fully visible.

#### Corrective Action

The facility will need to alleviate all identified cross gender viewing issues under provision (d). Photos of the modifications will need to be provided to the auditor for all areas to confirm corrective action.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum on Searches
2. Email Related to Mental Health Unit Barriers
3. Photos of Modifications

On May 11, 2023 the facility provided a memo that advised that strip searches are not to be conducted in the holding cells. The memo indicated searches are to be completed in the room without a camera.

The facility provided photos illustrating the video monitoring technology in the observation cells at the West Unit were modified with a black box over the toilet area. Photos were provided of the Main Detention Center mental health unit with numerous mattress material barriers. The facility also provided an email that was sent to staff of the mental health unit that advised that any cells that house an inmate should have the mattress style barriers utilized to provide privacy. The facility provided photos confirming that glass was frosted in the medical holding cells, alleviating the cross gender viewing issues. Further, photos were provided illustrating the metal barriers that were added to the "B" wing shower areas, alleviating the cross gender viewing issues.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

<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>



Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 932.05 – Interpreters and Related Services
3. Corrections Operating Procedure (COP) 927.05 – Access to Programs and Services for Assisting Inmates with Disabilities
4. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
5. Language Line Contract
6. Inmate Rules and Regulations (Handbook)
7. Zero Tolerance Poster
8. Orientation Video
9. PREA What You Need to Know Video

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP Inmates
3. Interview with Disabled Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. COP 927.05, page 1 states the Palm Beach County Sheriff's Office Department of Corrections affords equal access for all inmates to facility programs and services, except when justified for the order of the facility, and the safety of the staff, inmates, and visitors. There is no discrimination on the basis of race, sex,

national origin, religion, political view, or disability. PBSO Department of Corrections abides by the provisions of the Americans with Disabilities Act of 1990 (ADA). Upon admission to the facility, a classification officer conducts an interview to determine any special accommodations or needs. When barriers exist which restrict access to such programs and services provisions will be made to ensure alternative access is provided. When deficiencies are known to exist, or an inmate cannot access a particular program or service due to a disability, the supervisor of the program will initiate the steps necessary to afford an alternative access for the inmate. Such alternative access may include, but is not limited to the following considerations: providing large print books, books written in braille, or audio books for the sight impaired; providing closed caption TV; use of permanent or removable grab bars or other portable-type handicap fixtures; provide video relay services in designated housing units, which allows the hearing impaired inmate the same telephone access opportunity as the rest of the population; revising inmate worker duties; providing assistance in moving from one area to another, or providing appropriate transportation needs specific to their disability; providing writing and written materials for the hearing impaired; and providing a wide selection of inmate uniform sizes, or allowing the inmate to wear his or her personal clothes. Whenever an inmate finds he or she cannot gain access to a facility program or service due to a disability, the inmate should complete an Inmate Request Form, explaining the problem and forward the request to the program supervisor. The program supervisor will investigate the situation and ensure the inmate is either provided access to the program or an alternative access method is provided. A review of the Zero Tolerance Poster confirmed that it is in black and red larger font and is available in three languages. A review of the orientation video indicated that it had information written for those that may be hearing impaired. The interview with the Agency Head Designee confirmed that the agency has established procedures to provide disabled and LEP inmates an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. He stated the agency has a language line that they utilize as well as interpreters. He further stated that the agency tries to put all information out in English, Spanish and Creole. Interviews with four LEP inmates and four disabled inmates indicated seven had received information in a format that they could understand. The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel. With regard to the opposite gender announcement, the staff verbally announced prior to entry into each housing unit in a loud tone.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. COP 923.05, page 1 states the Palm Beach County Sheriff's Office Department of Corrections (PBSO DOC) provides limited English proficient (LEP) inmates (including detainees) and members of the public (including LEP parents of minors being held by the DOC) with meaningful access to important information, rights, and services. LEP persons are individuals who do not speak English as their primary language and have a limited ability to read, write, speak, or understand English. LEP inmates will be able to both participate effectively and also receive effective communication in their language in important services, programs, and proceedings; notices of rights and responsibilities; disciplinary actions and proceedings; medical and mental health requests and services; religious, disability, and other accommodations, and the inmate request system. Page 3 states inmates who are LEP will receive notification of applicable rules, regulations, and procedures in their primary language. Intake staff will utilize appropriate language services to obtain information from, and provide information to, LEP inmates. Using signage and/or oral language services, LEP inmates will be provided information about oral and written language assistance services that will be available to them at no charge for the duration of their incarceration or supervision. Page 4 states Language Line: In the event that one of our facilities is in need of an interpreter, the Department of Corrections has contracted interpreter services (via telephone) with Language Line Services. Video Remote Interpretation (VRI): In the event that one of our facilities is in need of an interpreter qualified in American Sign Language (ASL) the Department of Corrections has contracted VRI services. Staff may utilize one or more of the following methods to assist them in effectively communicating with LEP individuals.: language identification posters (displayed in intake and housing areas) and I Speak Booklets -- to be used only to identify the language the person speaks; qualified bilingual staff speaking directly to inmates in the inmates' primary language; qualified staff or contract interpreters; Language Line Service; certified court interpreters or interpreters who are "otherwise qualified" by the courts to interpret in the court; and/or translated forms and translations of written communications from and to the inmates. Page 5 also states The Department of Corrections shall identify and select qualified staff interpreters based upon expertise. Selected bilingual staff shall be tested in Spanish, Creole, and other appropriate languages, through the Language Line University. Inmate initiated forms shall be translated in Spanish and Creole through a qualified source. Uncommon languages will be addressed on a case by case basis. The agency utilizes the Language Line Contract for the Department of Health. The auditor requested the contact information and pin to confirm that the agency is able to utilize the services under another agency's contract. The facility provided the quick reference information including the contact number, client ID and site code. The auditor tested the numbers and confirmed that they were functional and the agency was able to utilize the services. A review of the Zero Tolerance Poster, Handbook and Orientation Video confirmed that they are available in English, Spanish and Creole. The PREA What You Need to Know video is available in English and Spanish. Interviews with four LEP inmates and four disabled inmates indicated that seven had received information in a format that they could understand. During the tour the

auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel. With regard to the opposite gender announcement, the staff verbally announced prior to entry into each housing unit in English only. During inmate interviews, the auditor utilized a staff translator for the four LEP inmate interviews. The facility had numerous bilingual staff available to serve as translators on each shift.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The PAQ stated that the facility documents the limited circumstances where inmate interpreters, readers or other types of inmate assistants are used. COP 932.05, page 4 states fellow inmates are not considered approved language service providers and will not be relied upon to provide language services where potential conflicts may arise, where important services or information is being communicated, in any of the situations specifically noted above (1-8), or where accuracy is important. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with eighteen staff indicated that nine were aware of a policy that prohibits the use of inmate interpreters, translator, readers or other types of inmate assistants for sexual abuse allegations. A few staff indicated that if the inmate approved they could utilize another inmate. None of the eighteen were aware of a time an inmate was utilized to translate or assist for a sexual abuse incident. Interviews with four LEP inmates and four disabled inmates confirmed that seven had received information in a format that they could understand. None of the eight stated that another inmate was utilized to translate, interpret or assist for sexual abuse allegation purposes.

Based on a review of the PAQ, COP 932.05, COP 927.05, COP 934.00, Language Line Contract, Inmate Rules and Regulations (Handbook), Zero Tolerance Poster, Orientation Video, PREA What You Need to Know Video, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled inmates and LEP inmates indicates that this standard appears to be compliant.

Recommendation

	<p>While LEP and disabled inmates indicated that they received information in a format that they could understand, the auditor recommends that the facility establish procedures for hearing impaired and LEP inmates as it related to the opposite gender announcement. Additionally, the auditor recommends that the facility enter into their own contract with Language Line rather than piggyback off of another state agencies contract. The auditor also recommends that the prohibition under provision (c) be emphasized during the next staff training.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. General Order (GO) 304.02 - Application, Screening and Selection Process</li> <li>3. Corrections Operating Procedure (COP) 908.02 - Consultants, Volunteers and Contract Personnel</li> <li>4. Personnel Files of Staff</li> <li>5. Contractor Background Files</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The auditor requested additional documentation on policy language required under this provision, however at the issuance of the interim report the documentation</p>

was not received. A review of personnel files for eight staff who were hired in the previous twelve months indicated that all eight had a criminal background records check completed prior to hire. A review of personnel files for eight new hires confirmed they completed the application which includes the questions required under this provision. Additionally, a review of seven contractor files indicated there was no documentation for two of the contractors. The facility advised that one individual was escorted by a staff member and they had no additional documentation of the background records check. A second was denied access and the facility advised they did not have documentation because she was denied. The auditor requested hire dates for the contractors, but only two were not provided and as such the auditor was unable to confirm if a background check was completed prior to enlisting their services. One contractor had a criminal background check renewal completed and that was the only documentation provided, which was after the hire date.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The auditor requested policy language required under this provision, however at the issuance of the interim report the documentation as not received. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. GO 304.02, pages 4-5 state at a minimum, the screening process may include, but not be limited to screening of application to verify minimum qualifications, citizenship requirements, and criteria specified in the job posting. Human Resources will conduct, when applicable, pre-requisite skill testing and perform criminal history checks. Pre-background records checks may include but not be limited to: Florida Department of Law Enforcement (FDLE); Florida/National Crime Information Center (FCIC/NCIC); Department of Highway Safety and Motor Vehicles (HSMV); Credit History; Check Palm Beach County Criminal Records System (PALMS); Automated Training Management System (ATMS); and Narcotics/Strategic Intelligence Section (OCB/SIS). The PAQ indicated that 110 people had a criminal background records check which is equivalent to 100% of those reported to be hired in the previous twelve months. A review of eight personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. Of the eight, five had prior institutional employers. All five files included confirmation that prior institutional employers were contacted related to substantiated sexual abuse incidents and whether they resigned under investigation. The Human Resource staff member confirmed that a criminal background check is

completed for all newly hired employees and contractors who may have contact with inmates. The staff stated they utilize FCIC/NCIC for criminal background record checks. She further stated they check local records, the clerk of courts, sexual offender records, military records, driving record and numerous other databases.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. COP 908.02, page 2 states the security clearance sergeant will conduct a criminal history check on each applicant based on Florida Department of Law Enforcement (FDLE) mandates, which include National Crime Information Center (NCIC), Florida Crime Information Center (FCIC) and Palm Beach County Automated LE Management System (PALMS). It should be noted that applicant in this policy refers to consultants, volunteers and contract personnel. Policy further states that applicants are required to be fingerprinted at a PBSO fingerprinting service center. Page 3 also states all applicants must renew their security clearance annually, unless otherwise noted. Failure to renew annually will result in security clearance termination. The PAQ stated that there were 318 contracts for services where criminal background checks were completed on all staff covered under the contract. Further communication with the PC indicated this was 318 contractors under the ten contracts. A review of seven contractor files indicated there was no documentation for two of the contractors. The facility advised that one individual was escorted by a staff member and they had no additional documentation of the background records check. A second was denied access and the facility advised they did not have documentation because she was denied. The auditor requested hire dates for the contractors, but only two were not provided and as such the auditor was unable to confirm if a background check was completed prior to enlisting their services. One contractor had a criminal background check renewal completed and that was the only documentation provided, which was after the hire date. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services. The staff stated the agency reviews contractor background investigations every 90 days to determine if they still active, and if they are not they are removed from building access.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. It also stated that part of the application process consists of a background check and a FCIC check. COP 908.02, page 3 states all applicants must renew their security clearance annually, unless otherwise noted. Failure to renew annually will result in security clearance termination. The agency utilizes an electronic system that notifies them of any arrests or law enforcement contact by agency staff. The auditor requested additional information related to this system, however at the issuance of the interim report the auditor had not received the requested documentation. The interview with Human

Resources indicated that staff and contractors are fingerprinted and that the agency receives a hit based on any law enforcement contact with the individual. She stated this would include any arrests, traffic citations, etc. She stated once they receive the hit, they confirm it is an employee and start an investigation into the incident.

115.17 (f): The auditor requested a copy of the document that is utilized to ask the questions under this provision however at the issuance of the interim report the document was not provided. A review of personnel files for eight new hires confirmed they completed the application which includes the questions required under this provision. The auditor requested documentation related to three staff that were promoted over the previous twelve months. At the issuance of the interim report this documentation was not yet provided. The interview with the Human Resource staff confirmed that newly hired staff are asked the questions on the application and then again during the polygraph examination. The Human Resource staff member confirmed that the agency imposes a continuing affirmative duty to disclose any previous misconduct upon all employees.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. Rules and Regulations, page 10 states intentionally giving false or misleading statements, or intentionally misrepresenting or omitting material information to a supervisor or other person in a position of authority in connection with any investigation or in the reporting of any department related business, which occurred on or off duty, shall not be tolerated. Additionally, page 9 states untruthfulness by Sheriff's Office employees in any proceeding in which the employee has been placed under oath and has sworn to tell the truth shall not be tolerated.

115.17 (h): The interview with the Human Resource staff member confirmed that information related to substantiated incidents of sexual abuse and/or resignations while under investigation would be provided to other law enforcement agencies.

Based on a review of the PAQ, GO 304.02, COP 908.02, Personnel Files of Staff, Contractor Background Files and information obtained from the Human Resource staff interview indicates that this standard required appears to require corrective action. While agency procedure was determined to comply with provisions (a), (b) and (e), agency policy does not address these procedures. The standard requires this information to be in policy. Additionally, documentation was requested related to the system utilized for the requirement under provision (e) however at the issuance of the interim report it was not received. A review of seven contractor files indicated there was no documentation for two of the contractors. The facility advised that one individual was escorted by a staff member and they had no additional documentation



of the background records check. A second was denied access and the facility advised they did not have documentation because she was denied. The auditor requested hire dates for the contractors, but only two were not provided and as such the auditor was unable to confirm if a background check was completed prior to enlisting their services. One contractor had a criminal background check renewal completed and that was the only documentation provided, which was after the hire date. Additional information is required to determine compliance with provisions (a) and (d). Further, documentation is needed to determine compliance with provision (a) and (f) related to the required PREA questions. The auditor requested documentation related to three staff that were promoted over the previous twelve months. At the issuance of the interim report this documentation was not yet provided.

#### Corrective Action

The agency will need to update their policy as it relates to provisions (a), (b) and (e). A copy of the updated policy will need to be provided to the auditor. The requested documentation will need to be provided to the auditor, including the PREA question document, the electronic system information related to provision (e) and the requested PREA questions for the three staff promoted over the previous twelve months. Additionally, the facility will need to provide a list of contractors that were hired in the previous twelve months so the auditor can select a sample to review criminal background records checks.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated General Order (GO) 304.02 - Application, Screening and Selection Process
2. Contractor Background Record Checks
3. LiveScan Notification
4. Polygraph Questions

## 5. PREA Questionnaire

During the corrective action period the facility updated GO 304.02 to include the prohibition under provision (a), the consideration of sexual harassment under provision (b) and the five year criminal background records check alternative system (LiveScan). While the policy was not through the final approval process, the agency already had the practices implemented. Therefore the auditor determined the policy updates that were routed through the approval process were adequate and staff did not require training.

The facility provided a list of contractors and 31 contractor criminal background record checks confirming they were completed prior to enlisting their services.

During the corrective action period the facility provided the requested documentation related to the LiveScan process. This process includes fingerprinting of all staff. When staff come into contact with law enforcement (i.e. arrest), the Florida Department of Law Enforcement and Federal Bureau of Investigations provide an electronic notification to the agency that the individuals criminal history has changed. Staff then review the change through the electronic system. The facility provided an example of a staff member arrest and the subsequent electronic notification to the facility of the arrest.

The facility provided a list of questions utilized during the polygraph test. While the questions were not word for word related to provision (f), the auditor determined the questions were appropriate and would obtain the required information. The auditor did recommend that the questions be reworded to be more in line with standards. The auditor determined that polygraph tests are only completed prior to hire and as such the questions are only asked prior to hire. During the corrective action period the facility developed a PREA Questionnaire that had the questions required under provision (f). The facility indicated they did not have any promotions during the corrective action period. The staff indicated the form had not yet been approved and therefore staff were not trained on the use of the form.

Based on the documentation provided the auditor is unable to show this standard corrected. While the facility developed a questionnaire for staff to answer prior to promotion. The form was not created timely enough to allow for approval. Additionally, staff were not trained nor were there any examples. As such, the auditor could not verify this process was institutionalized.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Facility Modifications Document</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with the Jail Administrator</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Absence of Modification to the Physical Plant</li> <li>2. Observations of Video Monitoring Technology</li> </ol> <p>Findings (By Provision):</p> <p>115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. It stated that modifications for the Main Detention Center included additional camera monitoring in administrative building, wiring for camera monitoring throughout the facility and new control panels throughout the facility. A review of documentation indicated that there have been modifications to the facility, however none were substantial. Modifications included: HVAC systems, refurbished/replaced doors, intercom system, new roof, video monitoring technology upgrades and a food lift. During the tour, the auditor observed that one tower of the Main Detention Center was closed for construction. Additionally, the agency was in the process of renovating their plumbing system. The interview with the Agency Head Designee confirmed that when the agency has a substantial expansion or modification to an existing facility or they acquire a new facility, they take into account how it may affect the agency's ability to protect inmates from sexual abuse and sexual harassment. The Agency Head Designee stated the big thing they look at when they design or upgrade is ways to monitor activities taking place with the population. He indicated that use of cameras and kiosks are important and they also push for staff members to be open with communicating with the inmate population. The interview with the Jail</p>

Administrator indicated that the agency is currently under renovations in the east tower of the Main Detention Center. The tower is closed and is undergoing a remodel as well as the addition of video monitoring technology. She stated the upgrades are to assist with visibility in the housing units. She further indicated that the same renovation will be completed in the west tower once the east tower is finished.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. It stated the agency has installed video monitoring in the administration building of the facility. A review of documentation indicated that cameras were placed in two areas of the administration building and one area had an upgraded system. Both areas were administrative and inmates did not have access. The interview with the Agency Head Designee confirmed that the agency has installed or updated video monitoring technology and they have considered how this technology can protect inmates from sexual abuse. He stated they have supervisors periodically monitor video to verify if anything has occurred. He further stated that the agency places cameras in areas with high traffic and in any identified blind spots. The Agency Head Designee indicated that they are currently attempting to get video monitoring in all areas of the facility with the exception of those areas that require privacy. He stated that the agency works with the county to establish how many cameras are needed in each specific housing unit. The Agency Head Designee further indicated that the agency wants to capture more, and by having more cameras it can deter and reduce things from happening. The Jail Administrator confirmed that when the agency installs or updates video monitoring technology they consider how the technology will protect inmates from sexual abuse. She stated they are currently adding video monitoring technology to housing areas and areas with high traffic and blind spots. She stated the West Detention Center is equipped with numerous cameras, but they identified blind spots in the Main Detention Center and they are working to get those areas covered. She confirmed the video monitoring technology is to enhance inmate protection. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas at the West Detention Center. The Main Detention Center had limited video monitoring technology, however the systems that were in place were utilized to enhance supervision and monitoring. During the tour the auditor observed a plethora of cameras in housing units and common areas at the West Detention Center and limited cameras at the Main Detention Center. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The agency was in the process of updating video monitoring technology at the Main Detention Center. Cameras, with the exception of those in suicide observation cells, are not actively monitored by staff. Cameras are mainly utilized by administrative staff and investigative staff for investigative purposes. The auditor recommended that cameras be installed throughout the Main Detention Center in housing units and common areas and in specific areas identified under 115.13 at the West Detention Center.

	Based on a review of the PAQ, Facility Modifications Document, observations during the tour and information from interviews with the Agency Head Designee and Jail Administrator indicate that this standard appears to be compliant.
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115.21	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>3. General Order (GO) 506.01 - Sex Crime Investigations</li> <li>4. Corrections Evidence Protocol</li> <li>5. Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services</li> <li>6. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> <li>2. Interview with the PREA Compliance Manager</li> <li>3. Interview with SAFE/SANE</li> <li>4. Interview with Inmates Who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. The Violent Crimes Division and Internal Affairs conduct investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. A review of COP 934.00, GO 506.01 and the Corrections Evidence Protocol confirms that the three documents outline evidence collection. Policy and procedure indicate first responder duties, including securing the crime scene and</p>

instructing the individual not to take any action to destroy evidence. Policy further outlines transportation to the local hospital for a forensic medical examination, where evidence will be collected by SAFE/SANE. The Corrections Evidence Protocol describes how to package evidence, including types of bags, body fluids, drugs, etc. Interviews with eighteen random staff indicate that all eighteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, fourteen staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff indicated the violent crimes division or the jail investigators would complete the investigations.

115.21 (b): The PAQ indicated that the protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of COP 934.00, GO 506.01 and the Corrections Evidence Protocol confirms that the three documents outline evidence collection. Policy and procedure indicate first responder duties, including securing the crime scene and instructing the individual not to take any action to destroy evidence. Policy further outlines transportation to the local hospital for a forensic medical examination, where evidence will be collected by SAFE/SANE. The Corrections Evidence Protocol describes how to package evidence, including types of bags, body fluids, drugs, etc.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. Inmates are transferred to the Wellington Hospital Emergency Room where a SANE is available to perform the examination. The PAQ further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations and all efforts to provide SANE or SAFE are documented. COP 934.00, page 4 states alleged inmate victims of sexual abuse shall receive timely, unimpeded access to emergency treatment and crisis intervention services. Including, ensuring that all alleged victims shall be transported to the appropriate outside facility for prompt forensic and medical treatment and crisis intervention counseling. Page 5 further states any inmate reporting sexual assault/abuse during their present incarceration is provided with a medical evaluation and necessary treatment by a qualified health care professional utilizing the sexual assault (Sexual Assault Nurse Examiner-SANE/Sexual Assault Forensic Examiner-SAFE) protocol. GO 506.01, page 2 states if an alleged sexual battery occurred within 120 hours, road patrol supervisors shall contact the on-duty/on-call SVU supervisor. In general, adult victims will be transported to the Butterfly House at Wellington Regional Hospital for a sexual assault exam. Children aged 0-17 will be transported for a medical examination at the Child Protection Team facility. Sexual Assault Kits (SAK) will be collected from the Sexual Assault Nurse

Examiner (SANE) or physician, labeled, and sealed in accordance with GO 532.00. FS 943.326(4)(a). The MOU with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services (Victim Services) states they will provide victim advocate services to inmates reporting sexual abuse/assault/harassment while confined to the PBSO Corrections facilities and/or during the time inmates are admitted to a hospital, ensuring the victim receives a medical evaluation and any treatment needed. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. It also states that Victim Services will accept responsibility for the training and credentials of Victim Advocates, SANE personnel and employees of Victim Services. The PAQ stated that there were three forensic exams conducted in the previous twelve months. A review of documentation indicated three inmates were transported to the local hospital after a report of sexual abuse. Two of the three had a forensic medical examination completed by SAFE/SANE. The auditor contacted Wellington Hospital related to forensic medical examinations. Hospital staff confirmed that they perform forensic medical examinations. The staff stated that they would call Victim Services for a victim advocate and for the SANE. The staff indicated that the SANE are provided through Victim Services and they can respond to any hospital to perform examination in the Emergency Room.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. The agency has an MOU with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services (Victim Services). The MOU indicates that Victim Services will provide victim advocate services to inmates reporting sexual abuse/assault/harassment while confined to the PBSO Corrections facilities and/or during the time inmates are admitted to a hospital, ensuring the victim receives a medical evaluation and any treatment needed. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. It further states that Victim Services will provide follow-up services and crisis intervention to victims of sexual abuse/assault/harassment at PBSO, as resources allow. Services will be provided to inmates detained at the PBSO Corrections facilities at no cost to PBSO. Additionally, it states that Victim Services will maintain confidentiality of communications with inmates detained at PBSO. The MOU was signed on September 18, 2015. A review of ten sexual abuse investigation indicated three were afforded access to a victim advocate after they reported sexual abuse. All three were transported to the local hospital, two of which had a completed forensic medical examination. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center, either in person or by other means. The PCM stated that when an

inmate is sexually assaulted and they go to the hospital, before the detective conducts an interview they contact Victim Services, who sends out an advocate. The PCM further stated that the advocate is present for the exam and the interviews. Further communication with the PCM indicated that inside the facility, advocacy is provided through contracted mental health services (Wellpath). The PCM indicated they were not affording access to all inmates who report sexual abuse, however they plan to give everyone the Victim Services brochure and determine if they would like an advocate. She further stated they are currently working with Victim Services to update their MOU. Interviews with four inmates who reported sexual abuse indicated that none of the four were allowed to contact someone after the reported allegation. The auditor probed the inmates to determine if they were offered access to a victim advocate and all four inmates indicated they were not offered these services. A review of documentation for ten allegations of sexual abuse indicated that three were documented with being afforded access to a victim advocate. All three inmates had an advocate present during the forensic medical examination and/or investigatory interviews.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. GO 506.01, page 2 states the follow-up investigator will make arrangements to have a counselor from Palm Beach County Victim Services or an investigator from the Department of Children and Families (DCF) present during victim interviews. The agency has an MOU with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services (Victim Services). The MOU indicates that Victim Services will provide victim advocate services to inmates reporting sexual abuse/assault/harassment while confined to the PBSO Corrections facilities and/or during the time inmates are admitted to a hospital, ensuring the victim receives a medical evaluation and any treatment needed. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. It further states that Victim Services will provide follow-up services and crisis intervention to victims of sexual abuse/assault/harassment at PBSO, as resources allow. Services will be provided to inmates detained at the PBSO Corrections facilities at no cost to PBSO. Additionally, it states that Victim Services will maintain confidentiality of communications with inmates detained at PBSO. The MOU was signed on September 18, 2015. The interview with the PCM indicated that the facility makes available to the victim a victim advocate from a rape crisis center, either in person or by other means. The PCM stated that the facility has a Memorandum of Understanding with Victim Services, the local rape crisis center. The PCM stated that when an inmate is sexually assaulted and they go to the hospital, before the detective conducts an interview they contact Victim Services, who sends out an advocate. The PCM further stated that the advocate is present for the exam and the interviews. Further communication with the PCM indicated that inside the facility, advocacy is provided through contracted mental



health services (Wellpath). Interviews with four inmates who reported sexual abuse indicated that none of the four were allowed to contact someone after the reported allegation. The auditor probed the inmates to determine if they were offered access to a victim advocate and all four inmates indicated they were not offered these services. A review of documentation for ten allegations of sexual abuse indicated that three were documented with being afforded access to a victim advocate. All three inmates had an advocate present during the forensic medical examination and/or investigatory interviews. The auditor contacted Palm Beach County Board of County Commissioners Public Safety Department - Victim Services related to victim advocacy services. The staff member confirmed that they provide accompaniment during forensic medical examinations at Wellington Regional Hospital and they have provided these services during the audit period. She stated they also provide services 24/7 to inmate reporting sexual abuse, assault and harassment during the time they are admitted to the hospital.

115.21 (f): The PAQ indicated that this provision does not apply. The agency is responsible for conducting all jail crimes, including PREA.

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

115.21 (h): All advocacy services are provided through the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services. The organization is the local rape crisis center for Palm Beach County. All advocates complete the required training as outlined by the State.

Based on a review of the PAQ, COP 934.00, GO 506.01, Corrections Evidence Protocol, Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services, Investigative Reports and information from interviews with random staff, inmates who reported sexual abuse, SAFE/SANE and the PREA Compliance Manager indicates that this standard appears to require corrective action. While the agency has an MOU for victim advocacy services and has provided a victim advocate during forensic medical examinations and investigatory interviews, there is no documentation that inmate victims of sexual abuse who do not undergo a forensic medical examination are afforded access to a victim advocate. The interview with the PCM indicated inmates are provided access through the information being posted around the facility. Additionally, interviews with four inmates who reported sexual abuse indicated that none of the four were allowed to contact someone after the reported allegation. The auditor probed the inmates to determine if they were offered access to a victim advocate and all four inmates indicated they were not offered these services. A review of documentation for ten allegations of sexual abuse indicated that three were documented with being afforded

access to a victim advocate. All three inmates had an advocate present during the forensic medical examination and/or investigatory interviews.

#### Corrective Action

The facility will need to afford all victims of sexual abuse access to a victim advocate. This access will need to be documented to confirm that it was offered. The facility will need to provide a process memorandum describing how they will complete this and examples should be provided during the corrective action period for inmate victims of sexual abuse.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Staff Training Documentation
2. Victim Services Brochure
3. Documentation of Victim Advocate Offer for Victims of Sexual Abuse

On July 28, 2023 the facility provided documentation confirming that investigators were trained to provide the Victim Services Brochure to all inmate victims of sexual abuse, which outlines the availability of a victim advocate. The training advised the investigators to document the offer via the Victim Services Brochure on the incident/ investigative report. The Victim Services Brochure included contact information for Palm Beach Victim Services and described the available services.

The facility provided documentation during the corrective action period illustrating the practice that investigators were trained on. Four examples indicated that victims of sexual abuse were provided the Victim Services Brochure related to access to advocacy services.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 917.25 – Crimes Committed Within a Palm Beach County Sheriff’s Office Corrections Facility</li> <li>3. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. COP 917.25, page 1 states if the incident involves allegations of sexual abuse and/or harassment, an investigation will begin under the guidelines of the Prison Rape Elimination Act (PREA). PBSO conducts its own investigations of allegations of sexual abuse and harassment promptly, thoroughly and objectively, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and prudent to bring these investigations to successful resolution. The trauma- informed/victim centered approach is defined as the systematic focus on the needs and concerns of a</p>

victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. The PAQ indicated there were 96 allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. All 96 resulted in an administrative investigation and zero were referred for criminal investigation. The PAQ further stated not all administrative and/or criminal investigations were completed over the previous twelve months and that two were still open. The interview with the Agency Head Designee confirmed the agency ensures that an investigation is completed for all allegations of sexual abuse and sexual harassment. He stated that as soon as the agency is aware of an incident the staff will remove the inmate from the housing unit and gather as much information as possible. The information will then be sent up the chain of command to the detectives and an investigation is initiated immediately. There were 96 allegations over the previous twelve months, 87 were unfounded, one was unsubstantiated, three were substantiated, three were not deemed PREA allegations and two were still open. The auditor selected nineteen allegations and confirmed an investigation was completed for all nineteen.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. COP 917.25, page 1 states if the incident involves allegations of sexual abuse and/or harassment, an investigation will begin under the guidelines of the Prison Rape Elimination Act (PREA). PBSO conducts its own investigations of allegations of sexual abuse and harassment promptly, thoroughly and objectively, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and prudent to bring these investigations to successful resolution. The trauma-informed/victim centered approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. A review of the agency website

indicated that an excerpt from the policy is available online and states “in compliance with these standards, Palm Beach County Sheriff’s Office Department of Corrections is committed to emphasizing zero tolerance of the sexual abuse/assault/harassment of inmates, and sexual acts involving inmates regardless of consensual status, either by staff or other prisoners. All reports of sexual abuse are reported promptly and investigated thoroughly”. The interviews with the investigators confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. All three indicated that the agency has the authority to conduct criminal investigations. The agency is responsible for conducting all criminal and administrative investigations. There were 96 allegations over the previous twelve months, 87 were unfounded, one was unsubstantiated, three were substantiated, three were not deemed PREA allegations and two were still open. The auditor selected nineteen allegations and confirmed an investigation was completed for all nineteen. Two of the nineteen reviewed were criminal investigations and two new charges for the inmate perpetrator.

115.22 (c): The agency is responsible for conducting administrative and criminal investigations. No other entity is responsible for investigations. As such this provision does not apply.

115.22 (d): The agency is responsible for conducting administrative and criminal investigations. No other entity is responsible for investigations. As such this provision does not apply.

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

Based on a review of the PAQ, COP 917.25, COP 943.00, Investigative Reports and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:
	1. Pre-Audit Questionnaire

2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. Corrections Operating Procedure (COP) 920.01 – Transgender Housing
4. PREA Training for Correctional Staff
5. PREA Training for Supervisors
6. PREA PowerPoint Slides
7. Roll Call Training
8. Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. A review of the PREA Training for Correctional Staff confirms that it that the training includes: the agency's zero tolerance policy (slide 4); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 28-40), the inmates' right to be free from

sexual abuse and sexual harassment (slide 4), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 4); the dynamics of sexual abuse and sexual harassment in a confinement setting (slide 10), the common reactions of sexual abuse and sexual harassment victims (slide 17), how to detect and respond to signs of threatened and actual sexual abuse (slides 15, 16 & 18), how to avoid inappropriate relationship with inmates (slides 18-21), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slide 22) and how to comply with relevant laws related to mandatory reporting (slide 26). The agency also has numerous other training curriculum, including PREA Training for Supervisor and nine PowerPoint presentation that cover topics such as: voyeurism, reporting, facility safety, LGBTI, employee responsibilities, third party reporting, knock and announce, general PREA and PREA facts. A review of 20 staff training records indicated that 100% of those reviewed received PREA training. All 20 staff had numerous additional PREA topic trainings in the previous two years. Interviews with eighteen random staff confirmed all eighteen had received PREA training. Staff stated they receive training annually via PowerDMS and also throughout the year during line-up. All eighteen staff confirmed the required topics under this provision were discussed during the training. Staff stated the training topics they remembered were reporting techniques, knock and announce and first responder duties.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender inmates are not given additional training. The PAQ noted that the facility houses male and female inmates and employs male and female staff. No additional training is needed. A review of the PREA Training for Correctional Staff indicated that it did not contain any information related to the differences as it relates to male and female inmates and sexual abuse.

115.31 (c): The PAQ stated that between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The PAQ indicated that there are employee posters, informational brochures and cards available at employee entrances, line-up rooms and also outside the PREA office at MDC and the employee entrance at WDC. Additionally, periodically throughout the year, there are PowerPoint slides and training bulletins sent out to all corrections employees. Also, when changes are made to any policy, they are distributed for signature. The PAQ further stated that employees are trained annually on PREA requirements. COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement,

the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. A review of the PREA Training for Correctional Staff confirms that it that the training includes: the agency's zero tolerance policy (slide 4); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 28-40), the inmates' right to be free from sexual abuse and sexual harassment (slide 4), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 4); the dynamics of sexual abuse and sexual harassment in a confinement setting (slide 10), the common reactions of sexual abuse and sexual harassment victims (slide 17), how to detect and respond to signs of threatened and actual sexual abuse (slides 15, 16 & 18), how to avoid inappropriate relationship with inmates (slides 18-21), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slide 22) and how to comply with relevant laws related to mandatory reporting (slide 26). The agency also has numerous other training curriculum, including PREA Training for Supervisor and nine PowerPoint presentation that cover topics such as: voyeurism, reporting, facility safety, LGBTI, employee responsibilities, third party reporting, knock and announce, general PREA and PREA facts. Additionally, staff are provided training via roll call. A review of documentation indicated that nineteen of the 20 staff had received training at least every two years. One staff member was a new hire and as such only had one year of training. It should be noted that the new hire staff had more than one PREA training during the year.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. It further stated that PREA training, policy changes and post order reviews are conducted through their electronic system (Power DMS) with requires electronic signature. A review of 20 staff training records indicated that all had completed the electronic verification through the PowerDMS system.

Based on a review of the PAQ, COP 934.00, COP 920.01, PREA Training for Correctional Staff, PREA Training for Supervisors, PREA PowerPoint Slides, Roll Call Training , Staff Training Records and information from interviews with random staff indicate that this standard requires corrective action. While the agency does an excellent job with providing staff a plethora of training on numerous PREA related topics, including those under provision (a), a review of the trainings indicated that none were tailored toward female inmates. The facility houses both male and female inmates.

Corrective Action



	<p>The facility will need to update their current annual PREA training to include information on both male and female inmates. Once updated the facility will need to provide staff with the updated training. Confirmation of the updated training as well as confirmation that all staff received the updated information will need to be provided to the auditor.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Updated PREA PowerPoint Slides</li> <li>2. Staff Training Records</li> </ol> <p>The facility provided the updated PREA PowerPoint Slides that included additional information on gender differences for male and female inmates. The slides outline differences of dynamics, detection and reactions. The facility also provided staff training records confirming that all staff reviewed the added gender difference slides during the corrective action period.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> </ol>

3. Corrections Operating Procedure (COP) 908.02 – Consultants, Volunteers and Contract Personnel
4. PREA Education Packet
5. PREA Training for Correctional Staff
6. Contractor Training Files
7. Volunteer Training Files

Interviews:

1. Interview with Volunteers and Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. It further stated that all volunteers and contractors receive the same PREA training as employees and sign a PREA Acknowledgement form when complete. COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. COP 908.02, pages 2-3 state each volunteer and consultant will complete an appropriate, documented orientation and/or training program prior to assignment. The lines of authority, responsibility and accountability for volunteers are specified. All contract personnel who have regular inmate contact will receive an appropriate documented orientation with forty (40) hours completed prior to assignment. Orientation should include but is not limited to: security and safety procedures and regulations; emergency, hostage, fire, evacuation and escape procedures; supervision of inmates (appropriate for assignment); suicide intervention/prevention (appropriate for assignment); use of force (appropriate for assignment); inmate rules, regulations, rights and responsibilities; key control; interpersonal relationships and communication skills; standards of conduct/code of ethics; social and cultural awareness; sexual abuse/assault/harassment awareness, prevention,

intervention, response, reporting procedures and confidentiality requirements; report writing; airborne/bloodborne pathogens and biohazards; and additional topic may be added at the discretion of the agency or facility commander. COP 933.00, page 1 states before beginning work, each approved citizen volunteer shall complete a documented orientation training program prior to starting their assignment and appropriate to the nature of the assignment. This orientation session includes the volunteer's familiarization with the facilities policies, particularly those relating to security and confidentiality of information. Volunteers shall agree in writing to abide by all facility security and confidentiality policies. The PAQ stated that 318 volunteers and contractors have been trained on the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. Further communication with the PC indicated that 356 volunteers and contractors have received PREA training, which is equivalent to 100% of the reported number of volunteers and contractors. A review of the PREA education packet indicates that it includes a PREA acknowledgment which advises that PBSO has a zero tolerance and that sexual contact in all forms is strictly prohibited. It also advises the requirement to report immediately to any PBSO supervisor. The packet also contains information on professional boundaries, duty to report, knock and announce, facility safety and LGBTI inmates, reporting and retaliation, third party reporting and LGBTI. The PREA training for contractors, volunteers and mental health practitioners includes all the required components under PREA Standard 115.31. A review of fifteen contractor training records and six volunteer training records indicated that 20 had received PREA training. Interviews with three contractors and one volunteer confirmed that they all received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Further communication with the PC indicated that the level and type of training is not based on services provided. All contractors and volunteers receive the same training as staff. COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. COP 908.02, pages 2-3 state each volunteer and consultant will complete an appropriate,

documented orientation and/or training program prior to assignment. The lines of authority, responsibility and accountability for volunteers are specified. All contract personnel who have regular inmate contact will receive an appropriate documented orientation with forty (40) hours completed prior to assignment. Orientation should include but is not limited to: security and safety procedures and regulations; emergency, hostage, fire, evacuation and escape procedures; supervision of inmates (appropriate for assignment); suicide intervention/prevention (appropriate for assignment); use of force (appropriate for assignment); inmate rules, regulations, rights and responsibilities; key control; interpersonal relationships and communication skills; standards of conduct/code of ethics; social and cultural awareness; sexual abuse/assault/harassment awareness, prevention, intervention, response, reporting procedures and confidentiality requirements; report writing; airborne/bloodborne pathogens and biohazards; and additional topic may be added at the discretion of the agency or facility commander. COP 933.00, page 1 states before beginning work, each approved citizen volunteer shall complete a documented orientation training program prior to starting their assignment and appropriate to the nature of the assignment. This orientation session includes the volunteer's familiarization with the facilities policies, particularly those relating to security and confidentiality of information. Volunteers shall agree in writing to abide by all facility security and confidentiality policies. A review of the PREA education packet indicates that it includes a PREA acknowledgment which advises that PBSO has a zero tolerance and that sexual contact in all forms is strictly prohibited. It also advises the requirement to report immediately to any PBSO supervisor. The packet also contains information on professional boundaries, duty to report, knock and announce, facility safety and LGBTI inmates, reporting and retaliation, third party reporting and LGBTI. The PREA training for contractors, volunteers and mental health practitioners includes all the required components under PREA Standard 115.31. Interviews with contractors and the volunteer confirmed that the training included information on the agency's zero-tolerance policy and how and who to report the information to. Two contractors stated that they have an annual training with the agency. One contractor stated the training was the same training the agency staff receive. The second contractor stated that all new hires receive a 40 hour training in addition to the annual training and that their contract agency also shows PREA training videos. The third contractor stated that she received training from the agency and her contract company on PREA and the training included a video. The interview with the volunteer indicated that he was originally provided training during a volunteer orientation and then they complete a renewal form each year that reminds them of PREA information, such as what to do and who to report to.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The PREA Compliance Acknowledgment form is signed by all contractors and volunteers. The form states "I acknowledge that I have read the PBSO Guide for the Prevention and Reporting of Sexual Abuse of Offenders, and the educational materials provided on knock and announce and LGBTI. I agree to comply with the PBSO PREA requirements.

	<p>I understand that if I have any questions, I can speak with the facility PREA Coordinator, PREA Manger or Watch Commander". A review of training documents for fifteen contractors and six volunteers indicated that 20 signed an acknowledgment form.</p> <p>Based on a review of the PAQ, COP 934.00, COP 908.02, the PREA Education Packet, PREA Training for Correctional Staff as well as the interviews with contractors and volunteers indicates that the facility appears to meet this standard.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 920.00 – Inmate Classification Process</li> <li>4. Corrections Operating Procedure (COP) 932.05 – Interpreters and Related Services</li> <li>5. Corrections Operating Procedure (COP) 927.05 – Access to Programs and Services for Assisting Inmates with Disabilities</li> <li>6. Language Line Contract</li> <li>7. Inmate Rules and Regulations (Handbook)</li> <li>8. Zero Tolerance Poster</li> <li>9. Orientation Video</li> <li>10. PREA What You Need to Know Video</li> <li>11. Inmate Education Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Intake Staff</li> <li>2. Interview with Random Inmates</li> </ol>

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. The PAQ indicated that all inmates receive and sign for PREA education at intake. The education includes the inmate orientation video, the NIC PREA video and information contained in the inmate handbook and on the kiosk system. COP 934.00, page 3 states written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Signed receipt for the written information provided to the inmate, as well as documentation of inmate participation in other education formats, is maintained. The Inmate Orientation video is also viewed by each inmate. These viewings are documented on the chronological. COP 920.00, page 1 states during classification, each inmate receives and signs for a copy of the rules and regulations of the facility within 36 hours of entering the facility. The rules shall incorporate classification criteria as to housing, programs, and privileges. All questions concerning the established rules, regulations, and legal procedures are reviewed during the classification process.

A review of the Handbook confirmed that pages 36-39 include PREA information. The Handbook includes information on the zero tolerance policy, the PC, definitions, risk assessments, avoiding sexual abuse, what to do if sexually abuse, reporting mechanisms (to include verbal, written and via phone to the external reporting mechanism), facts for those who commit sexual abuse and overall facts. A review of the PREA Poster confirmed that it included information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The PREA Poster also states that reports can be made anonymously. The PAQ indicated that 22,738 inmates received information on the zero tolerance policy and how to report at intake. The is equivalent to 100% of those received at the facility during the previous twelve months. A review of 42 inmate files

of those received within the previous twelve months indicated that 36 were documented with receiving PREA information at intake. One inmate was not documented with any PREA information and four were documented with PREA information prior to their intake date. The auditor observed the intake process through a demonstration. At the Main Detention Center, inmates are provided a Handbook, which includes the zero tolerance policy and reporting methods. Additionally, the orientation video is played on a loop and is available in English, Spanish and Creole. It should be noted that during the tour, the orientation video was not playing and the television was not on at all. At the West Detention Center, inmates are also provided a Handbook and the orientation video is played on a loop. The auditor observed the video playing at the West Detention Center on a television in intake. Chairs were in front of the television, which was adequate size. The auditor was observed that the audio on the video was low and was difficult to hear. Additionally, at both units the PREA video is also shown upon intake in the housing unit. Staff advised that they go over the zero tolerance policy, the 7777 reporting mechanism, that inmates should immediately report any allegations to a Deputy, the process once an allegation is reported and other information. The staff stated this part is done one on one with each inmate and this is when they are provided their Handbook and a COVID information sheet. Interviews with 44 inmates indicated 31 were provided information on the zero tolerance policy and how to report sexual abuse. Inmates stated that they received information via a pamphlet and the signs that are posted. The intake staff member confirmed that inmates are provided information at the time of intake about the zero tolerance policy and how to report incidents of or suspicion of sexual abuse or sexual harassment. The staff also stated all individuals receive a Handbook, which has the PREA information.

115.33 (b): COP 934.00, page 3 states written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Signed receipt for the written information provided to the inmate, as well as documentation of inmate participation in other education formats, is maintained. The Inmate Orientation video is also viewed by each inmate. These viewings are documented on the chronological. The PAQ indicated that 3564 inmates received comprehensive PREA education within 30 days of intake, which is equivalent to 100% of those that arrived and stayed longer than 30 days. Further communication with the PC indicated that all inmates are provided comprehensive education within 24-48 hours of arrival to the facility. There were 22,738 admitted in the last 12 months and 3564 stayed more than 30 days, however, all inmates have comprehensive education at the time of their initial arrival. A review of the Handbook confirmed that pages 36-39 include PREA information. The Handbook includes information on the zero tolerance policy, the PC, definitions, risk assessments, avoiding sexual abuse, what to do if sexually abuse, reporting

mechanisms (to include verbal, written and via phone to the external reporting mechanism), facts for those who commit sexual abuse and overall facts. A review of the PREA Poster confirmed that it included information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The PREA Poster also states that reports can be made anonymously. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The facility utilizes the orientation video and the PREA What You Need to Know video. The orientation video is available in English, Spanish and Creole. A review of the orientation video indicates that it includes approximately two minutes of PREA information. The video indicates the ways to report; including through the 7777 hotline and through the kiosk. A photo of the zero tolerance policy is shown and then the video advises that sexual abuse and sexual harassment is a serious issue that affects everyone and refers the inmate to notices and rule books on reporting and preventing sexual assault. The Main Detention Center staff stated that they go over the PREA form including advising of the zero tolerance policy, reporting mechanism and where they can find the information posted in the facility. The staff stated inmates sign a form indicating that they received the information. The PREA What You Need to Know video is also played on a loop in the booking area. At the West Detention Center the orientation video is shown on a loop. The auditor observed that the video was played on a 32 inch television and that the audio to the video was low and difficult to hear. Inmates at the West Detention Center are also played the PREA What You Need to Know video daily on the inmate channel. The interview with the intake staff indicated that they go over the zero tolerance policy, the 7777 reporting mechanism and that they can report to the Deputy or any other staff. The intake staff stated that they inform the inmates of the process if they report sexual abuse, including being taken to medical and having an investigation completed. The staff stated this information is provided on the first day. Eighteen of the 44 inmates interviewed that arrived in the previous twelve months indicated that they were informed of their right to be free from sexual abuse, their right to be free from retaliation for reporting sexual abuse and policies and procedures following an allegation of sexual abuse or sexual harassment. Some of the inmates indicated the facility plays a video on the television every day while a few other stated it was discussed with them when they arrived. A review of 42 inmate files of those received within the previous twelve months indicated that 36 were documented with receiving comprehensive PREA education within 30 days. One inmate was not documented with any PREA information and four were documented with PREA information prior to their intake date.

115.33 (c): The PAQ indicated that this provision is not applicable and all inmates are offered and given access to PREA information beginning at intake. The PAQ stated that all inmates were educated by their admission date and all current inmates had received education. of those who were not educated within 30 days of intake, all inmates were not subsequently educated. The PAQ stated that agency policy does not require that inmates who are transferred from one facility to another to be educated



to the extend the policies and procedures of the new facility different from those of the previous facility. The PAQ stated this was not applicable and all inmates are offered and given access to PREA information beginning at intake. COP 934.00, page 3 states written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Signed receipt for the written information provided to the inmate, as well as documentation of inmate participation in other education formats, is maintained. The Inmate Orientation video is also viewed by each inmate. These viewings are documented on the chronological. A review of the Handbook confirmed that pages 36-39 include PREA information. The Handbook includes information on the zero tolerance policy, the PC, definitions, risk assessments, avoiding sexual abuse, what to do if sexually abuse, reporting mechanisms (to include verbal, written and via phone to the external reporting mechanism), facts for those who commit sexual abuse and overall facts. The Orientation Video covers information on reporting as well as flashes the Zero Tolerance Poster. The PREA What You Need to Know video covers definitions, examples, prevention, reporting and response, but is not facility/agency specific policies and procedures. A review of the PREA Poster confirmed that it included information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The PREA Poster also states that report can be made anonymously. A review of a total of 54 inmate files indicated that 52 were documented with PREA education. It should be noted that four inmates were documented with PREA education prior to their intake date. The interview with the intake staff indicated that all inmates receive a Handbook upon arrival, which includes the PREA information.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled inmates 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. The PAQ indicated that all materials are available in English, Spanish and Creole and Language Line and interpreters are available for other languages. COP 934.00, pages 3-4 state video and written information is available in three languages, as well as translation provided by translation services. Visually impaired or illiterate inmates will receive information verbally, in a language they understand. COP 927.05, page 1 states the Palm Beach County Sheriff's Office Department of Corrections affords equal access for all inmates to facility programs and services, except when justified for the order of the facility, and the safety of the staff, inmates, and visitors. There is no discrimination on the basis of race, sex, national origin, religion, political view, or disability. PBSO

Department of Corrections abides by the provisions of the Americans with Disabilities Act of 1990 (ADA). Upon admission to the facility, a classification officer conducts an interview to determine any special accommodations or needs. When barriers exist which restrict access to such programs and services provisions will be made to ensure alternative access is provided. When deficiencies are known to exist, or an inmate cannot access a particular program or service due to a disability, the supervisor of the program will initiate the steps necessary to afford an alternative access for the inmate. Such alternative access may include, but is not limited to the following considerations: providing large print books, books written in braille, or audio books for the sight impaired; providing closed caption TV; use of permanent or removable grab bars or other portable-type handicap fixtures; provide video relay services in designated housing units, which allows the hearing impaired inmate the same telephone access opportunity as the rest of the population; revising inmate worker duties; providing assistance in moving from one area to another, or providing appropriate transportation needs specific to their disability; providing writing and written materials for the hearing impaired; and providing a wide selection of inmate uniform sizes, or allowing the inmate to wear his or her personal clothes. Whenever an inmate finds he or she cannot gain access to a facility program or service due to a disability, the inmate should complete an Inmate Request Form, explaining the problem and forward the request to the program supervisor. The program supervisor will investigate the situation and ensure the inmate is either provided access to the program or an alternative access method is provided. COP 923.05, page 1 states the Palm Beach County Sheriff's Office Department of Corrections (PBSO DOC) provides limited English proficient (LEP) inmates (including detainees) and members of the public (including LEP parents of minors being held by the DOC) with meaningful access to important information, rights, and services. LEP persons are individuals who do not speak English as their primary language and have a limited ability to read, write, speak, or understand English. LEP inmates will be able to both participate effectively and also receive effective communication in their language in important services, programs, and proceedings; notices of rights and responsibilities; disciplinary actions and proceedings; medical and mental health requests and services; religious, disability, and other accommodations, and the inmate request system. Page 3 states inmates who are LEP will receive notification of applicable rules, regulations, and procedures in their primary language. Intake staff will utilize appropriate language services to obtain information from, and provide information to, LEP inmates. Using signage and/or oral language services, LEP inmates will be provided information about oral and written language assistance services that will be available to them at no charge for the duration of their incarceration or supervision. Page 4 states Language Line: In the event that one of our facilities is in need of an interpreter, the Department of Corrections has contracted interpreter services (via telephone) with Language Line Services. Video Remote Interpretation (VRI): In the event that one of our facilities is in need of an interpreter qualified in American Sign Language (ASL) the Department of Corrections has contracted VRI services. Staff may utilize one or more of the following methods to assist them in effectively communicating with LEP individuals: language identification posters (displayed in intake and housing areas) and I Speak Booklets -- to be used only to identify the language the person speaks; qualified bilingual staff speaking directly to inmates in

the inmates' primary language; qualified staff or contract interpreters; Language Line Service; certified court interpreters or interpreters who are "otherwise qualified" by the courts to interpret in the court; and/or translated forms and translations of written communications from and to the inmates. Page 5 also states The Department of Corrections shall identify and select qualified staff interpreters based upon expertise. Selected bilingual staff shall be tested in Spanish, Creole, and other appropriate languages, through the Language Line University. Inmate initiated forms shall be translated in Spanish and Creole through a qualified source. Uncommon languages will be addressed on a case by case basis. A review of the PREA Poster confirmed that it is in black and red larger font and is available in three languages. The Handbook and Orientation Video is also available in three languages while the PREA What You Need to Know video is available in English and Spanish. The agency utilizes the Language Line Contract for the Department of Health. The auditor requested the contact information and pin to confirm that the agency is able to utilize the services under another agency's contract. The facility provided the quick reference information including the contact number, client ID and site code. The auditor tested the numbers and confirmed that they were functional and the agency was able to utilize the services. A review of documentation for four LEP inmates and three disabled inmates indicated six were documented with comprehensive PREA education. One inmate was booked into the hospital and released from the hospital and as such never received education because he never was admitted to the facility. All four LEP inmates had documentation that they completed PREA education, however three of the four signed an English acknowledgment form. During inmate interviews, the auditor utilized a staff translator for the four LEP inmate interviews. The facility had numerous bilingual staff available to serve as translators on each shift.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. COP 934.00, page 3 states 2ritten information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Signed receipt for the written information provided to the inmate, as well as documentation of inmate participation in other education formats, is maintained. The Inmate Orientation video is also viewed by each inmate. These viewings are documented on the chronological. A review of 54 total inmate files indicate that 52 had signed an acknowledgment form confirming they received PREA education.

115.33 (f): The PAQ indicated that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. A review of the Zero Tolerance Poster confirmed that it included

information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The PREA Poster also states that report can be made anonymously. A review of the Handbook confirmed that pages 36-39 include PREA information. The Handbook includes information on the zero tolerance policy, the PC, definitions, risk assessments, avoiding sexual abuse, what to do if sexually abuse, reporting mechanisms (to include verbal, written and via phone to the external reporting mechanism), facts for those who commit sexual abuse and overall facts. The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel.

Based on a review of the PAQ, COP 934.00, COP 920.00, COP 932.05, COP 927.05, Language Line Contract, Inmate Rules and Regulations (Handbook), Zero Tolerance Poster, Orientation Video, PREA What You Need to Know Video, Inmate Education Records, observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to require corrective action. A demonstration of the comprehensive PREA education process indicated that videos are played on loops and inmates are expected to watch them either in between processing in intake or on an inmate channel in the housing units. The Orientation Video and the PREA What You Need to Know video did not go over facility specific policies and procedures as required under provision (b). Additionally, only eighteen of the 44 inmates interviewed that arrived in the previous twelve months indicated that they were informed of their right to be free from sexual abuse, their right to be free from retaliation for reporting sexual abuse and policies and procedures following an allegation of sexual abuse or sexual harassment. This indicates that the current education process is not effective. Further a review of 42 inmate files of those received within the previous twelve months indicated that 36 were documented with receiving comprehensive PREA education within 30 days. One inmate was not documented with any PREA information and four were documented with PREA information prior to their intake date.

Corrective Action

The agency will need to establish an effective comprehensive education process that

covers the required elements under provision (b), including facility specific policies and procedures. The facility will need to ensure each inmate is provided this comprehensive PREA education either in person or through video. The facility will need to provide the auditor with a process memo of the updated comprehensive PREA education process and provide the updated materials (video, script, etc.) of what will be utilized. All current inmates will need to be provided appropriate comprehensive PREA education. An assurance memo will need to be provided as well as sample of records confirming this was completed. The facility will also need to ensure that all LEP inmates sign an acknowledgment form that they can understand or that there is documentation confirming if the form was translated and how it was translated. All current LEP inmates will need to be provided comprehensive PREA education and confirmation of this education will need to be provided to the auditor.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Classification Briefing
2. Inmate Education Examples
3. LEP Inmate Education Examples (Spanish and Creole)

The facility provided documentation that the facility will provide education as viewed on-site (i.e. video played on a loop) and they will also have classification staff verbally go over information with each inmate. The facility provided the Classification Briefing, which staff verbally go over with the inmate. The Classification Briefing included information on the inmates' right to be free from sexual abuse and sexual harassment, the inmates' right to be free from retaliation from reporting and the steps that are taken at the facility after sexual abuse is reported.

The facility provided numerous examples of signed Classification Briefings confirming that inmates that arrived after the verbal Classification Briefing was implemented were provided the information by staff. Further the facility provided an assurance memo confirming that all current inmates were provided a copy of the Classification Briefing. In addition, the facility provided numerous examples indicating LEP inmates were provided information from the Classification Briefing in Spanish and Creole.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

**115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims
3. Corrections Operating Procedure (COP) 917.25 - Crimes Committed Within a Palm Beach County Sheriff's Office Corrections Facility
4. Florida Sheriff's Association Investigating Sexual Abuse in a Confinement Settings: Training for Investigators
5. Prison Rape and Sex Assault Investigator's Course (PREA)
6. Investigator Training Records
7. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. COP 934.00, page 5 states where sexual abuse is alleged, detectives who have received special training in sexual abuse investigations shall be used. COP 917.25, page 1 states investigators used in an alleged sexual abuse investigation have received specialized training in sexual abuse in compliance with PREA standards. The auditor reviewed fifteen investigations that were completed by eleven different investigators. A review of documentation confirmed all eleven completed the specialized training. The interviews with the investigators indicated all three have received specialized

training on conducting sexual abuse investigations in a confinement setting. One investigator stated the training was through the Florida Sheriff's Association and it went over definitions, how inmates can report, investigative findings and taking allegations seriously. Another investigator stated the training went over basic investigative duties, first responder duties, SAFE/SANE and verifying information. The criminal investigator stated the training covered handling sexual abuse victims, de-escalation, building rapport and being empathetic during interviews.

115.34 (b): COP 934.00, page 5 states where sexual abuse is alleged, detectives who have received special training in sexual abuse investigations shall be used. COP 917.25, page 1 states investigators used in an alleged sexual abuse investigation have received specialized training in sexual abuse in compliance with PREA standards. A review of the Prison Rape and Sex Assault Investigator's Course (PREA) confirms that it includes information on suspect and victim interviews and interrogation tactics and use and application of Miranda and Garrity Warnings. The Florida Sheriffs Institute PREA: Investigating Sexual Abuse and Sexual Harassment in a Confinement setting curriculum includes: interview techniques; proper use of Miranda and Garrity Warnings; sexual abuse evidence collection in a confinement setting; criteria and evidence required to substantiated a case for administration action and criteria and evidence required to substantiate a case for prosecution referral. The auditor reviewed fifteen investigations that were completed by eleven different investigators. A review of documentation confirmed all eleven completed the specialized training. The interviews with the investigators confirmed that the required topics were covered in the training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that three facility investigators have completed the required training. A review of training records confirmed that three staff completed the 20 hour PREA - Specialized Training: Investigating Sexual Abuse in Confinement Facilities. The auditor reviewed fifteen investigations that were completed by eleven different investigators. A review of documentation confirmed all eleven completed the specialized training.

115.34(d): The auditor is not required to audit this provision.

Based on a review of the PAQ, COP 934.00, COP 917.25, Florida Sheriff's Association Investigating Sexual Abuse in a Confinement Settings: Training for Investigators, Prison Rape and Sex Assault Investigator's Course (PREA), Investigator Training Records, Investigative Reports as well as the interview with the investigator, indicates that this standard appears to be compliant.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>3. PREA Training for Contractors, Volunteers, Medical and Mental Health Practitioners</li> <li>4. Medical and Mental Health Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. A review of the PREA Training for Contractors, Volunteers, Medical and Mental Health Practitioners confirms that it includes the topics requirements under this provision including: how to detect and assess signs of sexual abuse and sexual harassment (slide 16, 17 &amp; 19), how to preserve physical evidence of sexual abuse (31-35), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (slides 20-21) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (slide 38). The PAQ indicated that the facility has 185 medical and mental health staff who work regularly at the facility and 100% have received the specialized training. A review of nine medical and mental health training records confirmed that all nine had received</p>



the specialized training. The interviews with medical and mental health care staff confirmed they have received specialized training for medical and mental health care staff. One staff stated the training covered reporting mechanisms, taking all allegations seriously, maintain a professional environment and knock and announce. Another staff stated it discussed the law, who to report to, examinations and first aid, SAFE/SANE and taking the allegation seriously. The third staff stated it discussed how to identify vulnerable populations, who to report to, preservation of evidence, confidentiality, support and validation and first responder duties. Upon probing by the auditor, all three confirmed the required elements under this provision were discussed during the training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted offsite at Wellington Hospital. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations at the facility.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The PREA Compliance Acknowledgment form is signed by all contractors, volunteers, medical and mental health practitioners. The form states "I acknowledge that I have read the PBSO Guide for the Prevention and Reporting of Sexual Abuse of Offenders, and the educational materials provided on knock and announce and LGBTI. I agree to comply with the PBSO PREA requirements. I understand that if I have any questions, I can speak with the facility PREA Coordinator, PREA Manger or Watch Commander". A review of nine medical and mental health training records confirmed that all nine had received the specialized training. The training was completed via a training sign-in sheet which notes at the top that the training was the specialized training.

115.35 (d): COP 934.00, page 7 states all PBSO staff members, contractors, vendors and volunteers, or any other person working in PBSO Detention Facilities shall receive orientation, annual training thereafter, and updates as they become available on the Prison Rape Elimination Act of 2003 (PREA) which includes: information on sexual assault/abuse awareness; harassment; prevention; response, reporting procedures; confidentiality requirements; the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. COP 908.02, pages 2-3 state each volunteer and consultant will complete an appropriate, documented orientation and/or training program prior to assignment. The lines of authority, responsibility and accountability for volunteers are specified. All contract personnel who have regular inmate contact will receive an appropriate documented orientation with forty (40) hours completed

	<p>prior to assignment. Orientation should include but is not limited to: security and safety procedures and regulations; emergency, hostage, fire, evacuation and escape procedures; supervision of inmates (appropriate for assignment); suicide intervention/prevention (appropriate for assignment); use of force (appropriate for assignment); inmate rules, regulations, rights and responsibilities; key control; interpersonal relationships and communication skills; standards of conduct/code of ethics; social and cultural awareness; sexual abuse/assault/harassment awareness, prevention, intervention, response, reporting procedures and confidentiality requirements; report writing; airborne/bloodborne pathogens and biohazards; and additional topic may be added at the discretion of the agency or facility commander. The PREA training for contractors, volunteers and mental health practitioners includes all the required components under PREA Standard 115.31. A review of the PREA Training for Correctional Staff confirms that it that the training includes: the agency's zero tolerance policy (slide 4); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 28-40), the inmates' right to be free from sexual abuse and sexual harassment (slide 4), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 4); the dynamics of sexual abuse and sexual harassment in a confinement setting (slide 10), the common reactions of sexual abuse and sexual harassment victims (slide 17), how to detect and respond to signs of threatened and actual sexual abuse (slides 15, 16 &amp; 18), how to avoid inappropriate relationship with inmates (slides 18-21), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slide 22) and how to comply with relevant laws related to mandatory reporting (slide 26). A review of nine medical and mental health staff training records indicated that all nine had received contractor PREA training (same training curriculum utilized by staff).</p> <p>Based on a review of the PAQ, COP 934.00, PREA Training for Contractors, Volunteers, Medical and Mental Health Practitioners as well as interviews with medical and mental health care staff indicate that this standard appears compliant.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 920.00 – Inmate Classification Process</li> </ol>

4. Wellpath Palm Beach County Jail – Response to Sexual Abuse
5. Initial Inmate Intake Survey
6. Classification Prescreening
7. Medical History and Physical Assessment with Mental Health
8. Receiving Screening
9. Inmate Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. COP 934.00, page 3 states inmates are screened within 24 hours of arrival at the facility using an objective screening instrument. COP 920.00, page 2 states all inmates will be assessed during initial screening as to their risk for sexual victimization within twenty-four (24) hours of facility arrival. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with 36 inmates that arrived within the previous eighteen months indicated 21 were asked the risk screening questions. Most indicated they were asked when they first came into the facility. The auditor was provided a demonstration of the initial risk assessment. At the West Detention Center risk assessments are completed in a cubical areas that is open and not confidential. At the Main Detention Center risk assessments are completed in private offices. The

staff indicated that when they complete the full risk screening they pull up the information on the computer and ask specific questions on the screening tool. Some of the questions are related to drug use, suicide, sexual orientation, sexual victimization and gang affiliation. The staff stated that if anyone identifies as LGBTI an email is sent to the PCM. The staff stated they also make observations of the inmate and that risk is based on the responses provided and the screeners interpretation. The staff stated they also view criminal history and charges of the inmate.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. COP 934.00, page 3 states inmates are screened within 24 hours of arrival at the facility using an objective screening instrument. The PAQ stated that 7996 inmates, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates. COP 920.00, page 2 states all inmates will be assessed during initial screening as to their risk for sexual victimization within twenty-four (24) hours of facility arrival. The interview with the staff who perform the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility. A review of 42 inmate files of those that arrived within the previous twelve months indicated 38 had an initial risk screening completed. All 38 were within the required 72 hours. Interviews with 36 inmates that arrived within the previous eighteen months indicated 21 were asked the risk screening questions. Most indicated they were asked when they first came into the facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. COP 934.00, page 3 states inmates are screened within 24 hours of arrival at the facility using an objective screening instrument. Intake screening shall consider at a minimum, criteria to assess inmates for risk of sexual victimization: age and physical build of the inmate; whether the inmate has a mental, physical or developmental disability; previous incarceration, criminal history or previous convictions for sex offenses against adult or child; current charges or current detention solely for civil immigration purposes; whether the inmate is or is perceived to be: gay, lesbian, bi-sexual, transgender, intersex or gender nonconforming; the inmate's own perception of vulnerability; whether the inmate has previously experienced sexual victimization; prior acts of sexual abuse; prior violent offense conviction and history of prior institutional physical or sexual violence. COP 920.00, pages 2-3 state the objective screening instrument includes questions as to: mental health; physical and developmental disability; age; physical build; previous incarceration; criminal history; prior conviction of sexual offenses or victimization; lesbian, gay, bi-sexual, transgender, intersex (LGBTI) or gender non-conforming and inmate's perception of vulnerability. The risk assessment is completed via four tools: the initial inmate intake survey, the medical history and physical assessment with

mental health, the classification prescreening and the receiving screening. A review of the initial inmate intake survey indicates it includes, physical disability and whether the individual is transgender, intersex or gender non-conforming. The medical history and physical assessment with mental health includes, if the inmate has been a victim of sexual abuse, if the inmate feels vulnerable, if the inmate has ever been arrested for a sex offense against an adult or child, if the inmate identifies as LGBTI or gender non-conforming, if the inmate is detained for any civil immigration purposes, if the inmate has a physical disability or developmental disability, if the inmate has been arrested before and the inmate's stature or physical build. The receiving screening includes, if the inmate has been a victim of sexual abuse, if the inmate has ever sexually abused or assaulted someone, if the inmate was ever arrested for a sex offense, if it is the inmates first arrest, if the inmate appears to have a mental or developmental disability or ADA needs, if the inmate identifies or presents as LGBTI or gender non-conforming, if the inmate feels vulnerable, the inmates stature/physical build and if the inmate is detained for civil immigration purposes. A review of the classification prescreening indicates it includes, whether criminal history is exclusively non-violent, age, if the inmate is being held for civil immigration only, physical stature, LGBTI or gender non-conforming, the inmates feeling of vulnerability, history of sexual abuse or harassment, if it is the inmates first incarceration, history of sexually predatory behavior/prior convictions for sex offenses against a child, registered sex offender, predatory charges and gang affiliation. The auditor observed that all of these screenings are completed in order to obtain the required elements under provisions (d) and (e). These questions are completed in different systems, none of which are integrated. As such, responses to questions in one system are not accessible in another system. Additionally, there is not an objective format for determining risk of victimization. The use of these systems and responses are not outlined to determine risk of victimization and abusiveness via a tally, weighted or other method based on responses. Rather, staff (can be any of the staff who conduct any of the four screening forms) determine risk based on their opinion if an individual is at risk of victimization and abusiveness.

115.41 (d): COP 934.00, page 3 states inmates are screened within 24 hours of arrival at the facility using an objective screening instrument. Intake screening shall consider at a minimum, criteria to assess inmates for risk of sexual victimization: age and physical build of the inmate; whether the inmate has a mental, physical or developmental disability; previous incarceration, criminal history or previous convictions for sex offenses against adult or child; current charges or current detention solely for civil immigration purposes; whether the inmate is or is perceived to be: gay, lesbian, bi-sexual, transgender, intersex or gender nonconforming; the inmate's own perception of vulnerability; whether the inmate has previously experienced sexual victimization; prior acts of sexual abuse; prior violent offense conviction and history of prior institutional physical or sexual violence. COP 920.00, pages 2-3 state the objective screening instrument includes questions as to: mental health; physical and developmental disability; age; physical build; previous incarceration; criminal history; prior conviction of sexual offenses or victimization;

lesbian, gay, bi-sexual, transgender, intersex (LGBTI) or gender non-conforming and inmate's perception of vulnerability. A review of the initial inmate intake survey indicates it includes, physical disability and whether the individual is transgender, intersex or gender non-conforming. The medical history and physical assessment with mental health includes, if the inmate has been a victim of sexual abuse, if the inmate feels vulnerable, if the inmate has ever been arrested for a sex offense against an adult or child, if the inmate identifies as LGBTI or gender non-conforming, if the inmate is detained for any civil immigration purposes, if the inmate has a physical disability or developmental disability, if the inmate has been arrested before and the inmate's stature or physical build. The receiving screening includes, if the inmate has been a victim of sexual abuse, if the inmate has ever sexually abused or assaulted someone, if the inmate was ever arrested for a sex offense, if it is the inmates first arrest, if the inmate appears to have a mental or developmental disability or ADA needs, if the inmate identifies or presents as LGBTI or gender non-conforming, if the inmate feels vulnerable, the inmates stature/physical build and if the inmate is detained for civil immigration purposes. A review of the classification prescreening indicates it includes, whether criminal history is exclusively non-violent, age, if the inmate is being held for civil immigration only, physical stature, LGBTI or gender non-conforming, the inmates feeling of vulnerability, history of sexual abuse or harassment, if it is the inmates first incarceration, history of sexually predatory behavior/prior convictions for sex offenses against a child, registered sex offender, predatory charges and gang affiliation. The staff who perform the risk screening indicated that the initial risk screening is completed through a review of current information available on the inmate, through asking questions on the screening tool and through observations. The staff stated they ask about drugs, suicide, gender identity, sexual preference, prior sexual abuse and gang affiliation. They observe the inmates stature and they review prior criminal history, prior incarcerations, disabilities and prior sexual offenses.

115.41 (e): COP 934.00, page 3 states inmates are screened within 24 hours of arrival at the facility using an objective screening instrument. Intake screening shall consider at a minimum, criteria to assess inmates for risk of sexual victimization: age and physical build of the inmate; whether the inmate has a mental, physical or developmental disability; previous incarceration, criminal history or previous convictions for sex offenses against adult or child; current charges or current detention solely for civil immigration purposes; whether the inmate is or is perceived to be: gay, lesbian, bi-sexual, transgender, intersex or gender nonconforming; the inmate's own perception of vulnerability; whether the inmate has previously experienced sexual victimization; prior acts of sexual abuse; prior violent offense conviction and history of prior institutional physical or sexual violence. COP 920.00, pages 2-3 state the objective screening instrument includes questions as to: mental health; physical and developmental disability; age; physical build; previous incarceration; criminal history; prior conviction of sexual offenses or victimization; lesbian, gay, bi-sexual, transgender, intersex (LGBTI) or gender non-conforming and inmate's perception of vulnerability. A review of the initial inmate intake survey

indicates it includes, physical disability and whether the individual is transgender, intersex or gender non-conforming. The medical history and physical assessment with mental health includes, if the inmate has been a victim of sexual abuse, if the inmate feels vulnerable, if the inmate has ever been arrested for a sex offense against an adult or child, if the inmate identifies as LGBTI or gender non-conforming, if the inmate is detained for any civil immigration purposes, if the inmate has a physical disability or developmental disability, if the inmate has been arrested before and the inmate's stature or physical build. The receiving screening includes, if the inmate has been a victim of sexual abuse, if the inmate has ever sexually abused or assaulted someone, if the inmate was ever arrested for a sex offense, if it is the inmates first arrest, if the inmate appears to have a mental or developmental disability or ADA needs, if the inmate identifies or presents as LGBTI or gender non-conforming, if the inmate feels vulnerable, the inmates stature/physical build and if the inmate is detained for civil immigration purposes. A review of the classification prescreening indicates it includes, criminal history is exclusively non-violent, age, if the inmate is being held for civil immigration only, physical stature, LGBTI or gender non-conforming, inmates feeling of vulnerability, history of sexual abuse or harassment, if it is the inmates first incarceration, history of sexually predatory behavior/prior convictions for sex offenses against a child, registered sex offender, predatory charges and gang affiliation. The staff who perform the risk screening indicated that the initial risk screening it completed through a review of current information available on the inmate, through asking questions on the screening tool and through observations. The staff stated they ask about drugs, suicide, gender identity, sexual preference, prior sexual abuse and gang affiliation. They observe the inmates stature and they review prior criminal history, prior incarcerations, disabilities and prior sexual offenses.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PAQ stated that classification utilizes a continuous review process based on information received throughout an inmate's incarceration such as incident reports, DR, etc.. Wellpath Palm Beach County Jail - Response to Sexual Abuse, page 5 states all patients will be screened within 14 days of intake for risk potential and/or history of sexual victimization or abusiveness and need for treatment as a component of the health history and assessment conducted by qualified health care staff. Prior facility health records, when applicable, will be reviewed for evidence of sexual victimization or abusiveness history. A review of the Medical History and Physical Assessment with Mental Health form indicates that inmates are asked if they have ever been a victim of sexual abuse, if they feel vulnerable and if they identify or are perceived to identify as LGBTI or gender non-conforming. The form also asks an additional five questions. The PAQ indicated that 3564, or 100% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The PC further stated that not every inmate is

reassessed every 30 days. Only those with behavior issues or incidents that require a reassessment. One staff member is assigned to the special detail of conducting the re-class reviews for the facilities. The interview with the staff responsible for the risk screening indicated individuals are not reassessed. The staff stated that a reassessment would depend on the case and if they received any information from the courts. A review of 42 inmate files of those that arrived in the previous twelve months indicated that 36 had a reassessment completed. Two were not completed and four were not completed due to the inmate being released prior to the 30 days. Interviews with 36 inmates who arrived in the previous twelve months indicated that five had been ask the risk screening questions on more than one occasion. The five stated they were asked a week or six months after arrival. The auditor observed that while all inmates are reassessed utilizing the Medical History and Physical Assessment, this reassessment is not utilized in the objective risk screening tool as outlined in provision (c). The current process does not allow for the reassessment to affect the inmate's risk of victimization or abusiveness based on the responses provided. The information obtained by this screening is not communicated to anyone and since the screening tool is not tied to any of the other screening tools, this information is simply obtained by medical and utilized for their purposes. This information is not utilized as the standard intends, to reassess risk level using the objective screening tool.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. During the interim report period, the facility updated COP 934.00. Page 3 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. During the previous twelve months the facility had two substantiated sexual abuse allegations. Neither of the two victims were documented with a reassessment due to incident of sexual abuse. The interview with the staff responsible for the risk screening indicated individuals would be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information. The staff stated a lot of times the charges change so they have to review the individual to raise or drop custody level. Interviews with 36 inmates who arrived in the previous twelve months indicated that five had been ask the risk screening questions on more than one occasion. The five stated they were asked a week or six months after arrival.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. COP 934.00, page 3 states inmates will not be disciplined for refusing to answer, or



not disclosing complete information asked during the initial screening. The interview with the staff responsible for the risk screening confirmed that individuals are not disciplined for refusing to answer risk screening questions.

115.41 (i): COP 934.00, page 3 states information collected at Intake will be utilized in the decision of appropriate housing placement, taking into consideration potential vulnerabilities or sexual victimization as well as sexually aggressive or assaultive behavior. Inmate files are paper and electronic. The paper files are maintained in locked filing cabinets and all requests for access to inmate files goes through the classification staff. Only those with a need to know are provided the inmate file. The initial risk screening is completed electronically and is not placed in the inmate's file. Only classification staff have access to the electronic risk screening information. The risk reassessment is completed by mental health care staff and is only accessible to medical and mental health care staff. Medical and mental health files are both paper and electronic. The records room is staffed and when it is not staffed the door is locked with limited access. Electronic records are only accessible to records clerks and medical and mental health care staff. The medical records staff member confirmed that records would not be disseminated to correctional staff.

The PREA Coordinator confirmed that the agency has outlined who should have access to the risk screening information so the sensitive information is not exploited. She stated the information is asked through medical, mental health and classification and those are the individuals with access to the information. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. She stated the information is confidential and that medical records are separate from inmate records. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. The staff stated a Deputy does not complete the risk screening and does not have access, rather classification does.

Based on a review of the PAQ, COP 934.00, COP 920.00, Wellpath Palm Beach County Jail - Response to Sexual Abuse, Initial Inmate Intake Survey, Classification Prescreening, Medical History and Physical Assessment with Mental Health, Receiving Screening, Inmate Assessment and Reassessment Documents, observations made during the tour and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to require corrective action. The auditor was provided a demonstration of the initial risk assessment. At the West Detention Center risk assessments are completed in a cubical areas that is open and not confidential. A review of the initial inmate intake survey indicates it includes, physical disability and whether the individual is transgender, intersex or gender non-conforming. The medical history and physical assessment with mental health

includes, if the inmate has been a victim of sexual abuse, if the inmate feels vulnerable, if the inmate has ever been arrested for a sex offense against an adult or child, if the inmate identifies as LGBTI or gender non-conforming, if the inmate is detained for any civil immigration purposes, if the inmate has a physical disability or developmental disability, if the inmate has been arrested before and the inmate's stature or physical build. The receiving screening includes, if the inmate has been a victim of sexual abuse, if the inmate has ever sexually abused or assaulted someone, if the inmate was ever arrested for a sex offense, if it is the inmates first arrest, if the inmate appears to have a mental or developmental disability or ADA needs, if the inmate identifies or presents as LGBTI or gender non-conforming, if the inmate feels vulnerable, the inmates stature/physical build and if the inmate is detained for civil immigration purposes. A review of the classification prescreening indicates it includes, whether criminal history is exclusively non-violent, age, if the inmate is being held for civil immigration only, physical stature, LGBTI or gender non-conforming, the inmates feeling of vulnerability, history of sexual abuse or harassment, if it is the inmates first incarceration, history of sexually predatory behavior/prior convictions for sex offenses against a child, registered sex offender, predatory charges and gang affiliation. The auditor observed that all of these screenings are completed in order to obtain the required elements under provisions (d) and (e). These questions are completed in different systems, none of which are integrated. As such, responses to questions in one system are not accessible in another system. Additionally, there is not an objective format for determining risk of victimization. The use of these systems and responses are not outlined to determine risk of victimization and abusiveness via a tally, weighted or other method based on responses. Rather, staff (can be any of the staff who conduct any of the four screening forms) determine risk based on their opinion if an individual is at risk of victimization and abusiveness. The screening forms are also missing elements under provision (d) to include prior institutional violence and prior convictions for violent offenses. The auditor observed that while all inmates are reassessed utilizing the Medical History and Physical Assessment, this reassessment is not utilized in the objective risk screening tool as outlined in provision (c). The current process does not allow for the reassessment to affect the inmate's risk of victimization or abusiveness based on the responses provided. The information obtained by this screening is not communicated to anyone and since the screening tool is not tied to any of the other screening tools, this information is simply obtained by medical and utilized for their purposes. This information is not utilized as the standard intends, to reassess risk level using the objective screening tool. Further the PC further stated that not every inmate is reassessed every 30 days. Only those with behavior issues or incidents that require a reassessment. One staff member is assigned to the special detail of conducting the re-class reviews for the facilities. The interview with the staff responsible for the risk screening indicated individuals are not reassessed. The staff stated that a reassessment would depend on the case and if they received any information from the courts. During the previous twelve months the facility had two substantiated sexual abuse allegations. Neither of the two victims were documented with a reassessment due to incident of sexual abuse. A review of 42 inmate files of those that arrived within the previous twelve months indicated 38 had an initial risk screening completed. All 38 were within the required 72 hours. A review of 42 inmate

files of those that arrived in the previous twelve months indicated that 36 had a reassessment completed. Two were not completed and four were not completed due to the inmate being released prior to the 30 days.

#### Corrective Action

The agency will need to ensure that the risk screening at the West Detention Center is completed in a private/confidential setting. The auditor will need to be provided a process memo indicating where this will take place. The agency will need to utilize an objective risk screening tool that includes all the required elements under provision (d) and (e). The tool should have an objective tally or weighted system as required by inmate responses, staff observations and staff review of the inmates file and information. The risk screening tool will need to either be in one system or the systems being utilized will need to talk to one another to ensure that the information is shared and can be tallied/weighted appropriately. The agency will need to provide the auditor with their updated risk screening tool as well as information on how it will be utilized. All current inmates and all future inmates will need to be screened using the updated risk screening tool. A sample of the current inmate population will need to be provided. Additionally, the agency will need to provide a list of inmates that arrive during the corrective action period for the auditor to select to review their initial risk screening documents. The agency will also need to develop an appropriate process for the reassessment. If the agency intends to utilize the information from the Medical History and Physical Assessment, this information will need to somehow be connected to the information collected during the initial risk screening to ensure that any responses that differ from the initial response upon intake can be utilized to determine if the inmate's risk level changes based on the tally/weighted system. The facility will need to provide any updates reassessment tools and direction on how these tools will be utilized. The auditor will need to be provided reassessments for all inmates during the corrective action period that are selected for the initial risk assessment review. The agency will also need to ensure that all inmates are reassessed when warranted due to request, referral, receipt of additional information and incident of sexual abuse. All inmate victims of substantiated and unsubstantiated sexual abuse should be reassessed using the objective risk screening tool. All inmate perpetrators of substantiated sexual abuse should also be reassessed. The agency will need to provide a list of all sexual abuse allegations during the corrective action period along with the investigative outcome. The agency will need to provide reassessment for all inmate victims and perpetrators as outlined above.

#### Recommendation

The auditor recommends that the agency update their policy related to provision (f)

to clarify that the fourteen day health assessment and annual physical exam is the risk reassessment.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Training Email on Location of Risk Screening
2. Updated Risk Screening Tool
3. Examples of Use of Risk Screening Tool

The facility provided a training email that was sent to staff that advised them to conduct risk assessment in a private setting outside of earshot of other staff and inmates.

During the corrective action period the facility provided an updated risk screening tool. The auditor determined the updated tool was still not adequate as it was not an objective weighted/tallied tool. The updated tool indicated that a single yes response to a few of the questions determined the inmate was at high risk. The facility provided a second updated risk screening tool that had a weighted component considered. Questions were given a specific weight and the directions illustrated scores that designated inmates as high risk. Further examination of the tool by the auditor revealed that the weights were not consistent across the original risk screening provided and the examples of completed risk assessments provided. A few had one questions weighted at 250 points while another had the same question as 50 points. Further, the victimization factors and the abusiveness factors were not separate and as such the weights were being included in both categories (i.e. weight for someone who has been a victim of sexual abuse was being considered in the abusiveness section). As such the auditor determined the second updated risk screening tool was also not adequate. The facility provided the second updated risk screening tool a week prior to the completion of the corrective action period. Staff training records were not provided on either of the updated risk screening tools or the process. Additionally, the facility did not provide any documentation related to 30 day risk reassessments and risk assessments due to incident of sexual abuse and receipt of additional information.

Based on the documentation provided the facility has not corrected this standard.

**115.42 Use of screening information**

**Auditor Overall Determination:** Does Not Meet Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 920.00 – Inmate Classification Process
3. Corrections Operating Procedure (COP) 920.01 – Transgender Housing
4. High Risk Lists
5. Transgender and Intersex Inmate Housing Reviews
6. Biannual Assessments
7. LGBTI Inmate Housing Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender or Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Housing Assignments of LGBTI Inmates
2. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. COP 920.00, page 3 states based on responses and other initial information to these questions, individualized determinations on appropriate safe housing are made. Special housing considerations should be made for inmates who present a threat to the staff, other inmates, or themselves. Page 5 further states that classification officers shall make changes in inmate's housing, custody, work assignment or programs status based on updated information. The interview with the PCM indicated that intake staff and medical staff conduct the initial risk screening. She stated they communicate together to come up with a housing plan to keep inmates safe. She further stated that if there is an abuser they try to keep them separated. The staff responsible for the risk indicated that information from the risk screening is utilized to place the individual in the best housing. The staff stated that if the inmate felt they were a victim, they would place them in the best housing available. The facility provided the auditor with their high risk of victimization and high risk of abusiveness lists. Only one inmate was on the lists. Additionally, the facility could not provide documentation on how the information from the risk screening was utilized to inform housing, bed, work, education and program assignments. The facility did not have a tracking mechanism related to those inmates who may be deemed high risk by classification and/or medical staff under their current risk screening system (based on staff's opinion/perception), therefore the auditor was unable to audit whether the current system was meeting the goal of keeping those at risk of victimization from those at high risk of being sexually abusive. The auditor identified that the current risk screening tool being utilized was not adequate and as such housing, bed, work, program and education assignments of the current inmate population was not adequate under this standard.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. COP 920.00, page 3 states based on responses and other initial information to these questions, individualized determinations on appropriate safe housing are made. Special housing considerations should be made for inmates who present a threat to the staff, other inmates, or themselves. The staff responsible for the risk indicated that information from the risk screening is utilized to place the individual in the best housing. The staff stated that if the inmate felt they were a victim, they would place them in the best housing available. The facility provided the auditor with their high risk of victimization and high risk of abusiveness lists. Only one inmate was on the lists. Additionally, the facility could not provide documentation on how the information from the risk

screening was utilized to inform housing, bed, work, education and program assignments. The facility did not have a tracking mechanism related to those inmates who may be deemed high risk by classification and/or medical staff under their current risk screening system (based on staff's opinion/perception), therefore the auditor was unable to audit whether the current system was meeting the goal of keeping those at risk of victimization from those at high risk of being sexually abusive. The auditor identified that the current risk screening tool being utilized was not adequate and as such housing, bed, work, program and education assignments of the current inmate population was not adequate under this standard.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. COP 920.01, page 2 states transgender and intersex inmates will be interviewed and assigned an appropriate housing assignment by Classification. The inmate will be assigned a housing assignment based on their safety/security needs, housing availability, gender identity and genitalia. Classification will interview the inmate and ask their opinion on vulnerability in general population male or female units. This information, along with previous housing assignments, will be taken into consideration by Classification. The facility commander or designee, and health authority, or designee will review the proposed assignment before it is implemented. The interview with the PCM indicated she tracks all LGBTI inmates and she ensures they are followed up with by mental health. She indicated she is informed by classification who identifies as LGBTI and that they determine if housing is appropriate for them based on their gender identity and/or sexual preference. She indicated they can be housed with others or by themselves. The PCM confirmed housing assignments take into consideration the safety of the inmate and whether the placement will present any security or management problems. The auditor confirmed that the agency had placed transgender female inmates in female units after a review of housing had been completed. Interviews with two transgender inmates indicated neither were asked about how they felt about their safety with regard to housing, programming and other assignments. A review of documentation for four transgender inmates indicated that housing was reviewed frequently for the inmates by security, medical and mental health. Additionally, mental health staff documented any issues or concerns expressed by the inmate during the contact.

115.42 (d): The interview with the PCM indicated that transgender and intersex individuals are reassessed every 30 days by mental health. The interview with the staff responsible for the risk screening stated reassessments are dictated by medical. A review of documentation for four transgender inmates that all four were reviewed at least twice a year. Most of the inmates were reviewed numerous times, typically every 30 days, by mental health care staff.

115.42 (e): COP 920.01, page 2 states transgender and intersex inmates will be

interviewed and assigned an appropriate housing assignment by Classification. The inmate will be assigned a housing assignment based on their safety/security needs, housing availability, gender identity and genitalia. Classification will interview the inmate and ask their opinion on vulnerability in general population male or female units. This information, along with previous housing assignments, will be taken into consideration by Classification. The facility commander or designee, and health authority, or designee will review the proposed assignment before it is implemented. The interviews with the PCM and the staff responsible for risk screening confirmed that the transgender or intersex individuals' own views with respect to his/her safety would be given serious consideration. The risk screening staff stated that nine times out of ten they house transgender and intersex inmates in the infirmary to keep them safe until they hear otherwise from medical. Interviews with two transgender inmates indicated neither were asked about how they felt about their safety with regard to housing, programming and other assignments. A review of documentation indicated that mental health staff met with the transgender inmates frequently and documented any concerns they may have had related to numerous subjects.

115.42 (f): COP 934.00, page 3 states transgender and intersex inmates shall be given the opportunity to shower and perform personal hygiene functions separately from other inmates. COP 920.01, page 2 states transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The interview with the PCM and the risk screening staff confirmed that transgender and intersex individuals are provided the opportunity to shower separately. The PCM stated that transgender and intersex inmates utilize the infirmary shower. She stated they would be escorted to the area for separate showers. During the tour it was observed that showers in all units were single person and had saloon style doors or raised walls that provided adequate privacy. The interviews with two transgender inmates confirmed that both are given the opportunity to shower separately.

115.42 (g): The interviews with the PC and PCM confirmed that the agency does not have a consent decree, legal settlement or legal judgment that for placement of LGBTI individuals in a specific facility, unit or wing. Interviews with the three LGB inmates and two transgender inmate indicated three of the five felt that LGBTI inmates were not placed in one dedicated facility, housing unit or wing based on sexual preference and/or gender identity. Two of the inmates indicated that transgender inmates are placed in the medical unit. A review of documentation indicated that LGBTI inmates were housed across numerous housing units at the facility. It should be noted that four transgender inmates the auditor selected for interview (two declined) were housed across four different housing units.

Based on a review of the PAQ, COP 920.00, COP 920.01, High Risk Lists, Transgender and Intersex Inmate Housing Reviews, Biannual Assessments, LGBTI Inmate Housing Documents, observations made during the tour and information from interviews with



the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. The staff responsible for the risk indicated that information from the risk screening is utilized to place the individual in the best housing. The staff stated that if the inmate felt they were a victim, they would place them in the best housing available. The facility provided the auditor with their high risk of victimization and high risk of abusiveness lists. Only one inmate was on the lists. Additionally, the facility could not provide documentation on how the information from the risk screening was utilized to inform housing, bed, work, education and program assignments. The facility did not have a tracking mechanism related to those inmates who may be deemed high risk by classification and/or medical staff under their current risk screening system (based on staff's opinion/perception), therefore the auditor was unable to audit whether the current system was meeting the goal of keeping those at risk of victimization from those at high risk of being sexually abusive. The auditor identified that the current risk screening tool being utilized was not adequate and as such housing, bed, work, program and education assignments of the current inmate population was not adequate under this standard.

#### Corrective Action

Once the agency updates their current screening tool under Standard 115.41 they will need to develop a tracking process for inmates who score at high risk of victimization and high risk of abusiveness. The tracking mechanism should include housing, bed, work, program and education assignments. The tracking mechanism should be utilized by staff who make these assignments to ensure that those on the high victimization list are not in contact with those on the high abusiveness list. Once all current inmates are assessed using the updated risk screening tool, the tracking mechanism will need to be forwarded to the auditor to confirm that housing, bed, work, program and education assignments are made using the information from the tool on an individual basis and that no inmates on the high victimization list are in contact with those on the high abusiveness list.

#### Recommendation

The auditor recommends that the agency utilize a more descriptive method to document individual determinations for transgender and intersex inmate housing. The documentation should include the male/female housing determination and provide information on how the determination was made related to safety, security and management.

## Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

### Additional Documents:

1. Updated Risk Screening Tool
2. Examples of Use of Risk Screening Tool
3. High Risk Lists

During the corrective action period the facility provided an updated risk screening tool. The auditor determined the updated tool was still not adequate as it was not an objective weighted/tallied tool. The updated tool indicated that a single yes response to a few of the questions determined the inmate was at high risk. The facility provided a second updated risk screening tool that had a weighted component considered. Questions were given a specific weight and the directions illustrated scores that designated inmates as high risk. Further examination of the tool by the auditor revealed that the weights were not consistent across the original risk screening provided and the examples of completed risk assessments provided. A few had one questions weighted at 250 points while another had the same question as 50 points. Further, the victimization factors and the abusiveness factors were not separate and as such the weights were being included in both categories (i.e. weight for someone who has been a victim of sexual abuse was being considered in the abusiveness section). As such the auditor determined the second updated risk screening tool was also not adequate.

The facility conducted risk assessments on all current inmates utilizing the updated risk screening tool and provided the auditor with a list of high risk inmates. Due to the inadequacies of the risk screening tool the auditor determined that the high risk lists were not accurate. As such, the auditor could not conclude that information from the risk screening is utilized for housing, programming and job assignments with the goal of keeping separate those at high risk of victimization from those at high risk of abusiveness.

Based on the documentation provided the facility has not corrected this standard.

**115.43 Protective Custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

## Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. Corrections Operating Procedure (COP) 918.00 – Special Management Units
4. Housing Assignments of Inmates at High Risk of Victimization

## Interviews:

1. Interview with the Jail Administrator
2. Interview with Staff who Supervise Inmates in Segregated Housing

## Site Review Observations:

1. Observations in the Segregation Unit

## Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. COP 934.00, page 3 states inmates at high risk for sexual victimization shall only be placed in segregated housing after an assessment of all available alternatives has been made, and it has been determined that there are no other alternative available means of separation from likely abusers. Inmates placed in segregated housing for this purpose shall have equal access to all programs and privileges. The above risk will be assessed, identified, monitored, and counseling will be done through the mental health staff. Inmates identified as at risk for sexual victimization or sexual assaultive behavior are assessed by a mental health professional. Those inmates at risk are identified, monitored, and counseled to determine underlying reasons or motivations for abuse.

The Jail Administrator confirmed that the agency has a policy that prohibits placing individuals at high risk of 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. The facility had one inmate identified as high risk of victimization. The inmate was not housed in segregated housing.

115.43 (b): COP 918.00, page 4 states inmates in administrative segregation and protective custody receive privileges comparable to those in general population. Page 5 further states whenever an inmate is deprived of any usually authorized item or activity, a report of the action will be made and forwarded to the division commander or designee. Exceptions to these items and activities are permitted only when found necessary by the supervisor on duty, and any exception shall be recorded in the unit logbook or chronological. The interview with the staff who supervise inmates in segregated housing indicated that high risk inmates placed in segregated housing for protective custody would not be denied services because they are not on disciplinary. The staff stated they would be kept separate from the other for safety. The staff member further confirmed that any restrictions would be documented and that restrictions would only be placed due to discipline. During the tour the observed that the segregated housing unit at the West Detention Center had hearing rooms in the sally port and a separate indoor/outdoor recreation area. The Main Detention Center did not have hearing rooms but did have a separate indoor/outdoor recreation area. Inmates in segregated housing come out of their cell weekly for showers, recreation and medical. Inmates are afforded access to a rolling phone and rolling kiosk at least twice a week. Deputies also pick up any grievances, requests or other correspondence during rounds. The facility had one inmate identified as high risk of victimization. The inmate was not housed in segregated housing. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): The PAQ indicated there were zero inmates assigned to involuntary segregated housing due to their risk of victimization. COP 934.00, page 3 states inmates at high risk for sexual victimization shall only be placed in segregated housing after an assessment of all available alternatives has been made, and it has been determined that there are no other alternative available means of separation from likely abusers. Inmates placed in segregated housing for this purpose shall have equal access to all programs and privileges. The above risk will be assessed, identified, monitored, and counseling will be done through the mental health staff. Inmates identified as at risk for sexual victimization or sexual assaultive behavior are assessed by a mental health professional. Those inmates at risk are identified, monitored, and counseled to determine underlying reasons or motivations for abuse. The interview with the Jail Administrator confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. She stated they review those in segregated housing every seven days. The

interview with the staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. The staff stated if they were placed on protective custody they would have other areas to house them and if they were on administrative segregation they would release them to general population and have keep separates placed against the other inmates. The staff member further stated that involuntary segregated housing would typically not last longer than the length of time it takes to complete an investigation. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of inmates at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. COP 918.00, page 4 states inmates in administrative segregation and protective custody receive privileges comparable to those in general population. Page 5 further states whenever an inmate is deprived of any usually authorized item or activity, a report of the action will be made and forwarded to the division commander or designee. Exceptions to these items and activities are permitted only when found necessary by the supervisor on duty, and any exception shall be recorded in the unit logbook or chronological. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. COP 918.00, page 3 states the justification for each inmate placed into segregation will be reviewed within 72 hours. Review of the status of each inmate remaining in segregation shall take place every seven days for the first two months and at least every 30 days thereafter. The interview with the staff who supervise inmates in segregated housing confirmed that any individuals that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. The staff stated that there are segregated housing meetings every two weeks. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

Based on a review of the PAQ, COP 934.00, COP 918.00, Housing Assignments of Inmates at High Risk of Victimization observations from the facility tour and information from the interviews with the Jail Administrator and staff who supervise

	inmates in segregated housing indicates that this standard appears to be compliant.
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<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 927.02 – Inmate Grievance Procedures</li> <li>4. Corrections Operating Procedures (COP) 927.04 – Foreign Nationals Access to Diplomatic Representation</li> <li>5. Inmate Rules and Regulations (Handbook)</li> <li>6. PREA Posters</li> <li>7. Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services</li> <li>8. A Guide for the Prevention and Reporting of Sexual Abuse of Offender Brochure</li> <li>9. Incident Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Compliance Manager</li> <li>2. Interview with Random Staff</li> <li>3. Interview with Random Inmates</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observation of PREA Reporting Information in all Housings Units</li> </ol> <p>Findings (By Provision):</p>

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. COP 934.00, page 3 states Written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Page 4 further states inmates may report to: any staff member; a clergyman; their attorney or public defender; any medical or mental health staff member; submit a request slip, written correspondence or grievance; report via third party including fellow inmates, family members or outside advocates and by calling the 24 hour Rape Crisis Hotline. COP 927.00, page 1 states inmates have access to public telephones and are permitted to make collect calls and/or direct calls utilizing the funds in their telephone account. For the purpose of preserving security and orderly management of the facility, and to protect the public, inmate telephone calls are subject to monitoring and recording. "Free" calls are available to approved judicial entities during normal business hours. Inmates with speech and/or hearing disabilities, or those who wish to communicate with parties with these disabilities, have access to TDD (Telecommunications Devices for the Deaf). There also is volume controlled telephone service available for the hearing impaired. There is a dedicated line that is available through every facility inmate telephone, as part of the effort toward PREA (Prison Rape Elimination Act) compliance. Inmates may dial 7777 without using their PIN numbers or calling collect. This number rings directly into a twenty four hour a day victim services hotline, where they can report sexual assault, or harassment. A review of the Zero Tolerance Poster and Handbook confirmed that they included information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The Zero Tolerance Poster also states that reports can be made anonymously. Additionally, a review of the Orientation Video confirmed that it advises inmates they can report through 7777 or directly to a Deputy. During the tour the auditor had an inmate demonstrate the internal reporting mechanism. The inmate pulled up the kiosk information and confirmed that PREA is not a category for reporting and as such they would have to complete a paper request. Additionally, the inmate advised that grievances are not on the kiosk either. The inmate advised they would have to ask for a paper request from staff and they would have to submit the request back to the Deputy when complete. The auditor had the inmate assist with completing the paper request on January 18, 2022. When the request was provided to the Deputy, the Deputy advised that they would read it immediately and take action when the request is submitted. The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the

officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel. Interviews with 44 inmates indicated that 43 were aware of at least one way to report sexual abuse and sexual harassment. The inmates stated they can report through their family, a request, through staff or via the 7777 hotline. The eighteen random staff interviewed stated that inmates can report through the 7777 hotline, via a request or grievance and through any staff member.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ further indicate that agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. COP 934.00, page 3 states written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. Page 4 further states inmates may report to: any staff member; a clergyman; their attorney or public defender; any medical or mental health staff member; submit a request slip, written correspondence or grievance; report via third party including fellow inmates, family members or outside advocates and by calling the 24 hour Rape Crisis Hotline. COP 927.04, page 1 states pursuant to Federal law, whenever a foreign national is detained in a sheriff's detention center for any reason, an offer of consular assistance must be extended to each foreign national. Consular notification is only required at the option of the arrestee, unless the arrestee is from one of the jurisdictions with which the United States has agreements regarding mandatory notification (The Inmate Management Division will maintain a list of countries and jurisdictions that require mandatory notification). The agency has an MOU with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services (Victim Services) related to this provision. The MOU states that Victim Services will accept reports of sexual abuse, assault and/or harassment alleged to have occurred at PBSO Corrections facilities twenty four (24) hours a day - seven (7) days a week utilizing the 7777 hotline, coordinating care of the alleged victim with PBSO. It also states that Victim Services will maintain confidentiality of communication with inmates detained at PBSO. Communication with the organization indicated that the 7777 hotline is contracted out to another organization (211). The staff that answer the 7777 hotline are not certified victim advocates, although they do receive similar training that victim advocates receive. As such, they are not held to the same confidentiality and are able to report information



related to sexual abuse back to the facility without a written consent. A review of the PREA Poster and Handbook confirmed that they included information on the zero tolerance policy and reporting methods, including: to any staff, to any clergy, to a lawyer or public defender, to the 24 hour Rape Crisis Center by dialing 7777 and/or through a request slip or written correspondence. The PREA Poster also states that report can be made anonymously. Additionally, a review of the Orientation Video confirmed that it advises inmates they can report through 7777 or directly to a Deputy. The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel. The auditor tested the outside reporting mechanism through the 7777 hotline. The auditor called the hotline at both the Main Detention Center and the West Detention Center to confirm functionality. Inmates select a language (English or Spanish) and then press one for a collect call and enter the 7777 number. Instructions for the hotline are in both English and Spanish. When the call is connected pre-recorded information advises that the inmate has reached the rape crisis line and a trained person will respond immediately. On the first attempt to the 7777 line the auditor was placed on hold and then hung up on. On the second attempt the auditor reached a live person who confirmed that inmates are able to report sexual abuse and that the information would be forwarded to the facility. The staff confirmed that inmates are able to provide information without giving their name. On January 18, 2023 the auditor asked the staff member to complete the process of how they would report back to the facility to confirm functionality of the process. On January 18, 2023 the PC advised that a call was received by the on-duty supervisor from the rape crisis center related to the call. It should be noted that inmate phones are both monitored and recorded, however the call to 7777 does not require a pin number or any other identifiable information. The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster. Posters at the West Detention Center were observed in each housing unit near the phones and/or kiosk. Posters in the Main Detention Center were observed on the wall near the officer station. Posters were observed in English, Spanish and Creole and contained larger font on at least eleven by seven size paper. The posters included information on zero tolerance and reporting mechanism; including to staff, through the rape crisis center via the 7777 number, through the Watch Commander and through a third party. Informal conversation with staff and inmates confirmed that the PREA posters have been up for a while. A few inmates also stated that the PREA information is also shown on the television channel. The interview with the PCM indicated that inmates can report to their lawyer, friends and family. She further stated they can report to the rape crisis center. The PCM indicated the facility has a good relationship with the rape crisis center, so the Director keeps them informed of any reports of sexual

abuse. She indicated that anything reported to the rape crisis center is reported back to the facility to any supervisor. Interviews with 44 inmates indicated that eighteen were aware of the outside reporting mechanism and sixteen knew they could report anonymously. Most of the eighteen inmates indicated that they could report to a family member, friend or clergy as the outside reporting entity. Most of the inmates interviewed were aware of the 7777 hotline, however they were unsure if it was an internal or external reporting entity.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. COP 917.20, page 1 states all reports of sexual abuse are reported immediately and investigated thoroughly. It further states that correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents. A written record of incidents shall be promulgated for administrative review. Written reports must be submitted to the watch commander by the end of shift. Each staff member shall prepare and submit a written Inmate Incident Report for those incidents involving one or more inmates whenever they: witness the incident; take action to correct the incident; take action to prevent the incident from occurring; take post-incident action when they have knowledge an incident has or may have taken place. Further page 4 states PBSO provides multiple ways for inmates to report sexual assault/abuse or harassment. Inmates may report to: any staff member; clergyman, their attorney or public defender, any medical or mental health staff member, by submitting a request slip, written correspondence or grievance, via a third party including fellow inmates, family members or outside advocates and by calling the 24 hour Rape Crisis Hotline. Interviews with 44 inmates confirmed that 41 knew they could report verbally or in writing to staff and 39 were aware that they could report through a third party. Interviews with eighteen staff confirmed inmates can report verbally, in writing, anonymously and through a third party. Staff stated that verbal reports would be documented immediately or as soon as possible. A review of nineteen investigative reports indicated that nine were reported verbally, three were reported via the hotline, three were reported through a third party and three were reported in writing. The nine verbal reports were documented via an incident report. During the tour, the auditor asked staff to demonstrate how they complete written reports of sexual abuse and sexual harassment. A staff member pulled up the portal where incident reports are completed. The staff confirmed this portal is accessible from any computer in the facility and that each housing unit is equipped with a computer. The staff indicated that appropriate information is entered on the form and they have a sexual assault incident type that they can select. The electronic form is filled out and they can print it or they can electronically send it to the staff member that they mark it should go to. The staff demonstrated that they can choose who the report goes to, such as Captain, Lt, Colonel, etc.

	<p>115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated staff can report to any supervisor, watch commander, VCD detectives or call the 24 hour public rape crisis line. The PAQ further stated that staff are informed of these procedures through a copy of the Guide for Prevention and Reporting of Sexual Abuse of Offender Brochure. The Guide for Prevention and Reporting of Sexual Abuse of Offenders states that all employees have a duty to report knowledge of any inappropriate relationship between inmates, or with staff to their immediate supervisor through their chain of command immediately. Interviews with eighteen staff indicate that all eighteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Most staff indicated they can report to any leadership staff member and through a memo.</p> <p>Based on a review of the PAQ, COP 934.00, COP 927.02, COP 927.04, Inmate Rules and Regulations (Handbook), Zero Tolerance Poster, Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services, A Guide for the Prevention and Reporting of Sexual Abuse of Offender Brochure, Incident Reports, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.</p> <p>Recommendation</p> <p>The auditor recommends that the facility update their policy related to provision (c) to be more clear that staff are mandated to accept reports made verbally, in writing, anonymously and through a third party.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 927.02 - Inmate Grievance Procedures</li> <li>3. Grievance Log</li> </ol>

4. Sexual Abuse Grievances

5. Inmate Rules and Regulation (Handbook)

Interviews:

1. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is not exempt from this standard. COP 927.02 outlines the agency's grievance policy. Pages 2-3 note Prison Rape Elimination Act procedures for grievances.

115.52 (b): The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it stated that the policy requires an inmate to use an informal grievance process. Further communication with the PC indicated that this was incorrect and should have been marked no, indicating that inmates are not required to utilize the informal grievance process. COP 927.01, page 2 states there is no imposed time limit when an inmate may submit a grievance regarding an allegation of sexual abuse. A review of the Handbook indicates that pages 12-13 address the grievance process. Page 13 states there is no imposed time limit when you may submit a grievance regarding an allegation of sexual abuse. You may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint".

115.52 (c): The PAQ indicated that agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. COP 927.02, page 2 states an inmate who alleges sexual abuse by a staff member may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. A review of the Handbook indicates that pages 12-13 address the grievance process. Page 13 states there is no imposed time limit when you may submit a grievance regarding an allegation of sexual abuse. You may submit a grievance without submitting it to a staff member who is the subject of the complaint and such

grievance is not referred to a staff member who is the subject of the complaint”.

115.52 (d):The PAQ indicated that the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ indicated that there were two grievances of sexual abuse filed in the previous twelve months and the grievances reached a final decision within 90 days after being filed. The PAQ further stated that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. COP 927.02, page 2 states PBSO shall issue a final 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 shall not include time consumed by inmates in preparing any administrative appeal. PBSO may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. PBSO shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. 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; the inmate may consider the absence of a response to be a denial at that level. A review of the two sexual abuse grievances indicated that one grievance involved an allegation that was previously reported and was under investigation. The grievance was related to an unrelated issue and indicated the inmates concern because he was sexually abused. A response was provided to the inmate related to his unrelated issue in appropriate timeframes. The second sexual abuse grievance was related to staff sexual harassment and was forwarded for investigation upon review by the Jail Administrator (40 days after submitted). The inmate was provided a response on the same day that it was being forwarded for investigation. A review of the grievance log confirmed there were no additional sexual abuse allegations reported via a grievance. The interviews with the inmates who reported sexual abuse indicated that none filed a grievance reporting their allegation. Two of the four stated they were informed of the outcome into their investigation a couple days to a week after they reported the allegation.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It further stated agency policy and procedure does not require that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate’s decision to decline. The PAQ indicated that there have not been any third-party grievances filed where the inmate declined to process it, in the previous twelve months. COP 927.02, page 2 states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to

allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. If the inmate declines to have the request processed on their behalf, the inmate's decision shall be documented. A review of the sexual abuse grievances and the grievance log confirmed there were zero third party grievances related to sexual abuse filed during the previous twelve months.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. Additionally, the PAQ stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. COP 927.02, pages 2-3 state a grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse may be filed at any time of the day or night (24 hours a day - seven days a week). After receiving such a grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member shall immediately forward the grievance (or any portion thereof which alleges the substantial risk of imminent sexual abuse) to the watch commander on duty so that immediate action may be taken. PBSO shall provide an initial response within 48 hours, and shall issue a final decision within five calendar days. A review of the sexual abuse grievances and the grievance log confirmed there were zero grievances alleging imminent risk of sexual abuse filed during the previous twelve months.

115.52 (g): The PAQ stated that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. COP 927.02 page 3 states PBSO may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. A review of the two sexual abuse grievances indicated that neither inmate was disciplined.

Based on a review of the PAQ, COP 927.02, the Grievance Log, Sexual Abuse Grievances, Inmate Rules and Regulation (Handbook) and information from interviews with inmates who reported sexual abuse indicate that this standard is compliant.

	<p>Recommendation</p> <p>The auditor highly recommends that the facility update current policy and forms related to provision (b) of this standard. While the policy and the Handbook do not state that inmates are required to utilize the informal grievance process, the grievance form has a section that states "Have you attempted an informal resolution to this problem and if yes, with whom and when". While it does not state an informal is required, the lack of information specifically stating that inmates are not required to use the informal grievance process for sexual abuse may be confusing.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 928.00 - Inmate Access to Telephones</li> <li>4. Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services</li> <li>5. Inmate Rules and Regulations (Handbook)</li> <li>6. Victim Services &amp; Certified Rape Crisis Center Brochure</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Inmates</li> </ol> <p>Findings (By Provision):</p> <p>115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ also stated that the facility provides inmates with access to such services by enabling reasonable communication between</p>

inmates and these organizations in as confidential a manner as possible. The PAQ further indicated that the facility does not detain inmates solely for civil immigration purposes. COP 934.00, page 3 states written information is provided to every inmate in the Inmate Handbook on sexual abuse/assault/harassment to include: prevention, self-protection, and intervention of potential sexual abuse/assault/harassment; reporting methods in the event of sexual abuse/assault/harassment - it is the responsibility of the individual to report any sexual abuse/assault/harassment, potential vulnerabilities or tendencies of acting out with sexually aggressive behavior to any staff member; and treatment and counseling. COP 927.00, page 1 states inmates have access to public telephones and are permitted to make collect calls and/or direct calls utilizing the funds in their telephone account. For the purpose of preserving security and orderly management of the facility, and to protect the public, inmate telephone calls are subject to monitoring and recording. "Free" calls are available to approved judicial entities during normal business hours. Inmates with speech and/or hearing disabilities, or those who wish to communicate with parties with these disabilities, have access to TDD (Telecommunications Devices for the Deaf). There also is volume controlled telephone service available for the hearing impaired. There is a dedicated line that is available through every facility inmate telephone, as part of the effort toward PREA (Prison Rape Elimination Act) compliance. Inmates may dial 7777 without using their PIN numbers or calling collect. This number rings directly into a twenty four hour a day victim services hotline, where they can report sexual assault, or harassment. A review of the Victim Services & Certified Rape Crisis Center Brochure indicates that it includes information on the services they provide, the mission, the vision, Florida Statute, how to stay safe, what to do if you have been assaulted and contact information for the helpline and the physical locations across the county. Page 38 of the Inmate Handbook states that inmates can report through the 24 hour Rape Crisis Hotline at no charge on the inmate phone system by selecting the correct language, pressing the "collect" prompt and dialing 7777. During the tour the auditor observed PREA information posted throughout the facility, however none of the posted information pertained to outside victim advocacy services. The 7777 number was viewed on the Zero Tolerance Poster, however the information indicated this line was for reporting, rather than victim advocacy. The auditor tested the victim advocacy hotline during the tour. Inmates select a language (English or Spanish) and then press one for a collect call and enter the 7777 number. Instructions for the hotline are in both English and Spanish. When the call is connected pre-recorded information advises that the inmate has reached the rape crisis line and a trained person will respond immediately. The auditor called the 7777 hotline number and reached a live person. The staff of the hotline advised that the line is only for sexual assault to be reported. She stated that they do not provide victim advocacy services to people in jail. She further stated that they only report the information related to incidents of sexual abuse by those in jail. The staff stated only citizens outside the jail are provided victim advocacy services through the hotline. During the tour the auditor observed the mail process at both facilities. Incoming mail at the Main Detention Center is x-rayed and sorted into two types of mail, legal and regular. Legal mail is verified and taken to the inmate. The staff make a copy of the legal mail in front of the inmate and the original is shredded. Outgoing mail at the Main Detention Center is retrieved by the Deputies on the units



and processed by the mail room. Mail is not sealed when it is brought to the mail room. Mail room staff search outgoing mail to ensure there is not any contraband. Staff indicated that they do not read outgoing mail, they simply search for contraband. The staff stated that mail to the local rape crisis center is treated as legal mail. At the West Detention Center, the incoming and outgoing mail process is the same. The staff at the mailroom stated they were unsure if mail to the local rape crisis center was treated as legal mail. Interviews with 44 inmates, including the four who reported sexual abuse, indicated thirteen were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center. Of the fourteen inmates that advised they were provided contact information, most stated the information was provided but they did not know anything specific to the services or organization.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. COP 927.00, page 1 states inmates have access to public telephones and are permitted to make collect calls and/or direct calls utilizing the funds in their telephone account. For the purpose of preserving security and orderly management of the facility, and to protect the public, inmate telephone calls are subject to monitoring and recording. "Free" calls are available to approved judicial entities during normal business hours. Inmates with speech and/or hearing disabilities, or those who wish to communicate with parties with these disabilities, have access to TDD (Telecommunications Devices for the Deaf). There also is volume controlled telephone service available for the hearing impaired. There is a dedicated line that is available through every facility inmate telephone, as part of the effort toward PREA (Prison Rape Elimination Act) compliance. Inmates may dial 7777 without using their PIN numbers or calling collect. This number rings directly into a twenty four hour a day victim services hotline, where they can report sexual assault, or harassment. A review of the Victim Services & Certified Rape Crisis Center Brochure indicates that it includes information on the services they provide, the mission, the vision, Florida Statute, how to stay safe, what to do if you have been assaulted and contact information for the helpline and the physical locations across the county. The information in the Inmate Handbook does not address victim advocacy, rather a reporting mechanism. Page 38 of the Inmate Handbook states that inmates can report through the 24 hour Rape Crisis Hotline at no charge on the inmate phone system by selecting the correct language, pressing the "collect" prompt and dialing 7777. During the tour the auditor observed PREA information posted throughout the facility, however none of the posted information pertained to outside victim advocacy services. The 7777 number was viewed on the Zero Tolerance Poster, however the information indicated this line was for reporting, rather than victim advocacy. During the tour the auditor observed the mail process at both facilities. Incoming mail at the Main Detention Center is x-rayed and sorted into two types of mail, legal and regular. Legal mail is verified and taken to the inmate. The

staff make a copy of the legal mail in front of the inmate and the original is shredded. Outgoing mail at the Main Detention Center is retrieved by the Deputies on the units and processed by the mail room. Mail is not sealed when it is brought to the mail room. Mail room staff search outgoing mail to ensure there is not any contraband. Staff indicated that they do not read outgoing mail, they simply search for contraband. The staff stated that mail to the local rape crisis center is treated as legal mail. At the West Detention Center, the incoming and outgoing mail process is the same. The staff at the mailroom stated they were unsure if mail to the local rape crisis center was treated as legal mail. Additionally, the auditor was not provided any information that indicated inmates were advised of the level of confidentiality for the telephone number and mailing address provided in the Victim Services & Certified Rape Crisis Brochure. The brochure also had different contact information than the 7777 hotline, which goes to the Helpline. Interviews with 44 inmates, including the four who reported sexual abuse, indicated thirteen were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center. Of the fourteen inmates that advised they were provided contact information, most stated the information was provided but they did not know anything specific to the services or organization. Inmates are not detained solely for civil immigration purposes and therefore that part of the provision does not apply.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide inmates with emotional services related to sexual abuse and maintains copies of those agreements. The agency has an MOU with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services (Victim Services). The MOU states that Victim Services agrees to provide inmates detained at PBSO Corrections facilities services at no cost to PBSO. It states Victim Services agrees to: accept reports of sexual abuse, assault and/or harassment alleged to have occurred at PBSO Corrections facilities twenty four 24 a day - seven days a week utilizing the 7777 hotline, coordinating care of the alleged victim with PBSO; provide victim advocate services to inmates reporting sexual abuse/assault/harassment while confined to the PBSO Corrections facilities and/or during the time inmates are admitted to a hospital, ensuring the victim receives a medical evaluation and any treatment needed. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners; and provide follow-up services and crisis intervention to victims of sexual abuse/assault/harassment at PBSO, as resources allow. The MOU was executed in September 2015. The auditor contacted Palm Beach County Board of County Commissioners Public Safety Department - Victim Services related to victim advocacy services. The staff member advised that PBCVS is the certified rape crisis center for the county and services are free of charge to all victims of crime whenever requested. She confirmed that they do have an MOU with the agency and it was initially executed in 2015. She stated they are in the process of updating the MOU and will share the updates once it

is completed. The staff member confirmed that they provide accompaniment during forensic medical examinations at Wellington Regional Hospital and they have provided these services during the audit period. She stated they also provide services 24/7 to inmate reporting sexual abuse, assault and harassment during the time they are admitted to the hospital. The staff member indicated that their point of contact at the facility is the PC and the on-duty Sergeant. She stated she does not have any concerns related to PREA compliance or sexual safety at the facility.

Based on a review of the PAQ, COP 934.00, COP 928.00, Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services, Inmate Rules and Regulations (Handbook), Victim Services & Certified Rape Crisis Center Brochure observations from the facility tour as well as information from interviews with random inmates and inmates who reported sexual abuse indicates that this standard appears to require corrective action. While the agency has an MOU with the local rape crisis center, the MOU outlines the services related to accompaniment during the forensic medical examinations and follow-up services and crisis intervention, as resources allow. The MOU does not address services under this provision, including access to their hotline and their mailing address for correspondence. Additionally, the staff from PBCVS did not indicate that they provided the services under this standard. All information provided related to PBCVS, to include the 7777 number, express that this is for reporting, not for victim advocacy. During the tour the auditor observed PREA information posted throughout the facility, however none of the posted information pertained to outside victim advocacy services. The 7777 number was viewed on the Zero Tolerance Poster, however the information indicated this line was for reporting, rather than victim advocacy. The auditor tested the victim advocacy hotline during the tour. Inmates select a language (English or Spanish) and then press one for a collect call and enter the 7777 number. Instructions for the hotline are in both English and Spanish. When the call is connected pre-recorded information advises that the inmate has reached the rape crisis line and a trained person will respond immediately. The auditor called the 7777 hotline number and reached a live person. The staff of the hotline advised that the line is only for sexual assault to be reported. She stated that they do not provide victim advocacy services to people in jail. She further stated that they only report the information related to incidents of sexual abuse by those in jail. The staff stated only citizens outside the jail are provided victim advocacy services through the hotline. During the tour the auditor observed the mail process at both facilities. Incoming mail at the Main Detention Center is x-rayed and sorted into two types of mail, legal and regular. Legal mail is verified and taken to the inmate. The staff make a copy of the legal mail in front of the inmate and the original is shredded. Outgoing mail at the Main Detention Center is retrieved by the Deputies on the units and processed by the mail room. Mail is not sealed when it is brought to the mail room. Mail room staff search outgoing mail to ensure there is not any contraband. Staff indicated that they do not read outgoing mail, they simply search for contraband. The staff stated that mail to the local rape crisis center is treated as legal mail. At the West Detention Center, the incoming and outgoing mail process is

the same. The staff at the mailroom stated they were unsure if mail to the local rape crisis center was treated as legal mail. Interviews with 44 inmates, including the four who reported sexual abuse, indicated thirteen were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center.

#### Corrective Action

The agency will need to update their MOU with the local rape crisis center to ensure that it covers the requirements under this standard. The MOU should be clear to differentiate the duties under this standard to include providing inmates with confidential emotional support services through the hotline and via correspondence. The facility will need to ensure that the local rape crisis center staff are aware of these services. Additionally, the agency will need to update their Handbook and Posters to include the hotline and mailing address for the local rape crisis center. The agency will need to ensure they differentiate between emotional support services under this standard and reporting under Standard 115.51. The updated documentation should also include when and how the inmates can contact the local rape crisis center, if it costs anything to utilize the services and whether the calls/ correspondence will be monitored/recorded. The agency will also need to indicate the level of confidentiality as it relates to calling this service and mandatory reporting (this is imperative since the hotline is also utilized to report). Inmates should be assured that if they seek to obtain emotional support rather than reporting, the information they disclose will be confidential. In addition to the updated inmate documentation the agency will need to ensure all current and future inmates are aware of the resources. The facility will also need to train mail room staff on the level of confidentiality (legal mail) for incoming and outgoing correspondence with the rape crisis center. A copy of the updated MOU, updated Posters and updated Handbook will need to be provided to the auditor. Additionally, the facility will need to provide a process/assurance memo indicating how all current inmates were educated on these resources.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated Inmate Rules and Regulations (Handbook)
2. Documentation of Distribution of Handbook and Victim Services Brochure
3. Email Training on Mail to Victim Advocacy Service
4. Updated Memorandum of Understanding with the Palm Beach County Board of County Commissioners, Public Safety Department, Victim Services

The facility provided the updated Handbook that included information for Palm Beach Victim Services. The Handbook had information that advised inmates they can contact Palm Beach Victim Services for emotional support via the free 7777 hotline number and the mailing address. The updated Handbook also advised the line is available 24 hours a day, seven days a week. It also advised of limitations of confidentiality related to reporting. It advised that inmates can report through 7777 but they have to give consent for the report.

On April 13-14, 2023 the facility issued a copy of the updated Handbook and the Victim Services Brochure to all inmates at the facility.

The facility provided the auditor a training email that was sent to staff, including the mail room staff that advised that correspondence to and from Palm Beach Victim Services is treated like privileged mail, which is opened and copied and the copy is provided to the inmate. The correspondence is not read or monitored.

On August 25, 2023 the facility provided an executed updated MOU with Palm Beach Victim Services that outlined the services under this standard, including providing advocacy services through the hotline and via mail correspondence.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. Pre-Audit Questionnaire
2. Zero Tolerance Poster
3. Agency Website
4. Photos of Zero Tolerance Poster at Entrances

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the agency’s website confirms that third parties report to any staff member, to the 24 hour Rape Crisis Hotline (1-866-891-7273) or by calling 688-3000 at PBSO and ask to speak to a Corrections Watch Commander. The auditor looked up the area code for Palm Beach County and called the PBSO on December 20, 2022. The auditor called the number listed on the agency website and asked to speak to the Watch Commander. The auditor spoke with the Watch Commander who advised that they would take all the information over the phone from the reporting party and would then go get the inmate victim and escort him/her out the housing unit and to medical. She stated an incident report would be written and they would follow up with the person who reported the information. It should be noted that during the interim report the agency updated their website to include the area code for the third party reporting entity phone number. Third party reporting information is contained on the Zero Tolerance Poster. Neither facility has in-person visitation and as such information is not required to be posted in that area. However, the poster are required to be displayed in public entrance areas. The auditor observed the posters at the Main Detention Center but did not observe them at the West Detention Center. During the interim report period the facility provided photos confirming that the posters were visible at the front entrance of both facilities.

Based on a review of the PAQ, Zero Tolerance Poster, the agency website, photos received during the interim report period, and the functional test of the third party reporting mechanism, this standard appears to be compliant.

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

Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. Incident Reports from Medical and Mental Health Care Staff
4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Jail Administrator
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. COP 917.20, page 1 states all reports of sexual abuse are reported immediately and investigated thoroughly. It further states that correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents. A written record of incidents shall be promulgated for administrative review. Written reports must be submitted to the watch commander by the end of shift. Each staff member shall prepare and submit a written Inmate Incident Report for those incidents involving one or more inmates whenever they: witness the incident; take action to correct the incident; take action to prevent the incident from occurring; take post-incident action when they have knowledge an incident has or may have taken place. Further page 4 states PBSO provides multiple ways for inmates to report sexual assault/abuse or harassment. Inmates may report to: any staff member; clergyman, their attorney or public defender, any medical or mental health staff member, by submitting a request slip, written correspondence or grievance, via a third party including fellow inmates, family members or outside advocates and by calling the 24 hour Rape Crisis Hotline. Interviews with eighteen staff confirm that policy requires

staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation/information to their supervisor.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. During the interim report period the facility updated COP 934.00. Page 6 states staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Interviews with eighteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation/information to their supervisor. Staff confirmed that in instances of sexual abuse and sexual harassment allegations they can bypass their direct supervisor and report to any leadership staff.

115.61 (c): Interviews with medical and mental health care staff confirm that they immediately report any allegation/incident of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify inmates of limitations of confidentiality and duty to report. One of the staff interviewed indicated that she had previously become aware of such incidents and she reported it to the security immediately. A review of a sample of documentation indicated there were two allegations reported to medical or mental health care staff during the previous twelve months. Documentation further confirmed that in these instances the medical and mental health care staff reported it to security and completed an incident report.

115.61 (d): COP 917.20, page 1 states all reports of sexual abuse are reported immediately and investigated thoroughly. It further states that correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents. A written record of incidents shall be promulgated for administrative review. Written reports must be submitted to the watch commander by the end of shift. Each staff member shall prepare and submit a written Inmate Incident Report for those incidents involving one or more inmates whenever they: witness the incident; take action to correct the incident; take action to prevent the incident from occurring; take post-incident action when they have knowledge an incident has or may have taken place. Further page 4 states PBSO provides multiple ways for inmates to report sexual assault/abuse or harassment. Inmates may report to: any staff member; clergyman, their attorney or public defender, any medical or mental health staff member, by submitting a request slip,



written correspondence or grievance, via a third party including fellow inmates, family members or outside advocates and by calling the 24 hour Rape Crisis Hotline. The interview with the Jail Administrator indicated that reports by those under eighteen or considered a vulnerable adult would be handled the same as any other allegation. She stated she was unaware of any notifications to state agencies. The interview with the PC indicated allegations made by those under eighteen and considered vulnerable adults are handled the same way as the rest of the inmate population. She stated that the individual is separated and an investigation is initiated immediately. The PC indicated she was unsure if they had to contact any state agencies and that the detectives would make any appropriate notification.

115.61 (e): The interview with the Jail Administrator confirmed that all allegations of sexual abuse or sexual harassment are reported to the facility investigators. A review of nineteen investigative reports indicated that nine were reported verbally, three were reported via the hotline, three were reported through a third party and three were reported in writing. The nineteen allegations were forwarded for investigation by agency staff.

Based on a review of the PAQ, COP 934.00, Incident Reports from Medical and Mental Health Care Staff, Investigative Reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Jail Administrator indicate that this standard appears to require corrective action. The interview with the Jail Administrator indicated that reports by those under eighteen or considered a vulnerable adult would be handled the same as any other allegation. She stated she was unaware of any notifications to state agencies. The interview with the PC indicated allegations made by those under eighteen and considered vulnerable adults are handled the same way as the rest of the inmate population. She stated that the individual is separated and an investigation is initiated immediately. The PC indicated she was unsure if they had to contact any state agencies and that the detectives would make any appropriate notification.

#### Corrective Action

Appropriate staff will need to be trained on mandatory reporting laws related to those under eighteen and vulnerable adults as it relates to state agencies (i.e. Department of Children and Families). A copy of the training should be provided to the auditor.

#### Recommendation

The auditor recommends that the agency update their policy related to provision (a) to more clearly state that staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training Records

The facility indicated during the corrective action period that the agency investigators (Detectives) are responsible for notifying appropriate state agencies related to mandatory reporting laws. The facility provided training that was completed during the corrective action period with the agency investigators on mandatory reporting requirements. The training documents included electronic signature confirming a review of policy.

Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 920.00 - Inmate Classification Process</li> </ol>

### 3. Investigative Reports

#### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Jail Administrator
3. Interview with Random Staff

#### Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. During the interim report period the agency updated COP 920.00. Page 3 states when it is learned an inmate is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate from harm. The PAQ indicated that there were zero inmates who were determined to be at imminent risk of sexual abuse. The interview with the Agency Head Designee indicated that when the agency learns an inmate is at imminent risk of sexual abuse they involve classification, medical and mental health. He stated that they determine where to house that individual and that they typically house those at risk in the open housing areas where a Deputy has direct supervision. The Jail Administrator stated that when an inmate is at imminent risk of sexual abuse they immediately move the inmate from the housing unit and start an investigation. She further stated the inmate is taken to medical and/or mental health and they are rehoused accordingly. Additionally, she stated they may get the violent crimes division involved. The interviews with eighteen staff indicated that if an inmate was at imminent risk they would either remove that individual or remove the potential perpetrator from the housing unit. A few stated they would report it and look into the situation, while a few others stated they would contact classification to get the individual reassigned to another house areas (could include protective custody or segregation). A review of documentation indicated there were no instances of an inmate at substantial risk of imminent sexual abuse, however in all instances where an inmate reported sexual abuse or sexual harassment, staff took appropriate measures, to include separating and/or protecting the inmate.

Based on a review of the PAQ, CO 920.00, Investigative Reports and interviews with the Agency Head Designee, Jail Administrator and random staff indicate that this standard appears to be compliant.

**115.63 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims
3. Investigative Reports
4. Incident Report Log

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Jail Administrator

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. COP 934.00, page 6 states upon receiving any report that an inmate now in PBSO Corrections custody is reporting sexual abuse that allegedly occurred while incarcerated at another correctional institution, the Corrections detectives shall be notified and information obtained pertaining to the complaint. This information shall be documented in a report to the PREA Coordinator's attention and the referenced facility PREA Coordinator or agency head will be notified within seventy two (72) hours of receiving the inmate's complaint. The notification is documented. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility. The PAQ further stated that all alleged PREA complaints, regardless of reporting method are treated with immediacy. A review of a sample of nineteen investigations as well as a review of the incident report log confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after

receiving the allegation. COP 934.00, page 6 states upon receiving any report that an inmate now in PBSO Corrections custody is reporting sexual abuse that allegedly occurred while incarcerated at another correctional institution, the Corrections detectives shall be notified and information obtained pertaining to the complaint. This information shall be documented in a report to the PREA Coordinator's attention and the referenced facility PREA Coordinator or agency head will be notified within seventy two (72) hours of receiving the inmate's complaint. The notification is documented. A review of a sample of nineteen investigations as well as a review of the incident report log confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

115.63 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. COP 934.00, page 6 states upon receiving any report that an inmate now in PBSO Corrections custody is reporting sexual abuse that allegedly occurred while incarcerated at another correctional institution, the Corrections detectives shall be notified and information obtained pertaining to the complaint. This information shall be documented in a report to the PREA Coordinator's attention and the referenced facility PREA Coordinator or agency head will be notified within seventy two (72) hours of receiving the inmate's complaint. The notification is documented. A review of a sample of nineteen investigations as well as a review of the incident report log confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. COP 934.00, page 6 in the event PBSO Corrections receives a complaint from another correctional facility, that an inmate in their custody has made an allegation of sexual abuse while they were incarcerated at one of the PBSO facilities, an immediate report will be generated and forwarded to the PREA Coordinator for dissemination and Corrections detectives for investigation. The PAQ stated there were zero sexual abuse allegations received from other facilities. A review of a sample of nineteen investigations confirmed none were reported at an outside agency/facility. The interview with the Agency Head Designee indicated notifications are received by whoever is working and accepts the call. He stated the information would be provided to the PC and detectives, who will then proceed with an investigation. The Agency Head Designee stated that he vaguely remembered this occurring pre-covid and that the information was forwarded to the detectives. He stated one of the detectives went to the facility where the inmate was housed to conduct an interview. The Jail Administrator stated that when they receive an allegation from another agency/facility it is forwarded to the investigator who goes out to the facility where the inmate is housed to complete an interview. She stated there has been at least one allegation reported from another facility/agency and that the investigator went to the federal facility to interview the inmate. She confirmed an investigation was

	<p>completed.</p> <p>Based on a review of the PAQ, COP 934.00, Investigative Reports, Incident Report Log and interviews with the Agency Head Designee and Jail Administrator, this standard appears to be compliant.</p>
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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>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with First Responders</li> <li>2. Interview with Random Staff</li> <li>3. Interview with Inmates who Reported Sexual Abuse</li> </ol> <p>Findings (By Provision):</p> <p>115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. COP 934.00, page 4 states in the event of an alleged complaint of sexual assault, the deputy arriving on scene of a reported crime should: notify the control center of the nature of the incident to insure quick response by the shift supervisor; take control of the situation to prevent injury,</p>

or additional injury to staff member or inmate by the perpetrator; place the alleged victim under protective custody and notify the medical department; advise the alleged victim not to eat, drink, change clothing, wash, bathe, shower, rinse their mouth, brush their teeth, urinate or defecate until examined by a forensic specialist; place the alleged perpetrator(s) under administrative segregation, pending investigation of the complaint; secure areas where the assault is alleged to have occurred, and treat the area as a crime scene; update control centers and advise of further assistance as needed - other situations may necessitate different actions by the discovering deputy. However, priority shall always be given to preservation of life; ensure that all alleged victims shall be transported to the appropriate outside facility for prompt forensic and medical treatment and crisis intervention and prepare necessary reports. The PAQ indicated that during the previous twelve months, there have been 69 allegations of sexual abuse and all 69 involved the separation of alleged victim and abuser. The PAQ stated all 69 occurred in a time period that still allowed for evidence collection and all 69 involved the preservation of the crime scene or evidence collection. Additionally, the PAQ stated all 69 allegations involved the first responder requesting that the alleged victim and ensuring the alleged perpetrator not take any action to destroy evidence. A review of nineteen investigations indicated ten were sexual abuse. None of the allegations involved the immediate separation of the alleged victim and abuser. Three did involve the inmate being transported to the hospital, two of which included a forensic medical examination and collection of evidence. One involved the preservation of the crime scene and the two involving a forensic medical examination involved instructing the victim not to take any action that would destroy any evidence. The interviews with security staff first responders indicated they would notify a supervisor, separate the individuals, instruct the individuals not to take any action to destroy any evidence and secure the crime scene. One first responder stated he would also take the victim to medical. The non-security first responder stated she would have them take a seat at the kitchen table and notify the Deputy. She stated she would then take them out of the kitchen. The interviews with inmates who reported sexual abuse indicated that two inmates reported verbally. The staff moved the inmate victim in one unit from one general population unit to another and the staff removed the alleged perpetrator in the other instance from the housing unit. Both inmates stated the moves took place within 30 minutes. One inmate stated initially he just said there was an issue on the floor and it wasn't until he indicated the issue that they removed the inmate. Another inmate stated he reported via the hotline and the fourth inmate stated he reported via an attorney. Both of the inmates indicated the allegations were against staff and no first responder duties were taken.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. COP 934.00, page 4 states if an allegation of sexual assault is reported to a non-sworn staff member, they are required to notify security staff immediately. During the interim report period the facility updated COP 934.00. Page 4 states if an allegation of

sexual assault is reported to a non-sworn staff member, they are required to notify security staff immediately. To preserve evidence, staff will instruct the alleged victim not take any actions that could destroy physical evidence. A review of nineteen investigations indicated ten were sexual abuse. None of the allegations involved the immediate separation of the alleged victim and abuser. Three did involve the inmate being transported to the hospital, two of which included a forensic medical examination and collection of evidence. One involved the preservation of the crime scene and the two involving a forensic medical examination involved instructing the victim not to take any action that would destroy any evidence. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse involving a non-security first responder. A review of nineteen investigation indicated two were reported to non-security first responders. Neither involved a non-security first responder instructing the inmate victim not to take any action to destroy any evidence, however two did involve the staff member notifying security immediately. The interviews with security staff first responders indicated they would notify a supervisor, separate the individuals, instruct the individuals not to take any action to destroy any evidence and secure the crime scene. One first responder stated he would also take the victim to medical. The non-security first responder stated she would have them take a seat at the kitchen table and notify the Deputy. She stated she would then take them out of the kitchen. Interviews with random staff confirmed all eighteen were knowledgeable on first responder duties. Most stated they would separate the individuals, secure the crime scene, instruct the inmates not to destroy any evidence on their body, take the victim to medical and contact a supervisor.

Based on a review of the PAQ, COP 934.00, Investigative Reports and interviews with random staff, staff first responders and inmates who reported abuse indicate this standard appears to be compliant.

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 917.25 – Crimes Committed Within a Palm Beach County Sheriff’s Office Corrections Facility</li> <li>3. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> </ol>



	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Jail Administrator</li> </ol> <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. COP 917.25, pages 1-3 outline procedures when a crime has occurred. It includes information on duties for the deputy arriving on scene, the area supervisor and the watch commander. It further directs on which staff are to be notified and reports that are required to be written. COP 934.00, pages 4-6 outline procedures once sexual abuse is reported including first responder duties, investigations, medical and mental health services, reporting and leadership responsibilities. The Jail Administrator confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. She stated the plan is outlined in their procedures.</p> <p>Based on a review of the PAQ, COP 917.25, COP 934.00 and the interview with the Jail Administrator this standard appears to be compliant.</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>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Collective Bargaining Agreement with Palm Beach County Police Benevolent Association</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol>

	<p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency’s behalf has entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of collective bargaining agreement confirmed that Article 5 (page 6) states the PBA recognizes the right of the Sheriff to operate, manage, and direct all affairs of his office, including: to suspend, demote, discharge, transfer, schedule, assign and retain employees in position with the Sheriff’s Office. Article 9 (pages 11-12) further discuss discipline which states that no bargaining unit member shall be disciplined except for just cause. The interview with the Agency Head Designee indicated that the agency does have a collective bargaining agreement and it does not preclude the agency from removing or reassigning staff members. He stated the agreement states that the Sheriff has management rights to run the agency as needed and that they have the ability to place staff on administrative leave pending an investigation.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Investigative Reports</li> <li>4. Monitoring Documentation</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> </ol>

2. Interview with the Jail Administrator
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. COP 934.00, page 5 states for at least 90 days following a report of sexual abuse, the contract mental health staff will provide counseling for the alleged victim at regular intervals. This treatment plan will include observing the conduct of the alleged victim for changes that may suggest possible retaliation by inmates or staff, and will be reported immediately to the zone sergeant, who will take action to remedy any such retaliation. The obligation to monitor will end if the allegation is determined to be unfounded. The PAQ stated that the staff designated with monitoring for retaliation include the grievance coordinator; classification division and social worker.

115.67 (b): COP 934.00, page 6 states the agency will employ protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head Designee, Jail Administrator and staff responsible for monitoring retaliation indicated protective actions would be taken to protect individual from retaliation. The Agency Head Designee stated as soon as they become aware of an allegation they look at the individual from a classification standpoint. He confirmed that protective measures could include moving the inmate to protective custody; moving the inmate to a different housing unit; transferring the inmate to another facility; moving staff to a different facility or placing staff on administrative leave. The interview with the Jail Administrator indicated there are several things the facility can do to protect from retaliation. She stated they can rehouse the inmate, remove the staff while the investigation is occurring and provide support to the victim through medical, mental health or the chaplain. The staff member responsible for monitoring for retaliation stated her role in preventing retaliation involves explaining her role to the inmate and gaining his/her perception of retaliation. She indicated she asks the inmate in simple terms about retaliation and that if there are any issues she reports it to the zone Sergeant. The staff confirmed that protective measures include ensuring the victim doesn't have contact with the perpetration through housing assignments. She also stated they offer victims emotional support. The staff further stated that for every

case they monitor for at least 90 days and they schedule periodic status checks every 30 days. Interviews with four inmate who reported sexual abuse indicated two did not feel protected against retaliation. One inmate stated he felt protected because the other inmate was moved from his housing area and he had no contact with him. A second inmate stated he felt protected from retaliation because he was not having an issues or concerns. The two that stated they did not feel protected against retaliation stated they felt that way because their allegations were against staff and staff are the ones jumping them and trying to kill them. It should be noted the auditor was unable to verify any claims related to staff retaliation and there was nothing documented related to any staff physical abuse against the inmates.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abut to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for at least 90 days and that the agency/facility acts promptly to remedy any such retaliation. The PAQ stated that monitoring extends beyond 90 days if the initial monitoring indicates a continuing need. Retaliation is reported to the Shift Lieutenant and an investigation is initiated. COP 934.00, page 5 states for at least 90 days following a report of sexual abuse, the contract mental health staff will provide counseling for the alleged victim at regular intervals. This treatment plan will include observing the conduct of the alleged victim for changes that may suggest possible retaliation by inmates or staff, and will be reported immediately to the zone sergeant, who will take action to remedy any such retaliation. The obligation to monitor will end if the allegation is determined to be unfounded. Page 6 further states for the next 90 days, staff will monitor any disciplinary reports, housing or program changes or negative performance reviews or assignment of staff. PBSO will continue the monitoring past 90 days if the initial monitoring indicates a continuing need. Monitoring is completed by mental health staff and is documented in mental health notes/reports. The PAQ indicated that there has not been an instance of retaliation in the previous twelve months. The Jail Administrator stated any reports of retaliation would be forwarded to internal affairs for investigation. The staff responsible for monitoring stated she monitors for 90 days and if she suspects retaliation there is no maximum date for retaliation. She stated it could be endless. The staff indicated that during monitoring she asks them about their perception of retaliation. She also stated she reviews any reports of prior victimization, their demographics and any changes in their behavior to determine if retaliation is occurring. A review of ten sexual abuse investigations indicated that eight were closed as unfounded, seven of which were closed within 30 days. The one investigation that took longer than 30 days documented that the inmate victim was released from custody fifteen days after the report of abuse. The two remaining sexual abuse investigations had documentation confirming that monitoring for retaliation was completed. One included monitoring prior to 30 days as the inmate was released prior to the 30 day mark. The second inmate was monitored for the full 90 days. The monitoring documentation indicated that the staff met with the inmate in-person status to discuss any issues or concerns

related to retaliation. A review of the mental health notes/reports indicated that while the staff member conducted period status checks, there was not documentation related to a review of disciplinary reports, housing changes and program changes. There were zero staff that required monitoring for retaliation during the audit period.

115.67 (d): COP 934.00, page 5 states for at least 90 days following a report of sexual abuse, the contract mental health staff will provide counseling for the alleged victim at regular intervals. This treatment plan will include observing the conduct of the alleged victim for changes that may suggest possible retaliation by inmates or staff, and will be reported immediately to the zone sergeant, who will take action to remedy any such retaliation. The obligation to monitor will end if the allegation is determined to be unfounded. The interview with the staff responsible for the risk screening confirmed she monitors for 90 days with periodic status checks every 30 days. A review of ten sexual abuse investigations indicated that eight were closed as unfounded, seven of which were closed within 30 days. The one investigation that took longer than 30 days documented that the inmate victim was released from custody fifteen days after the report of abuse. The two remaining sexual abuse investigations had documentation confirming that monitoring for retaliation was completed. One included monitoring prior to 30 days as the inmate was released prior to the 30 day mark. The second inmate was monitored for the full 90 days. The monitoring documentation indicated that the staff met with the inmate in-person status to discuss any issues or concerns related to retaliation.

115.67 (e): COP 934.00, page 5 states for at least 90 days following a report of sexual abuse, the contract mental health staff will provide counseling for the alleged victim at regular intervals. This treatment plan will include observing the conduct of the alleged victim for changes that may suggest possible retaliation by inmates or staff, and will be reported immediately to the zone sergeant, who will take action to remedy any such retaliation. The obligation to monitor will end if the allegation is determined to be unfounded. The interview with the Agency Head Designee indicated the same protective measures would be taken for those who cooperate with an investigation or fear retaliation as would be taken for those who report sexual abuse. The interview with the Jail Administrator indicated there are several things the facility can do to protect from retaliation. She stated they can rehouse the inmate, remove the staff while the investigation is occurring and provide support to the victim through medical, mental health or the chaplain. She further stated that if retaliation was suspected, the information would be forwarded to internal affairs for investigation.

115.67(f): Auditor not required to audit this provision.

Based on a review of the PAQ, COP 934.00, Investigative Reports, Monitoring

Documentation and interviews with the Agency Head Designee, Jail Administrator, staff responsible for monitoring for retaliation and inmates who reported sexual abuse, this standard appears to require corrective action. A review of the mental health notes/reports indicated that while the staff member conducted period status checks, there was not documentation related to a review of disciplinary reports, housing changes and program changes. The staff indicated that during monitoring she asks them about their perception of retaliation. She also stated she reviews any reports of prior victimization, their demographics and any changes in their behavior to determine if retaliation is occurring.

#### Corrective Action

The facility will need to provide training to appropriate staff related to the monitoring requirements under provision (c). Documentation of the training will need to be provided to the auditor. Additionally, examples of monitoring during the corrective action period will need to be provided to the auditor to confirm that required checks under provision (c) are being completed.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Staff Training PowerPoint Slides
2. Mental Health Documents
3. List of Sexual Abuse Allegations During the Corrective Action Period
4. Sexual Abuse Tracker

The facility provided staff training PowerPoint slides that describe the responsibilities of required checks under provision (d). The PCM advised she would be the person conducting the checks and she would complete them monthly during the segregated housing unit meeting. The facility provided mental health documentation showing monitoring for retaliation, however all documents only illustrated the periodic status

	<p>checks. There was no documentation related to necessary checks under the corrective action. Further documentation was provided indicating there was only one sexual abuse allegation during the corrective action period that was substantiated or unsubstantiated. A copy of the Sexual Abuse Tracker, which is the document completed by the PCM for the required checks under provision (d). The document indicated checks were completed one time as the process had just been implemented prior to the end of the corrective action period.</p> <p>While the process has been implemented, it was implemented a few weeks prior to the corrective action period ending. As such, the auditor was not provided adequate documentation/examples to show that the process has been institutionalized.</p> <p>Based on the documentation provided the facility has not corrected this standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 918.00 – Special Management Units</li> <li>4. Inmate Victim Housing Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Jail Administrator</li> <li>2. Interview with Staff who Supervise Inmates in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of the Segregated Housing Unit</li> </ol>

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. COP 934.00, page 6 states upon the return to the facility after an emergency room visit for an alleged sexual assault, corrections staff will ensure the inmate is immediately placed into a safe housing assignment, and not returned to the area of the alleged assault. The alleged victim shall only be placed in segregated housing after an assessment of all available alternatives has been made, and it has been determined that there are no other alternatives available. COP 918.00, page 4 states inmates in administrative segregation and protective custody receive privileges comparable to those in general population. Page 5 further states whenever an inmate is deprived of any usually authorized item or activity, a report of the action will be made and forwarded to the division commander or designee. Exceptions to these items and activities are permitted only when found necessary by the supervisor on duty, and any exception shall be recorded in the unit logbook or chronological. Page 3 states the justification for each inmate placed into segregation will be reviewed within 72 hours. Review of the status of each inmate remaining in segregation shall take place every seven days for the first two months and at least every 30 days thereafter. During the tour the observed that the segregated housing unit at the West Detention Center had hearing rooms in the sally port and a separate indoor/outdoor recreation area. The Main Detention Center did not have hearing rooms but did have a separate indoor/outdoor recreation area. Inmates in segregated housing come out of their cell weekly for showers, recreation and medical. Inmates are afforded access to a rolling phone and rolling kiosk at least twice a week. Deputies also pick up any grievances, requests or other correspondence during round. A review of documentation for ten inmates who reported sexual abuse indicated eight remained in general population housing units or were placed in a mental health housing unit. One inmate was placed in segregated housing due to a disciplinary report rather than the report of sexual abuse. The second inmate was placed in segregated housing for protection, as the inmate was unable to identify the alleged perpetrator and the facility documented that there were no other alternatives due to this lacking information. Additionally, the inmate was dealing with mental health concerns and mental health staff did not clear him for housing in general population. The inmate was placed in segregated housing on May 4, 2022 and released to general population on May 16, 2022. The Jail Administrator confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse 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. She stated they review those in segregated housing every seven days. She further stated that they have not placed inmates who reported sexual abuse in segregated housing, but they have placed the perpetrators there. The interview with the staff who supervise inmates in segregated housing indicated that inmates who report sexual abuse who are placed in segregated housing for protective custody would not be denied services because they are not on disciplinary. The staff stated they would be kept separate from the other for safety. The staff member further confirmed that any restrictions would be documented and that restrictions would only be placed due to discipline. The staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. The staff stated if they were placed on protective custody they would have other areas to house them and if they were on administrative segregation they would release them to general population and have keep separates placed against the other inmates. The staff member further stated that involuntary segregated housing would typically not last longer than the length of time it takes to complete an investigation. Additionally, the interview with the staff who supervise inmates in segregated housing confirmed that any individuals that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. The staff stated that there are segregated housing meetings every two weeks. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, COP 934.00, COP 918.00, Inmate Victim Housing Documents and the interviews with the Jail Administrator and staff who supervise inmates in segregated housing, this standard appears to be compliant.

**Recommendation**

The auditor recommends that the agency update their policy related to this standard. The policy language is under a section related to when an inmate transferred to an ER for a forensic medical examination. As such, policy language is not clear that all victims who report sexual abuse, regardless of whether they go to an ER or not, are prohibited from being placed in involuntary segregated housing.

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. General Order (GO) 506.01 – Sex Crime Investigations
4. Florida Sheriff's Association Investigating Sexual Abuse in a Confinement Settings: Training for Investigators
5. Prison Rape and Sex Assault Investigator's Course (PREA)
6. Investigator Training Records
7. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with the Jail Administrator
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. COP 934.00, page 4 states PBSO conducts its own investigation into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively for all such allegations, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and prudent to bring these investigations to successful resolution. The trauma-informed/victim centered approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual

Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. The policy further outlines sex crime investigative procedures, including: interviews; evidence collection; other investigative leads; investigative narrative; conferring with the State Attorney and arrest. A review of nineteen closed investigative reports indicated sixteen of the investigations were completed promptly (within 30 days), two were completed within 60 days and one was completed nine months later. The one that was over nine months was due to the delay of forensic evidence results. All nineteen investigations reviewed were thorough and objective. The interviews with the investigators indicated an investigation is initiated immediately following an allegation. The investigators stated if the inmate is transported to the hospital the criminal investigator would be notified and would respond to the hospital. All three investigators confirmed that anonymous and third party allegations are investigated in the same manner as allegations reported through another method. They stated they follow-up on all allegations.

115.71 (b): COP 934.00, page 5 states where sexual abuse is alleged, detectives who have received special training in sexual abuse investigations shall be used. COP 917.25, page 1 states investigators used in an alleged sexual abuse investigation have received specialized training in sexual abuse in compliance with PREA standards. A review of the Prison Rape and Sex Assault Investigator's Course (PREA) confirms that it includes information on suspect and victim interviews and interrogation tactics and use and application of Miranda and Garrity Warnings. The Florida Sheriffs Institute PREA: Investigating Sexual Abuse and Sexual Harassment in a Confinement setting curriculum includes: interview techniques; proper use of Miranda and Garrity Warnings; sexual abuse evidence collection in a confinement setting; criteria and evidence required to substantiated a case for administration action and criteria and evidence required to substantiate a case for prosecution referral. The auditor reviewed fifteen investigations that were completed by eleven different investigators. A review of documentation confirmed all eleven completed the specialized training. The interviews with the investigators confirmed that the required topics were covered in the training.

115.71 (c): COP 934.00, page 5 states detectives shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. GO 506.01 outlines sex crime investigative procedures, including: interviews; evidence collection; other investigative leads; investigative narrative; conferring with the State Attorney and arrest. The review of nineteen investigative reports confirmed all nineteen included interviews of the victim, alleged perpetrator and witnesses, if applicable. Six investigations were documented with evidence collection, including: DNA, physical,

video and phone calls. The interviews with the investigators indicated that initial steps vary based on the type of investigation. The facility administrative investigator stated he would verify the information from the allegation and get the inmate medically assessed. He would complete other first responder duties and send the inmate out for a forensic exam, if necessary. He stated he would not conduct any additional investigation if the inmate was sent to the hospital. The internal affairs investigator stated he receives complaints after the jail investigators complete their criminal or administrative investigation. He indicated he would then follow up with the inmate and staff and any potential witnesses. The criminal investigator stated she would contact the victim advocate to respond to the hospital. She would then interview the victim and look for any witnesses to interview. She stated she would then collect any evidence, monitor phone, review video monitoring, interview any staff involved, write a report and talk to the State Attorney. The investigators stated they would be responsible for collecting evidence including: physical, DNA, interviews/statements, phone calls, video monitoring, housing assignments, personnel assignments/post rosters and any other available evidence.

115.71 (d): COP 934.00, page 5 states when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of documentation indicated all of the investigations were completed by facility investigators. None of the allegations were referred to outside law enforcement. The interviews with the investigators indicated the facility consults with prosecutor on compelled interviews. The criminal investigator stated they always Mirandize suspects.

115.71 (e): COP 934.00, page 5 states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interviews with the investigators confirmed that they would not require an inmate victim to take a polygraph or truth telling device test in order to continue with an investigation. One investigator stated that credibility is not based on the person status. He stated they would try to corroborate the statements given the best they could. The criminal investigator stated credibility is based on the investigation and what is found. The interviews with four inmates who reported sexual abuse confirmed that none were required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): COP 934.00, page 4 states PBSO conducts its own investigation into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively for all such allegations, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the

investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and prudent to bring these investigations to successful resolution. The trauma- informed/victim centered approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. The policy further outlines sex crime investigative procedures, including: interviews; evidence collection; other investigative leads; investigative narrative; conferring with the State Attorney and arrest. The interviews with the administrative investigators confirmed that administrative investigations would be documented in written report and include statements, interviews, evidence, medical and mental health information and the contents of the investigation. Both investigators stated they look at reports and video to see what was done and to determine if staff did everything they were supposed to do per post orders, policies and procedures. A review of nineteen investigations indicated all were documented in an investigative report. A review of the reports confirmed that the investigations included a description of the allegation, documentation of those involved in the incident, information from interviews of the victim, alleged perpetrator and applicable witnesses, information on any evidence reviewed, investigative facts and appropriate findings.

115.71 (g): COP 934.00, page 4 states PBSO conducts its own investigation into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively for all such allegations, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and prudent to bring these investigations to successful resolution. The trauma- informed/victim centered approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. The policy further outlines sex crime investigative procedures, including: interviews; evidence collection; other investigative leads; investigative narrative;

conferring with the State Attorney and arrest. The interview with the criminal investigator confirmed that criminal investigations would be documented in written report and the report would include: dates, times, location, participants, SANE, advocates, interviews and a description of evidence. A review of documentation indicated there were two criminal investigations completed. A review of the reports confirmed that the investigations included a description of the allegation, documentation of those involved in the incident, information from interviews of the victim, alleged perpetrator and applicable witnesses, information on any evidence reviewed, investigative facts and appropriate findings. The reports also indicated the new charges for the perpetrators and whether the investigation was forwarded for prosecution.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. COP 934.00, page 5 states substantiated allegations of conduct that appear to be criminal are referred for prosecution. GO 506.01, page 4 states the follow-up investigator will confer with the State Attorney's Office/Special Victims Unit. A review of documentation indicated there were two criminal investigations during the previous twelve months. Both investigations documented additional charges for the inmate perpetrator. One was forwarded for prosecution, however the second was not as the inmate victim refused to cooperate with pursuing prosecution. The interviews with the investigators indicated when they determine that an allegation is criminal and/or there is enough evidence to support the facts, they refer for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. COP 934.00, page 5 states all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a few historical investigations confirmed investigations are retained appropriately.

115.71 (j): COP 934.00, page 4 states PBSO conducts its own investigation into allegations of sexual abuse and sexual harassment promptly, thoroughly and objectively for all such allegations, including third party and anonymous reports. GO 506.01, page 1 states the purpose of this Order is to establish guidelines for the investigation of sex crimes by the Special Investigations Division (SID) Special Victims Unit (SVU). The guidelines set forth in this procedure shall be used under various circumstances during the investigation of sex crimes; however, will not be limited to these guidelines. Investigators shall use a trauma-informed/victim centered approach in order to minimize traumatization in completing all steps which are reasonable and

prudent to bring these investigations to successful resolution. The trauma- informed/ victim centered approach is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Investigators will refer to the current Palm Beach County Sexual Assault Response Team (SART) Sexual Battery Investigations General Orders for Law Enforcement and the Palm Beach County Sexual Assault Response Team (SART) Response to Child Sexual Abuse & Sexual Assault Cases for additional guidance. The policy further outlines sex crime investigative procedures, including: interviews; evidence collection; other investigative leads; investigative narrative; conferring with the State Attorney and arrest. The investigators stated that the departure of the victim or abuser does not negate the investigation. The individuals would still be held accountable and the investigation would continue.

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

115.71 (l): The PC stated that this provision is not applicable as all investigations are completed by the agency. The interview with the PCM indicated this provision is not applicable. The Jail Administrator also confirmed that outside agencies do not conduct investigations. The investigators stated that the agency investigates all allegations and as such this provision is not applicable.

Based on a review of the PAQ, COP 934.00, GO 506.01, Florida Sheriff’s Association Investigating Sexual Abuse in a Confinement Settings: Training for Investigators, Prison Rape and Sex Assault Investigator’s Course (PREA), Investigator Training Records, Investigative Reports and information from interviews with the Agency Head Designee, Jail Administrator, PREA Coordinator, PREA Compliance Manager, investigators and inmates who reported sexual abuse, this standard appears to be compliant.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents: <ul style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Investigative Reports</li> </ul>

	<p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ was blank but further communication with the PC indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. COP 934.00, page 5 states in administrative investigations, the standard of proof shall not be higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of nineteen investigations indicated that all nineteen were completed. The auditor determined that investigative findings were inadequate based on the information provided in the report for each investigation. Two investigations reviewed did not rise to the level of PREA, four were substantiated, one was unsubstantiated and the remainder were unfounded. The four substantiated investigations involved video review, physical evidence and statements. These four investigative outcomes were based on a preponderance of the evidence. The interviews with the administrative investigators indicated one utilizes a preponderance of evidence. The facility investigator stated he would substantiate if the allegation matches what the investigation shows. The criminal investigator stated criteria to substantiate is based on evidence.</p> <p>Based on a review of the PAQ, COP 934.00, Investigative Reports and information from interviews with the investigators indicate that this standard appears to be compliant.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 917.25 – Crimes Committed Within a</li> </ol>



Palm Beach County Sheriff's Office Corrections Facility

4. Investigative Reports

Interviews:

1. Interview with the Jail Administrator
2. Interview with Investigative Staff
3. Interview with Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. COP 934.00, page 5 states any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. All notifications to inmates shall be documented. COP 917.25, page 2 states following an investigation into an inmate's allegation of sexual abuse, the inmate will be informed as to whether the allegation was found to be substantiated, unsubstantiated or unfounded. This notification, or the attempts at notification, will be documented in the investigator's report. The obligation to report to an inmate under PREA standards will terminate if the inmate is released from custody. The PAQ indicated that there were 73 sexual abuse investigations completed within the previous twelve months and 73 inmates were notified verbally or in writing, of the results of the investigation. Further communication with the PC indicated numbers for this standard were reported in error. There were 94 total allegations, 67 of the 94 were sexual abuse. All 67 inmates were notified of the outcome of the investigation and all notifications were documented. A review of ten sexual abuse allegations indicated that all ten were closed. Three of the ten documented notification to the victim of the outcome of the investigation in the investigative report. The seven investigations that did not include documentation of the victim notification were those completed by the facility investigators (compared to the three with notifications completed by the agency investigators). The interview with the Jail Administrator confirmed that the facility notifies inmates of the outcome of the investigation into their allegation. The interviews with the investigators also confirmed that the facility informs the inmate victim of the outcome of the investigation. The interviews with four inmates who reported sexual abuse indicated two were provided information on the outcome of the investigation. One inmate stated he was provided information verbally a week after

the report and another stated he was provided information verbally a month after he reported.

115.73 (b): The PAQ indicated that this provision is not applicable as the agency is responsible for all investigations. A review of documentation indicated there were zero investigations completed by an outside agency and thus no notifications were required under this provision.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. COP 934.00, page 5 states any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. All notifications to inmates shall be documented. COP 917.25, page 2 states following an investigation into an inmate's allegation of sexual abuse, the inmate will be informed as to whether the allegation was found to be substantiated, unsubstantiated or unfounded. This notification, or the attempts at notification, will be documented in the investigator's report. The obligation to report to an inmate under PREA standards will terminate if the inmate is released from custody. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The PAQ stated that in each case the inmate was not subsequently informed of the components under this provision. Interviews with inmates who reported sexual abuse indicated that three were against a staff member, however none were provided any notification under this provision. A review of the list of investigations indicated that there were zero substantiated staff-on-inmate allegations over the previous twelve months. As such, no notifications were made under this provision.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. COP 934.00, page 5 states any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. All notifications to inmates shall be documented. COP 917.25, page 2 states following an investigation into an inmate's

allegation of sexual abuse, the inmate will be informed as to whether the allegation was found to be substantiated, unsubstantiated or unfounded. This notification, or the attempts at notification, will be documented in the investigator's report. The obligation to report to an inmate under PREA standards will terminate if the inmate is released from custody. The interviews with inmates who reported sexual abuse indicated one was against another inmate, but he was not provided notifications under this provision. A review of the investigative log indicated there were two substantiated inmate-on-inmate sexual abuse allegations in the previous twelve months. One investigation was forwarded for prosecution while the second was not as the inmate victim refused to cooperate related to the additional charges and prosecution. In both instances the investigator spoke with the inmate victim to advise of the additional charges. The investigator advised the inmate victim that cooperated that the new charges would be forwarded to the State Attorney.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. COP 934.00, page 5 states any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. All notifications to inmates shall be documented. COP 917.25, page 2 states following an investigation into an inmate's allegation of sexual abuse, the inmate will be informed as to whether the allegation was found to be substantiated, unsubstantiated or unfounded. This notification, or the attempts at notification, will be documented in the investigator's report. The obligation to report to an inmate under PREA standards will terminate if the inmate is released from custody. The PAQ stated that there were 97 notifications made pursuant to this standard and all 97 were documented. Further communication with the PC indicated numbers for this standard were reported in error. There were 94 total allegations, 67 of the 94 were sexual abuse. All 67 inmates were notified of the outcome of the investigation and all notifications were documented. A review of ten sexual abuse allegations indicated that all ten were closed. Three of the ten documented notification to the victim of the outcome of the investigation. A review of the investigative log indicated there were two substantiated inmate-on-inmate sexual abuse allegations in the previous twelve months. One investigation was forwarded for prosecution while the second was not as the inmate victim refused to cooperate related to the additional charges and prosecution. In both instances the investigator spoke with the inmate victim to advise of the additional charges. The investigator advised the inmate victim that cooperated that the new charges would be forwarded to the State Attorney.

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

Based on a review of the PAQ, COP 934.00, COP 917.25, Investigative Reports and information from interviews with the Jail Administrator, investigators and the inmates

who reported sexual abuse, this standard appears to require corrective action. A review of ten sexual abuse allegations indicated that all ten were closed. Three of the ten documented notification to the victim of the outcome of the investigation. The seven investigations that did not include documentation of the victim notification were those completed by the facility investigators (compared to the three with notifications completed by the agency investigators).

#### Corrective Action

The facility will need to provide training to all investigators related to the requirements under this standard. A copy of the training will need to be provided to the auditor. The facility will need to provide the auditor with examples during the corrective action period confirming that facility investigators are notifying victims of sexual abuse on the outcome of the investigation.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Staff Training Records
2. Inmate Victim Notifications During the Corrective Action Period

The facility provided training PowerPoint slides that reviewed the requirement to notify inmate victims under this standards and to document the notification. The training outlined that verbal notifications are to be documented in the investigative report. Facility investigators reviewed the PowerPoint slides and confirmation of the training was provided.

The facility provided four administrative investigations completed by facility staff (not Detectives). All four included information in the investigative report that victims were verbally notified of the outcome of the investigation.

	Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Investigative Reports</li> </ol> <p>Findings (By Provision):</p> <p>115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. COP 934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Violations of this sexual abuse policy may result in discipline up to and including termination.</p> <p>115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated for violating the sexual abuse or sexual harassment policies. COP 934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Violations of this sexual abuse policy may result in discipline up to and including termination. A review of investigations indicated there were zero substantiated staff-on-inmate allegation over the previous twelve months.</p> <p>115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. COP</p>

934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Violations of this sexual abuse policy may result in discipline up to and including termination.

The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were zero substantiated staff-on-inmate investigations completed in the previous twelve months.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. COP 934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Violations of this sexual abuse policy may result in discipline up to and including termination. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, COP 934.00 and investigative reports indicates that this standard appears to be compliant.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Corrections Operating Procedure (COP) 933.00 – Volunteer Program</li> </ol>

4. Corrections Operating Procedure (COP) 908.02 – Consultants, Volunteers and Contract Personnel

5. Investigative Reports

Interviews:

1. Interview with the Jail Administrator

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. COP 934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to PBSO Corrections Detectives and to relevant licensing. COP 933.00, page 3 states any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to Palm Beach County Sheriff's Office Corrections Detectives and to relevant licensing bodies. COP 908.02, page 3 states all consultants, volunteers and contractors who engage in sexual abuse shall be prohibited from contact with inmates and shall be reported to Palm Beach County Sheriff's Office Corrections detectives and to relevant licensing bodies. The PAQ indicated that there have not been any contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. COP 934.00, page 2 states sexual conduct between staff members and detainees, or between volunteers or contract personnel and detainees, regardless of consensual status, is strictly prohibited and subject to administrative and/or criminal sanctions. Any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to PBSO Corrections Detectives and to relevant licensing. COP 933.00, page 3 states any volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to Palm

	<p>Beach County Sheriff’s Office Corrections Detectives and to relevant licensing bodies. COP 908.02, page 3 states all consultants, volunteers and contractors who engage in sexual abuse shall be prohibited from contact with inmates and shall be reported to Palm Beach County Sheriff’s Office Corrections detectives and to relevant licensing bodies. The interview with the Jail Administrator indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the information being forwarded to the violent crimes division for investigation. She confirmed that they would prohibit contact with inmates until the investigation is completed. She stated they can revoke or suspend the security clearance and that the vendor would be notified of the allegation.</p> <p>Based on a review of the PAQ, COP 934.00, COP 933.00, COP 908.02, Investigative Reports and information from the interview with the Jail Administrator, this standard appears to be compliant.</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>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedures (COP) 919.00 – Inmate Rules and Disciplinary Process</li> <li>3. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Jail Administrator</li> <li>2. Interview with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. COP 919.00,</p>



pages 3-5 states any staff member witnessing or having reasonable belief that an inmate has committed a violation of the rules and regulations shall prepare an inmate disciplinary report and incident report. When an alleged rule violation is reported, the shift supervisor will cause an appropriate investigation to determine if the circumstances support the charges. An impartial disciplinary committee or hearing review officer, as determined by the division commander, shall conduct a hearing for rule violations. If the inmate is found guilty, the disciplinary committee or hearing officer shall impose any one or a combination of the following actions: restriction from and/or alternative access to, recreation, visiting, religious services, non-attorney related telephones privileges, and/or law library for a period not to exceed sixty (60) days; suspend any other privileges for a period of time not to exceed: 30 days for a Category I Offense, 20 days for a Category II Offense, 10 days for a Category III Offense, 5 days for a Category IV Offense; confiscate property (related to the offense); pay for damaged, destroyed or misappropriated property or goods; recommend loss of accrued gain time up to the maximum penalty: 15 days for Category I Offense, 10 days for a Category II Offense, 5 days for a Category III Offense, 1 day for a Category IV Offense; removal from or reassignment of work duties; housing reassignment; and placement in disciplinary confinement. Pages 1-2 indicate that sexual battery and making threats of sexual assault/battery to another are Category 1 Offenses; making sexual proposals is a Category 2 Offense; and using abusive or obscene language is a Category 4 Offense. The PAQ indicated there have been three administrative and one criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse investigations that were substantiated and two inmate-on-inmate sexual harassment allegations substantiated. The investigative reports indicated that three of the inmates received additional charges, however only one of the investigations was forwarded to the State Attorney for prosecution. The auditor requested additional documentation related to the charges and additional disciplinary measures taken against the four inmate perpetrators, however at the issuance of the interim report the auditor had not received the requested documentation.

115.78 (b): COP 919.00, pages 3-5 states any staff member witnessing or having reasonable belief that an inmate has committed a violation of the rules and regulations shall prepare an inmate disciplinary report and incident report. When an alleged rule violation is reported, the shift supervisor will cause an appropriate investigation to determine if the circumstances support the charges. An impartial disciplinary committee or hearing review officer, as determined by the division commander, shall conduct a hearing for rule violations. If the inmate is found guilty, the disciplinary committee or hearing officer shall impose any one or a combination of the following actions: restriction from and/or alternative access to, recreation, visiting, religious services, non-attorney related telephones privileges, and/or law library for a period not to exceed sixty (60) days; suspend any other privileges for a period of time not to exceed: 30 days for a Category I Offense, 20 days for a Category II Offense, 10 days for a Category III Offense, 5 days for a Category IV Offense; confiscate property

(related to the offense); pay for damaged, destroyed or misappropriated property or goods; and recommend loss of accrued gain time up to the maximum penalty: 15 days for Category I Offense, 10 days for a Category II Offense, 5 days for a Category III Offense, 1 day for a Category IV Offense; removal from or reassignment of work duties; housing reassignment; and placement in disciplinary confinement. Pages 1-2 indicate that sexual battery and making threats of sexual assault/battery to another are Category 1 Offenses; making sexual proposals is a Category 2 Offense; and using abusive or obscene language is a Category 4 Offense. The PAQ indicated there have been three administrative and one criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. The interview with the Jail Administrator indicated that if an individual is found to have violated the sexual abuse or sexual harassment policies he/she could be subject to disciplinary segregation up to 30 days and possible criminal charges. She confirmed they can also restrict privileges. The Jail Administrator confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse investigations that were substantiated and two inmate-on-inmate sexual harassment allegations substantiated. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse investigations that were substantiated and two inmate-on-inmate sexual harassment allegations substantiated. The investigative reports indicated that three of the inmates received additional charges, however only one of the investigations was forwarded to the State Attorney for prosecution. The auditor requested additional documentation related to the charges and additional disciplinary measures taken against the four inmate perpetrators, however at the issuance of the interim report the auditor had not received the requested documentation.

115.78 (c): COP 919.00, pages 3-5 states any staff member witnessing or having reasonable belief that an inmate has committed a violation of the rules and regulations shall prepare an inmate disciplinary report and incident report. When an alleged rule violation is reported, the shift supervisor will cause an appropriate investigation to determine if the circumstances support the charges. An impartial disciplinary committee or hearing review officer, as determined by the division commander, shall conduct a hearing for rule violations. If the inmate is found guilty, the disciplinary committee or hearing officer shall impose any one or a combination of the following actions: restriction from and/or alternative access to, recreation, visiting, religious services, non-attorney related telephones privileges, and/or law library for a period not to exceed sixty (60) days; suspend any other privileges for a period of time not to exceed: 30 days for a Category I Offense, 20 days for a Category II Offense, 10 days for a Category III Offense, 5 days for a Category IV Offense; confiscate property (related to the offense); pay for damaged, destroyed or misappropriated property or goods; recommend loss of accrued gain time up to the maximum penalty: 15 days for Category I Offense, 10 days for a Category II Offense, 5 days for a Category III Offense, 1 day for a Category IV Offense; removal from or reassignment of work

duties; housing reassignment; and placement in disciplinary confinement. Pages 1-2 indicate that sexual battery and making threats of sexual assault/battery to another are Category 1 Offenses; making sexual proposals is a Category 2 Offense; and using abusive or obscene language is a Category 4 Offense. The PAQ indicated there have been three administrative and one criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. The interview with the Jail Administrator confirmed that an individuals' mental disability or mental illness would be considered in the disciplinary process. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse investigations that were substantiated and two inmate-on-inmate sexual harassment allegations substantiated. The investigative reports indicated that three of the inmates received additional charges, however only one of the investigations was forwarded to the State Attorney for prosecution. The auditor requested additional documentation related to the charges and additional disciplinary measures taken against the four inmate perpetrators, however at the issuance of the interim report the auditor had not received the requested documentation.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. The interview with the mental health staff member indicated that in a jail setting they provide therapeutic intervention to the victim. She stated they provide therapeutic services to any inmate in a jail setting, however it is not a safe therapeutic environment and they may be released prior to the closure of that therapeutic program.

115.78 (e): The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. COP 919.00, pages 3-5 states any staff member witnessing or having reasonable belief that an inmate has committed a violation of the rules and regulations shall prepare an inmate disciplinary report and incident report. When an alleged rule violation is reported, the shift supervisor will cause an appropriate investigation to determine if the circumstances support the charges. An impartial disciplinary committee or hearing review officer, as determined by the division commander, shall conduct a hearing for rule violations. If the inmate is found guilty, the disciplinary committee or hearing officer shall impose any one or a combination of the following actions: restriction from and/or alternative access to, recreation, visiting, religious services, non-attorney related telephones privileges, and/or law library for a period not to exceed sixty (60) days; suspend any other privileges for a period of time not to exceed: 30 days for a Category I Offense, 20 days for a Category II Offense, 10 days for a Category III Offense, 5 days for a Category IV Offense; confiscate property (related to the offense); pay for damaged, destroyed or misappropriated property or goods; recommend loss of accrued gain time up to the maximum penalty: 15 days for

Category I Offense, 10 days for a Category II Offense, 5 days for a Category III Offense, 1 day for a Category IV Offense; removal from or reassignment of work duties; housing reassignment; and placement in disciplinary confinement. Pages 1-2 indicate that sexual battery and making threats of sexual assault/battery to another are Category 1 Offenses; making sexual proposals is a Category 2 Offense; and using abusive or obscene language is a Category 4 Offense.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. COP 934.00, page 4 states PBSO prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. COP 919.00, page 2 outlines that engaging in sexual acts with others is a Category 2 Offense infraction.

Based on a review of the PAQ, COP 919.00, Investigative Reports and information from interviews with the Jail Administrator and medical and mental health care staff, this standard appears to require additional information to determine compliance. A review of investigative reports indicated there were two inmate-on-inmate sexual abuse investigations that were substantiated and two inmate-on-inmate sexual harassment allegations substantiated. The investigative reports indicated that three of the inmates received additional charges, however only one of the investigations was forwarded to the State Attorney for prosecution. The auditor requested additional documentation related to the charges and additional disciplinary measures taken against the four inmate perpetrators, however at the issuance of the interim report the auditor had not received the requested documentation.

#### Corrective Action

The agency will need to provide the requested documentation related to disciplinary action taken against the four inmate perpetrators.

Verification of Corrective Action Since the Interim Audit Report

	<p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. List of Sexual Abuse and Sexual Harassment Investigations During the Corrective Action Period</li> <li>2. Disciplinary Action Documents</li> </ol> <p>During the corrective action period the facility indicated they did not take any administrative discipline against the perpetrators of the substantiated sexual abuse investigations. The facility updated their process to ensure that perpetrators of substantiated sexual abuse allegations undergo administrative discipline, in addition to any charges from the criminal investigations. The facility provided a list of sexual abuse and sexual harassment allegations reported during the corrective action period. There was one substantiated inmate on inmate sexual harassment investigation. The facility provided documentation confirming the inmate perpetrator went through the disciplinary process and received a sanction of segregated housing time.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Wellpath Palm Beach County Jail – Response to Sexual Abuse</li> </ol>

4. Wellpath Receiving Screening
5. Mental Health Follow-Up Documentation

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Inmates who Disclosed Prior Victimization During the Risk Screening

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated that the provision is not applicable as the facility is a jail.

115.81 (b): The PAQ indicated that the provision is not applicable as the facility is a jail.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. Wellpath Palm Beach County Jail - Response to Sexual Abuse, page 4 states patients identified as being at-risk for sexual victimization or abusiveness and for whom custody staff believe there is a need for immediate medical and/or mental health assessment shall be referred for immediate medical and/or mental health assessment at the time of the intake screening. Page 5 further states patients identified as being at-risk for sexual victimization or abusiveness with no identified, immediate medical and/or mental health needs will be referred for medical/mental health screening within 14 days of intake. A review of the Wellpath Receiving Screening indicates inmates are asked if they have every been sexually abused and if the inmate has ever been arrested for a sexual offense. If the inmate answers yes to either of the questions the form advises staff to refer the inmate to mental health to be seen within seven days. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within

fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of documentation for seven inmates who disclosed prior victimization indicated all seven were offered a follow up with mental health. Two of the seven declined the services and one of the seven was seen after the fourteen day timeframe. It should be noted that all inmates are offered medical and mental health services upon arrival and then within fourteen days. The contacts were documented under this standard, however not all contacts discussed or mentioned the prior sexual victimization. The interview with staff responsible for the risk screening stated if an inmate discloses prior victimization they would send the referral off to mental health the same day and mental health would see them within a couple days. Interviews with two inmates who disclosed prior victimization during the risk screening indicated one did not remember if she was offered services while the other stated that services were not offered.

115.81 (d): The PAQ stated that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PC indicated that information is not strictly limited to medical and mental health. The PC further stated that information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Inmate files are paper and electronic. The paper files are maintained in locked filing cabinets and all requests for access to inmate files goes through the classification staff. Only those with a need to know are provided the inmate file. The initial risk screening is completed electronically and is not placed in the inmate's file. Only classification staff have access to the electronic risk screening information. The risk reassessment is completed by mental health care staff and is only accessible to medical and mental health care staff. Medical and mental health files are both paper and electronic. The records room is staffed and when it is not staffed the door is locked with limited access. Electronic records are only accessible to records clerks and medical and mental health care staff. The medical records staff member confirmed that records would not be disseminated to correctional staff.

15.81 (e): The PAQ indicated that 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 eighteen. The interviews medical and mental health staff confirmed that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Two of the three staff further stated that for those under eighteen, they are required to contact the parent/guardian of the minor to get their consent.

Based on a review of the PAQ, COP 934.00, Wellpath Palm Beach County Jail -

	<p>Response to Sexual Abuse, Wellpath Receiving Screening, Mental Health Follow-Up Documentation, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.</p> <p>Recommendation</p> <p>While all inmates are provided medical and mental health services upon intake and then again within fourteen days, not all services document information related to the prior victimization. The auditor highly recommends that this information is discussed and documented during these contacts to ensure that all inmates receive any necessary follow-up counseling.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Wellpath Palm Beach County Jail - Response to Sexual Abuse</li> <li>3. Medical and Mental Health Documents (Primary and Secondary)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> <li>2. Interview with First Responders</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical and Mental Health Areas</li> </ol> <p>Findings (By Provision):</p>



115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. COP 934.00, page 5 states any inmate reporting sexual assault/abuse during their present incarceration is provided with a medical evaluation and necessary treatment by a qualified health care professional utilizing the sexual assault (Sexual Assault Nurse Examiner-SANE/Sexual Assault Forensic Examiner-SAFE) protocol. Upon the return of the inmate from the emergency room, ensure the paperwork from the ER is returned and reviewed, and that the alleged victim is referred to mental health and medical for appropriate follow-up. During the tour the auditor observed that health services at the West Detention Center included a reception area, exam and treatment rooms and observation rooms. Exam and treatment rooms provided privacy through curtains and doors. The health services area at the Main Detention Center included a waiting area, exam and treatment rooms, and observation rooms. Exam and treatment rooms provided privacy through doors with windows and window blinds. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated that all ten were offered/provided medical and/or mental health services. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they provide services immediately and that inmates are brought to them for services or are transferred to the hospital for services. The mental health staff stated that they provide services within 24 hours. Staff indicated that services are based on professional judgement as well as policies, procedures and the patient's needs. The interviews with inmates who reported sexual abuse indicated three were provided medical and/or mental health services. The one inmate that was not provided services indicated that she was offered and she declined. She stated she changed her mind and tried to get services but they did not let her. It should be noted that this inmate had a cognitive disability and documentation confirmed she was offered medical and mental health services.

115.82 (b): The interviews with security staff first responders indicated they would notify a supervisor, separate the individuals, instruct the individuals not to take any action to destroy any evidence and secure the crime scene. One first responder stated he would also take the victim to medical. The non-security first responder stated she would have them take a seat at the kitchen table and notify the Deputy. She stated she would then take them out of the kitchen. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated all ten were offered medical and/or mental health services. Three inmate victims were transported to the local hospital where two had a forensic medical examination completed. One inmate refused medical and mental health services.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are 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. Wellpath Policy, page 7 states prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases are offered to victims, as appropriate. Emergency contraception is available to female victims of sexual abuse. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated all ten were offered medical and/or mental health services. Three of the victims were transported to the local hospital for services. Two of the inmates were provided a forensic medical examination. Both were offered information and access at the local hospital to sexually transmitted infection prophylaxis. Both inmates were documented with continuing medication once returned to the facility. There were zero sexual abuse allegations involving oral, vaginal or anal penetration reported by a female inmate. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Wellpath Policy, page 1 states treatment services are provided free of charge to every victim of sexual abuse, regardless of whether the victim discloses the name of the abuser or fails to cooperate with any investigation arising out of the incident.

Based on a review of the PAQ, Wellpath Palm Beach County Jail – Response to Sexual Abuse, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff, first responders and inmates who reported sexual abuse, the facility appears to meet this standard.

<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>
	Documents:  1. Pre-Audit Questionnaire

2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. Corrections Operating Procedure (COP) 914.06 – Special Medical Programs
4. Wellpath Palm Beach County Jail – Response to Sexual Abuse
5. Medical and Mental Health Documents (Primary and Secondary)

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates Who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. COP 934.00, page 5 states any inmate reporting sexual assault/abuse during their present incarceration is provided with a medical evaluation and necessary treatment by a qualified health care professional utilizing the sexual assault (Sexual Assault Nurse Examiner-SANE/ Sexual Assault Forensic Examiner-SAFE) protocol. Upon the return of the inmate from the emergency room, ensure the paperwork from the ER is returned and reviewed, and that the alleged victim is referred to mental health and medical for appropriate follow-up. Wellpath Palm Beach County Jail – Response to Sexual Abuse, page 4 states patients identified as being at-risk for sexual victimization or abusiveness and for whom custody staff believe there is a need for immediate medical and/or mental health assessment shall be referred for immediate medical and/or mental health assessment at the time of the intake screening. Page 5 further states patients identified as being at-risk for sexual victimization or abusiveness with no identified, immediate medical and/or mental health needs will be referred for medical/mental health screening within 14 days of intake. During the tour the auditor observed that health services at the West Detention Center included a reception area, exam and treatment rooms and observation rooms. Exam and treatment rooms provided privacy through curtains and doors. The health services area at the Main Detention Center included a waiting area, exam and treatment rooms, and observation rooms. Exam and treatment rooms provided privacy through doors with windows and window blinds. Medical services are provided 24/7. Inmates have access to medical services

on-site and are transported to the local hospital for any emergency services, if necessary. A review of documentation for seven inmates who disclosed prior victimization indicated all seven were offered a follow up with mental health.

115.83 (b): Wellpath Policy, page 7 states continued evaluation and treatment of medical and mental health needs related to sexual abuse will be provided in accordance with the patient's desire for treatment and the community standards of care. Interviews with medical and mental health care staff confirmed that inmates are offered follow-up services. The staff stated they would provide testing, medication, mental health referrals, safety planning, validation, community resources and other follow-up services. The interviews with inmates who reported sexual abuse indicated that three were provided medical and mental health services and two were provided follow-up services with medical and/or mental health. One inmate declined services. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated that all ten were offered/provided medical and/or mental health services. A few of the inmates were documented with follow-up medical services (i.e. testing and prophylaxis) and a few were documented with additional mental health services.

115.83 (c): The facility utilizes the local hospitals for forensic medical examinations and offers basic medical and mental health services through appropriate licensed/certified staff. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated that all ten were documented with receiving or being offered medical and/or mental health services. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The interviews with inmates who reported sexual abuse indicated that none involved vaginal penetration and as such these services were not offered. A review of documentation confirmed there were zero female inmates who reported sexual abuse that involved vaginal penetration requiring pregnancy testing.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Interviews with medical and mental health care staff confirm that female victims of sexual abuse that results in pregnancy would be offered information and access to all lawful pregnancy related services. The staff indicated these services would be offered as soon as the inmate was determined to be pregnant. The interviews with inmates who reported

sexual abuse indicated that none involved vaginal penetration and as such these services were not offered. A review of documentation confirmed there were zero female inmates who reported sexual abuse that involved vaginal penetration that resulted in pregnancy.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. A review of medical and mental health documentation for ten inmate victims of sexual abuse indicated that all ten were offered/provided medical and/or mental health services. Three of the allegations reported by inmates at the facility involved penetration and all three were transported to the local hospital for a forensic medical examination. Two of the three had a completed examination (one was reported third party and information obtained indicated violence occurred but not sexual abuse). Both inmates were documented with services at the hospital. One inmate was documented with additional STI testing when he returned to the facility. Interviews with four inmates who reported sexual abuse indicated that none involved the need for STI tests (none of the allegations involved penetration).

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Wellpath Policy, page 1 states treatment services are provided free of charge to every victim of sexual abuse, regardless of whether the victim discloses the name of the abuser or fails to cooperate with any investigation arising out of the incident. The inmates who reported sexual abuse that received medical and/or mental health service confirmed that they did not have to pay for any of the services.

115.83 (h): The PAQ indicated that this provision does not apply as the facility is not a prison.

Based on a review of the PAQ, COP 934.00, COP 914.06, Wellpath Palm Beach County Jail - Response to Sexual Abuse, Medical and Mental Health Documents, observations made during the tour and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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## Auditor Discussion

### Documents:

1. Pre-Audit Questionnaire
2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims
3. Investigative Reports
4. PREA Incident Review

### Interviews:

1. Interview with the Jail Administrator
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

### Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. COP 934.00, page 7 states for each incident of sexual assault there will be a formal sexual abuse incident review conducted at the conclusion of every sexual abuse investigation including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review will occur within 30 days of the conclusion of the investigation. The PAQ indicated that two criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only unfounded incidents. A review of the PREA Incident Review form confirmed that it includes information related to date and time of incident, victim, investigative outcome and the date of the PREA incident review. The form includes eight questions with yes and no check boxes, covering all the required elements under this provision. Additionally, it has an area to list any recommendations. Attached to the form is the meeting minutes from the meeting, which outlines what was discussed by each committee member. A review of ten sexual abuse investigations indicated eight were unfounded and two were substantiated. Both of the substantiated investigations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse

incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and two criminal and/or administrative investigations of alleged sexual abuse had a completed sexual abuse incident review within 30 days. COP 934.00, page 7 states for each incident of sexual assault there will be a formal sexual abuse incident review conducted at the conclusion of every sexual abuse investigation including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review will occur within 30 days of the conclusion of the investigation. A review of ten sexual abuse investigations indicated eight were unfounded and two were substantiated. Both of the substantiated investigations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. COP 934.00, page 7 states the review team shall include at a minimum, the PREA coordinator, supervisors, detectives, medical and mental health practitioners and other individuals the PREA coordinator deems necessary. A review of ten sexual abuse investigations indicated eight were unfounded and two were substantiated. Both of the substantiated investigations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. The reviews included the PC and other PREA staff, the PCM, the investigator and other staff. The interview with the Jail Administrator confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials and input from line supervisors, investigators and medical and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. COP 934.00, page 7 states consideration should be given as to whether the allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender, and intersex status or gang affiliation. Other factors to be considered are the adequacy of staffing levels, and level of monitoring technologies. A report of findings will be generated citing determinations and recommendations for improvement. Such recommendations shall be implemented, where appropriate. Policy also states that they will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. . A review of the PREA Incident Review form confirmed that it includes information related to date and time of incident, victim, investigative outcome and the date of the PREA incident review. The form includes eight questions with yes and no check boxes, covering all the required elements under this provision. Additionally, it has an area to list any

recommendations. Attached to the form is the meeting minutes from the meeting, which outlines what was discussed by each committee member. Both sexual abuse incident reviews completed during the previous twelve months utilized the format. Interviews with the Jail Administrator, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Jail Administrator stated that information from the sexual abuse incident reviews is used to identify if there is a need for additional training, policy changes or video monitoring technology. The PCM confirmed she is part of the incident review team and that she has not noticed any trends. She stated they utilize the information from the sexual abuse incident reviews to assign appropriate housing for individuals, pursue any criminal charges and prevent incidents in the future.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. . A review of the PREA Incident Review form confirmed that it includes information related to date and time of incident, victim, investigative outcome and the date of the PREA incident review. The form includes eight questions with yes and no check boxes, covering all the required elements under this provision. Additionally, it has an area to list any recommendations. Attached to the form is the meeting minutes from the meeting, which outlines what was discussed by each committee member. A review of two completed sexual abuse incident reviews confirmed that a section exists for recommendations however neither noted with recommendations.

Based on a review of the PAQ, COP 934.00, Investigative Reports, PREA Incident Review and information from interviews with the Jail Administrator, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 - Sexual Offenders and Victims</li> <li>3. Sexual Assault Tracker</li> <li>4. Palm Beach Sheriff's Office Annual PREA Report</li> </ol>



Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. Data is collected utilizing the Sexual Assault Tracker and the Incident Reporting System. The definitions in policy are utilized in this data collection instrument. A review of the PBSO 2021 Annual PREA Report indicates that it includes information on the most recent PREA audit, staff education, inmate education, agency process as it relates to PREA and statistics (data).

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. A review of the PBSO Annual PREA Report confirms that it includes incident based data from 2021 by month for the Main Detention Center and the West Detention Center. The data includes investigative outcomes only.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent

version of the Survey of Sexual Victimization (SSV). COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/ battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. A review of the PBSO Annual PREA Report confirms that it includes incident based data from 2021 by month for the Main Detention Center and the West Detention Center. The data includes investigative outcomes only.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers.

115.87 (e): The PAQ indicated that this provision is not applicable as the agency does not contract for the confinement of its inmates.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request.

Based on a review of the PAQ, COP 934.00, Sexual Assault Tracker and Palm Beach Sheriff's Office Annual PREA Report, this standard appears to be compliant.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents:

1. Pre-Audit Questionnaire
2. Palm Beach Sheriff's Office Annual PREA Report

### Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

### Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. A review of the PBSO 2021 Annual PREA Report indicates that it includes information on the most recent PREA audit, staff education, inmate education, agency process as it relates to PREA and statistics (data). The interview with the Agency Head Designee indicated that the data is collected and utilized to determine areas that need improvement. He stated that they identify problem areas and take corrective action. The interview with the PC confirmed that the agency prepares an annual report of its finding from the sexual abuse and sexual harassment data. She stated that they review data and make any necessary corrective action on a monthly basis. The PCM stated that the data, especially the data from the sexual abuse incident reviews, is used to determine if they have enough cameras and/or staffing and to ensure that there is not an area where incidents continue to occur. She stated the data is utilized to make necessary changes.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of the PBSO 2021 Annual PREA Report indicates that data is only available for 2021. Additionally, the data only includes investigative outcomes and does not indicate whether they were sexual abuse or sexual harassment.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/ battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. The interview with the Agency Head Designee stated that the annual PREA report is approved by the PC and that executive leadership, including the Sheriff, read the report and approve it. The report is published online <https://www.pbso.org//inside-pbso/corrections/prison-rape-elimination-act>.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and the agency indicates the nature of the material redacted. It further stated that the agency does not redact any information from the annual report. A review of the PBSO 2021 Annual PREA Report confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC indicated that information is not redacted from the annual report and that the annual report does not contain any identifiable information. She stated the annual report only includes raw data and case numbers.

Based on a review of the PAQ, the PBSO Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to require corrective action. A review of the PBSO 2021 Annual PREA Report indicates that data is only available for 2021. Additionally, the data only includes investigative outcomes and does not indicate whether they were sexual abuse or sexual harassment.

Corrective Action

	<p>The agency will need to ensure that the 2022 Annual PREA Report includes comparison data from the previous year as required under provision (b). A copy of the Annual PREA Report will need to be provided to the auditor.</p> <p>Verification of Corrective Action Since the Interim Audit Report</p> <p>The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.</p> <p>Additional Documents:</p> <ol style="list-style-type: none"> <li>1. Updated Palm Beach Sheriff's Office Annual PREA Report</li> </ol> <p>The facility provided a copy of their updated annual report (2022). The report was modified to include comparison data from the previous year. The auditor reviewed the agency website and confirmed the updated annual report was added and was available for the public.</p> <p>Based on the documentation provided the facility has corrected this standard and as such appears to be compliant.</p>
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<b>115.89 Data storage, publication, and destruction</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Corrections Operating Procedure (COP) 934.00 – Sexual Offenders and Victims</li> <li>3. Palm Beach Sheriff's Office Annual PREA Report</li> </ol> <p>Interviews:</p>

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. The interview with the PC indicated that sexual abuse data is maintained in the PCM's office behind three locked doors and is securely retained.

115.89 (b): The PAQ states that the agency will 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 through other means. COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. A review of the agency website confirmed that the current Annual PREA Report, which includes aggregated data for the agency, is available to the public online. Additionally, all prior Annual PREA Reports from 2017 to current are also available on the agency website.

115.89 (c): The PAQ states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. It further states that the agency maintains sexual abuse data for at least ten years after the date of initial collection, unless federal, state or local law requires otherwise. COP 934, page 7 states the PREA coordinator or designee shall review all cases of alleged inmate sexual assault/battery and staff sexual misconduct/harassment to ensure that the incidents are accurately tracked in accordance with current Department of Justice PREA Standards. Aggregate data and reports, after approval by the Sheriff, shall be made available to the public on the PREA section of the PBSO website. This report shall include incident data collected by using a uniform, standardized instrument and set of definitions. This data is aggregated annually through collection of information from incident based documents including reports, investigation files and sexual abuse incident reviews. Prior to making this report publicly available, the agency shall remove all personal identifiers. A review of the PBSO Annual PREA Report confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information.

	<p>115.89 (d): COP 934.00, page 6 states all case records associated with claims of sexual abuse, including incident reports, investigative reports offender’s information, case disposition, medical and counseling evaluation findings and recommendation for post release treatment and/or counseling are retained in accordance with an established schedule pursuant to Florida Law and 28 CFR Part 115 (PREA National Standards). A review of historical Annual PREA Reports indicated that aggregated data is available from 2017 to present.</p> <p>Based on a review of the PAQ, COP 934.00, the Annual PREA Report, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.401 (a): The agency is the Palm Beach County Sheriff’s Office. The agency has two facilities, however the agency considers these facilities one overall facility. The agency conducted a PREA audit of the facilities in 2016 and 2019.</p> <p>115.401 (b): The agency is the Palm Beach County Sheriff’s Office. The agency has two facilities, however the agency considers these facilities one overall facility. The agency conducted a PREA audit of the facilities in 2016 and 2019. The facility is being audited during the first year of the three year audit cycle as required under this provision.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit near the kiosk or phones. The audit announcements were observed in English,</p>

	<p>Spanish and Creole on regular size paper with red and black font. The audit announcement advised inmates of confidentiality. The auditor received one letter after the on-site portion of the audit. The letter was marked legal and did not appear to be opened.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Findings (By Provision):</p> <p>115.403 (f): The facility was previously audited on December 3-6, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final their last two audit reports (2016 and 2019).</p>



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

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

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

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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



<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	no
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	no
	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.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

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

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	no
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

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



	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	no

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	no
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	no
<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?	no
<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?	no
	Does the facility reassess an inmate's risk level when warranted due to a request?	no
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	no
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	no
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	no
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	no
<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?	no
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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	yes



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

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

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

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

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

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	no

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes



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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

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



<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	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