

PREA Facility Audit Report: Final

Name of Facility: Polk Halfway House

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/19/2023

| 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"/> |
| Auditor Full Name as Signed: Shirley Turner | Date of Signature: 05/19/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------------|
| Auditor name: | Turner, Shirley |
| Email: | shirleyturner3199@comcast.net |
| Start Date of On-Site Audit: | 04/03/2023 |
| End Date of On-Site Audit: | 04/04/2023 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Polk Halfway House |
| Facility physical address: | 2145 Bob Phillips Road, Bartow, Florida - 33830 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|-------------------------------------|
| Name: | Antwan Coles |
| Email Address: | Antwan.Coles@Truecorebehavioral.com |
| Telephone Number: | 3866894275 |

| Superintendent/Director/Administrator | |
|--|-------------------------------------|
| Name: | Antwan Coles |
| Email Address: | Antwan.Coles@Truecorebehavioral.com |
| Telephone Number: | 386-689-4275 |

| Facility PREA Compliance Manager | |
|---|-------------------------------------|
| Name: | Antwan Coles |
| Email Address: | antwan.coles@truecorebehavioral.com |
| Telephone Number: | O: 386-689-4275 |
| Name: | John McCants |
| Email Address: | john.mccants@truecorebehavioral.com |
| Telephone Number: | O: 813-309-5747 |

| Facility Health Service Administrator On-Site | |
|--|---|
| Name: | Brittany McDaniels |
| Email Address: | Brittany.McDaniels@TrueCorebehavioral.com |
| Telephone Number: | 813-796-3904 |

| Facility Characteristics | |
|--|----|
| Designed facility capacity: | 24 |
| Current population of facility: | 23 |

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| Average daily population for the past 12 months: | 23 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 10-14 |
| Facility security levels/resident custody levels: | Non Secure |
| Number of staff currently employed at the facility who may have contact with residents: | 24 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 6 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 5 |

AGENCY INFORMATION

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| Name of agency: | TrueCore Behavioral Solutions, LLC. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 3109 W Dr Martin Luther King Jr Blvd, Tampa, Florida - 33634 |
| Mailing Address: | |
| Telephone number: | |

Agency Chief Executive Officer Information:

| | |
|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|----------------|-----------------------|---------------------------------------|
| Name: | Torris Bennett | Email Address: | torris.bennett@truecorebehavioral.com |

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

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

Number of standards met:

| | |
|----|--|
| 43 | |
|----|--|

Number of standards not met:

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
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| 1. Start date of the onsite portion of the audit: | 2023-04-03 |
| 2. End date of the onsite portion of the audit: | 2023-04-04 |

Outreach

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| 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: | Peace River Center |

AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity: | 24 |
| 15. Average daily population for the past 12 months: | 23 |
| 16. Number of inmate/resident/detainee housing units: | 23 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 23 |
| 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: | 0 |
| 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: | 1 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |
| 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: | 0 |

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| <p>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:</p> | <p>0</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>0</p> |
| <p>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):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>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:</p> | <p>24</p> |
| <p>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:</p> | <p>5</p> |

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| <p>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:</p> | <p>6</p> |
| <p>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:</p> | <p>No text provided.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>10</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |
| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Corroborated with facility staff, reviewed population roster, and observed population.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |

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|---|-------------------|
| 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): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 3 |
| <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> | |
| 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: | 10 |
| 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: | 1 |
| 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: | 0 |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Discussed with staff and observed population in various settings.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Discussed with staff and observed population in different settings.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed population roster, discussed with staff, observed population and youth/staff interactions in various situations.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Discussed with staff; reviewed sample of PREA risk assessments.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Discussed with staff; reviewed sample of PREA risk assessments.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>1</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>1</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Discussed with staff, observations during site review, and staff interviews confirmed isolation/segregated housing is not used in this facility.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Considered gender, ethnicity and race to obtain a diverse interview pool to the extent possible.</p> |

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| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>8</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| 84. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|--|--------------------------|
| <p>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).</p> | <p>No text provided.</p> |
|--|--------------------------|

Documentation Sampling

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

| | |
|--|--|
| <p>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?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|--|

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|---|--------------------------|
| <p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>No text provided.</p> |
|---|--------------------------|

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 1 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 1 |
|--|---|

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>There were no allegations of sexual harassment during the past 12 months.</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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> |

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| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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 harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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 harassment investigation files)</p> |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>There was one allegation of youth-on-youth sexual abuse and no allegations of staff-on-youth sexual abuse during the past 12 months.</p> <p>There were no allegations of youth-on-youth or staff-on-youth allegations of sexual harassment during the past 12 months.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <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> | |

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|----------------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ Policy 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Agency and Facility Organization Charts</p> <p>Interviews:</p> <p>Agency Statewide PREA Coordinator</p> <p>Contract Agency PREA Coordinator</p> <p>Superintendent/PREA Compliance Manager</p> |

Random Staff

Residents

Provision (a):

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The Florida Department of Juvenile Justice (FDJJ) PREA Policy 1919 and Polk Halfway House Facility Operating Procedure (FOP)-PREA, mandate zero-tolerance of sexual abuse and sexual harassment and outline how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy and FOP include definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. The policy and FOP also provide strategies and responses for reducing and preventing sexual abuse and sexual harassment.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Polk Halfway House is a juvenile residential treatment facility operated by TrueCore Behavioral Solutions, LLC through a contract with the FDJJ which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. An interview with the PREA Coordinator revealed he has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all operated and contracted facilities. The contract agency, TrueCore Behavioral Solutions, LLC, has designated a regional upper level management staff to also serve as the PREA Coordinator for its Florida facilities. The contract agency's PREA Coordinator has the authority and indicated he has the time to perform his PREA related duties.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The Facility Administrator also serves as the PREA Compliance Manager as indicated on the facility's organization chart. An interview with the PREA Compliance Manager revealed he has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties. In accordance with the FOP, the Facility Administrator's position or a position designated by the Regional Director serves as the PREA Compliance Manager.

Conclusion:

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| | <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager</p> |
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|----------------|--|
| 115.312 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Contract</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency PREA Coordinator</p> <p>Agency Contract Manager</p> <p>Provision (a):</p> <p>A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>FDJJ has contracts with providers for the confinement of juveniles in residential facilities throughout the State of Florida. Each applicable contract requires the facility to adhere to the requirements of the PREA standards and for PREA audits to be conducted.</p> <p>Provision (b):</p> <p>Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Providers must agree to comply with all requirements and standards of the Prison Rape Elimination Act as outlined in FDJJ Policy 1919, supported by the facility's</p> |

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| | <p>operating procedures.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.</p> |
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| 115.313 | Supervision and monitoring |
|----------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP Staffing Ratios and Coverage/Staffing Plan</p> <p>FOP Log Books</p> <p>Staffing Plan Assessment</p> <p>Unannounced Rounds (Logbook Entries; Forms)</p> <p>Schedules</p> <p>Resident Daily Rosters</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Provision (a):</p> <p>The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <p>(1) Generally accepted juvenile detention and correctional/secure residential</p> |

practices;

(2) Any judicial findings of inadequacy;

(3) Any findings of inadequacy from Federal investigative agencies;

(4) Any findings of inadequacy from internal or external oversight bodies;

(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);

(6) The composition of the resident population;

(7) The number and placement of supervisory staff;

(8) Institution programs occurring on a particular shift;

(9) Any applicable State or local laws, regulations, or standards;

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

FDJJ Policy 1919 and Polk Halfway House FOP-PREA require the facility to develop, implement and document an approved staffing plan. Interviews and review of documentation verified the development of the facility's staffing plan, the continual assessment of adequate staffing levels, and the need for video monitoring. The Facility Administrator interview verified the development of the facility's staffing plan, the continual assessment of adequate staffing levels, and the need for video monitoring. The facility contract requires staff to resident ratios of 1:8 during the awake hours; 1:12 during the sleeping hours; and 1:5 during off-site activities. The staffing plan is incorporated in the Staffing Ratios and Coverage Policy. The work schedules are reviewed regularly to ensure adequate staff coverage.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The staffing plan is based upon the facility's capacity of 24 residents. Polk Halfway House FOP- PREA requires the facility to document deviations from the staffing plan; however, due to the facility's hold-over policy, there were no deviations from the staffing plan to review.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only

security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The Facility Administrator's interview confirmed there is no law, regulation or judicial decree to maintain staffing ratios of 1:8 staff to resident ratio during waking hours or 1:12 or 1:16 staff to resident ratio during sleeping hours. The ratio during the sleeping hours exceeds the required PREA ratio. Observation during the tour, interviews, and documentation revealed the staff to residents' ratio requirements are met.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Documentation of the annual assessment of the staffing plan dated August 18, 2022 was reviewed and found to be in compliance with all elements contained in the standard. The FDJJ Statewide PREA Coordinator facilitated the staffing plan assessment in conjunction with the PREA Compliance Manager. A review of the annual assessment did not indicate that adjustments are needed to the staffing plan and related items within the assessment.

Polk Halfway House utilizes video monitoring combined with direct staff supervision to protect residents from sexual abuse and sexual harassment. The facility has a total of 24 cameras throughout the facility. The annual assessment of the staffing plan indicated no recommendations.

Provision (e):

Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

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| | <p>FDJJ Policy 1919 and Polk Halfway House FOP PREA require intermediate or higher-level staff to conduct unannounced rounds to deter and identify staff sexual abuse and sexual harassment. An interview with a higher-level staff member and a review of unannounced rounds documentation revealed over time unannounced rounds are conducted on three shifts in all areas of the facility. The unannounced rounds are conducted by supervisory and administrative staff and are documented in logbooks and designated forms.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with this standard regarding supervision and monitoring.</p> |
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| 115.315 | Limits to cross-gender viewing and searches |
|---------|--|
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Training Curriculum</p> <p>Training Acknowledgement Statements</p> <p>Training Records</p> <p>Posted Signs</p> <p>Interviews:</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Random Residents</p> <p>Provision (a):</p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual</p> |

body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

FDJJ Policy 1919 and Polk Halfway House FOP PREA prohibit cross-gender strip searches, or pat down searches of youth, except in exigent circumstances. There have been no such searches conducted by direct care staff in the past 12 months as verified by random staff and random resident interviews.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Polk Halfway House FOP Searches states body cavity searches require the Facility Administrator's authorization and must be conducted by licensed medical personnel in a medical establishment. There were no body cavity searches of residents in the past 12 months as verified by formal and informal interviews.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender pat-down searches may be conducted only in exigent circumstances which random staff interviews summarized as an extreme emergency. Policy indicates in the event a cross-gender search is warranted pursuant to an emergency circumstance, it must be approved by the Facility Administrator and the justification for the search documented. Such searches will be documented on a form currently used for all searches. The form requires the staff to record the reason for the search. The evidence shows the facility is prepared to document and justify all cross-gender pat-down searches.

Provision (d):

The facility shall implement policies and procedures that enable residents 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require opposite sex staff, volunteers and contractors entering housing units to announce themselves. The interviews verified this is done on consistently.

Polk Halfway House FOP PREA provides for a reasonable amount of privacy as

residents shower, perform bodily functions and change clothing. The configuration of the bathroom, use of curtains, and the procedures ensures the reasonable amount of privacy. Staff and resident interviews confirm there is no cross-gender viewing. Observation of the bathrooms revealed all shower stalls have shower coverings to allow privacy while taking showers. Staff members of the opposite gender are required to announce themselves upon entering the unit. This practice was confirmed through observation of signage indicating such, observations and interviews with residents and staff.

No resident interviewed reported ever having been naked in full view of opposite gender staff while showering, changing clothing, and performing bodily functions. Additionally, viewing of the cameras and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The shower procedures ("Shower Norms") are printed and posted at the entrance of the bathroom. Observation of the surveillance system monitors revealed cameras do not capture showers, toilets or inside residents' rooms.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, 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.

FDJJ Policy 1919 and Polk Halfway House FOP PREA prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. According to policy, if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The direct care staff received the training on conducting cross-gender pat-down searches and searches of transgender and intersex residents. Staff interviews confirmed they are aware facility policy prohibits them from conducting a search of transgender or intersex resident solely for the purpose of determining the resident's genital status.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

FDJJ Policy 1919 and Polk Halfway House FOP PREA states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender

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| | <p>and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The documentation and staff interviews support the training is conducted; training participation is documented. The evidence shows staff are trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>Conclusion:</p> <p>Based on the reviewed documentation and interviews, the facility follows this provision of the standard.</p> |
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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Service Agreement</p> <p>Registered Court Interpreters</p> <p>ASL Interpreter Services Note</p> <p>List of Bilingual Staff</p> <p>Interviews:</p> <p>Superintendent</p> <p>Targeted</p> <p>Random Staff</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>The agency shall take appropriate steps to ensure that residents with disabilities</p> |

(including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The Policy and FOP address the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy and FOP prohibit use of resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations. The School Board of Polk County will provide supportive services to residents with disabilities or who may be limited English proficient.

PREA brochures are provided in English, Spanish and French and may be provided in additional information as needed. Bilingual posters are placed on the walls and there is a list of bilingual staff posted. The TrueCore Behavioral Solutions, LLC Regional Director provides assistance to the facility staff in locating a Nationally Certified American Sign Language (ASL) Interpreter through the Florida Registry of Interpreters for the Deaf. The mental health staff are available to assist in PREA education to residents to ensure the information is understood by all residents.

Provision (b):

The agency shall 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 residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

An Interpreting and Translation Agreement is documented with LanguageLine Solutions for services to residents. The evidence shows residents with disabilities and who may be limited English proficient are provided 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. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters.

There are staff who can speak and translate in other languages in an emergency situation. The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide professional interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. There has not been a need for professional interpreting services during this audit period.

Provision (c):

The agency shall not rely on resident interpreters, resident readers, or other types of resident s except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

According to Policy and FOP, the facility prohibits the use of resident interpreters, resident readers or any kind of resident s except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of an interpreter during the interviews.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Residents with disabilities and who are limited English Proficient are provided 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.

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Polk Halfway House meets the requirements of this standard based upon the following evidence: Documentation Reviewed: |

Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)

FDJJ 1800, Background Screening and Hiring Practice

Facility Operating Procedures (FOP) PREA

FOP Employee Recruitment and Selection

PREA Compliance Form

Personnel Records

Interviews:

Administrative (Human Resources) Staff

Superintendent

Provision (a) and (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) 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);

(2) 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; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The policies collectively address hiring and promotion processes and decisions, including the requirement for background checks for new hires. The policies and interviews revealed information regarding the hiring process, completion of background checks, and the grounds for termination. The policies are aligned with the requirements of the standard and provide that background checks are conducted initially prior to employment and every five years thereafter. A review of a sample of personnel files confirmed the required personnel practices.

The policies are aligned with the requirements of the provisions of the standard and provide background checks occur prior to employment and every five years

thereafter. Initial background checks and five-year checks were reviewed through a video. Personnel records reviewed during the pre and onsite audit phases document that the hiring practices prescribed in policies are followed. The interview with the Administrative (Human Resources) Staff and a review of policies and procedures provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. Staff has a continuing duty to report related misconduct and omission of sexual misconduct or providing false information will be grounds for termination.

Provision (b):

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee. Policies FDJJ 1800 and FDJJ 1919 and an interview with the Human Resource staff provide that staff has a continuing duty to report misconduct and provide that omissions of misconduct or providing false information will be grounds for termination.

The Policy and FOP state any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The personnel records and interviews confirm the facility considers 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 residents.

Provisions (c) and (d):

Provision (c): Before hiring new employees or Provision (d): contractors who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

Policy requires background checks occur prior to residents receiving services from contractors and volunteers and confirmed by the interviews. Best efforts are made 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.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Policies and FOPs are aligned with the requirements of the provisions of the standard and provide background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks were reviewed while onsite and during the pre-audit phase. This was also confirmed during the Facility Administrator's interview. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard.

A review of personnel files for a sample of staff hired in the past 12 months revealed that all had criminal records checks and a sample review of personnel files of current staff employed for more than five years indicate the criminal background checks are completed.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

FOP states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and the interviews, the evidence shows the facility follows this provision of the standard.

Provision (h):

Unless prohibited by law, the agency shall 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.

The interview with the Administrative (Human Resources) Staff revealed that the information would be provided with the proper documentation in the form of a release of information document. Policy and FOP provide that the information would be provided when requested unless it is prohibited by law to provide the information.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

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| 115.318 | Upgrades to facilities and technologies |
| | <p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1366 412">Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p data-bbox="280 456 635 490">Documents Reviewed:</p> <p data-bbox="280 524 735 557">Agency Policy (FDJJ 1919), PREA</p> <p data-bbox="280 602 871 636">Facility Operating Procedures (FOP), PREA</p> <p data-bbox="280 680 443 714">Interview:</p> <p data-bbox="280 748 501 781">Superintendent</p> <p data-bbox="280 815 496 848">Provision (a):</p> <p data-bbox="280 893 1453 1050">When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="280 1084 1461 1330">There were major renovations to the bathroom on the living unit. The renovations considered and enhanced the facility's ability to protect residents from sexual abuse. Curtains were also added to each toilet and shower stall, enhancing privacy. Policy and FOP state that when there is substantial expansion to the facility, the ability to protect residents and staff from sexual abuse will be reviewed and ensured.</p> <p data-bbox="280 1364 496 1397">Provision (b):</p> <p data-bbox="280 1442 1390 1599">When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="280 1632 1477 1834">The camera system has been upgraded and additional cameras installed. Camera footage is now maintained in the system for 30 days and the additional cameras were installed in identified blind spots. During the onsite review, the video surveillance system was observed and all cameras were operational. A review of the video monitoring system is included in the annual staffing plan assessment.</p> <p data-bbox="280 1868 464 1901">Conclusion:</p> <p data-bbox="280 1946 1466 2024">Based on the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of the standard.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1369 416">Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p data-bbox="280 456 635 492">Documents Reviewed:</p> <p data-bbox="280 528 1152 564">Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p data-bbox="280 600 865 636">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="280 672 683 707">Inspector General Directives</p> <p data-bbox="280 743 609 779">PREA Compliance Form</p> <p data-bbox="280 815 826 851">Memorandum of Understanding (MOU)</p> <p data-bbox="280 887 555 922">Resident Handbook</p> <p data-bbox="280 958 459 994">Interviews:</p> <p data-bbox="280 1030 475 1066">Random Staff</p> <p data-bbox="280 1102 890 1137">Superintendent/PREA Compliance Manager</p> <p data-bbox="280 1173 405 1209">Targeted</p> <p data-bbox="280 1245 603 1281">Provisions (a) & (b):</p> <p data-bbox="280 1317 1474 1684">Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Provision (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.</p> <p data-bbox="280 1720 1474 2087">Policy and FOP provides for the uniform Florida Department of Juvenile Justice (FDJJ) protocols to be followed; the protocols are outlined regarding appropriateness for youth. The FDJJ policies and procedures, developed by related professionals, addresses but is not limited to interviewing; evidence collection; victim services; notifications; and referrals to law enforcement. The agency-based investigators conduct administrative investigations and the Polk County Sheriff’s Office investigates sexual abuse allegations that are criminal in nature. The Sheriff’s Office agrees to follow the FDJJ/PREA protocols. Staff interviews confirmed an understanding of the facility’s protocols for assisting in maintaining usable physical</p> |

evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Policy and staff interviews provide that forensic medical examinations will be conducted at the local hospital or Peace River Center by a Sexual Assault Nurse Examiners (SANE), Sexual Assault Forensic Examiner (SAFE), or other qualified medical provider. According to policy and interviews, the services will be provided at no cost to the victim. There was not a need for a forensic medical examination during this audit period.

Provisions (d) & (e):

Provision (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Provision (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility is in the process of updating the MOU format with current signatures regarding advocacy services with the Peace River Center. The contract agency Regional Director is working in conjunction with the Superintendent in preparing the document. The supportive services to victims provided by the advocacy agency include but are not limited to access to 24-hour reporting and contact for advocacy services; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The Peace River Center representative provided that the advocacy services are still available to the residents at the facility upon request. The information for Peace River is posted, available to residents and staff.

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| | <p>Provisions (f), (g) & (h):</p> <p>Provision (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section. Provision (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities. Provision (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Polk Halfway House FOP PREA requires staff to report allegations of sexual abuse to the Polk County Sheriff’s Office for criminal investigations, the Florida Central Abuse Hotline, and FDJJ’s Central Communication Center (CCC). When the Polk County Sheriff’s Office arrives at the facility to conduct an investigation, facility staff will provide and request the investigative agency follow the PREA Compliance Form that maximizes the potential for obtaining usable physical evidence for criminal prosecution and is appropriate for youth. Advocacy services will be provided by the Peace River Center as outlined in the updated draft facility MOU template and as verified by the advocacy agency representative.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined facility is in compliance with the provisions of this standard.</p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Interviews:</p> <p>Investigative Staff</p> |

Random Staff

Superintendent

Agency PREA Coordinator

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the requirements as verified through their interviews. The facility reports one allegation of sexual abuse (resident-on-resident) and no allegations of sexual harassment. The allegation is under administrative investigation by the Florida Department of Juvenile Justice and was closed by the Polk County Sheriff's Office. Agency policy and the FOP ensure the cooperation between the facility staff and the investigative entity.

Provisions (b) and (c):

Provision (b): The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The agency's website provides the information and related policies for reporting allegations of sexual abuse. Reporting information is posted on the website. Reporting information is also posted in various areas of the facility including the living unit and common areas. The posted information is accessible to residents, staff, contractors and visitors. Policies, FOPs, incident report, and interviews confirmed allegations of sexual abuse and sexual harassment are referred for investigation and subsequently investigated. Administrative investigations are conducted by the trained agency investigators and sexual abuse allegations that are criminal in nature are investigated by the Polk County Sheriff's Office.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Florida Department of Juvenile Justice, Office of the Inspector General (OIG) conducts administrative investigations and management reviews. Policy 1919 provides that administrative investigations shall be conducted utilizing the policy set forth by the OIG. The Investigators receive regular training and specialized

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| | <p>training regarding conducting administrative investigations. The investigations that are criminal in nature are conducted by trained law enforcement personnel.</p> <p>Provision (e):</p> <p>Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>Investigations are not conducted by any Department of Justice component.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.</p> |
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| 115.331 | Employee training |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Guidelines to Detect Respond and Prevent Abuse of Youth</p> <p>Training Curricula</p> <p>Training Facilitator's Guide</p> <p>Electronic Training Records</p> <p>Interviews:</p> <p>Random Staff</p> <p>Superintendent/PREA Compliance Manager</p> <p>Provisions (a) and (c):</p> <p>(a)The agency shall train all employees who may have contact with residents on:</p> <p>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</p> |

- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The policy and procedures address PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy, procedures, interviews, and training materials and records. The documents and staff interviews support refresher training is also conducted and is documented.

The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training:

1. Zero-tolerance PREA related policies.
2. Staff responsibilities and how to fulfill them regarding allegations or incidents of sexual abuse or sexual harassment.

3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right for staff and residents to be free from retaliation for reporting allegations or cooperating in an investigation.
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.
6. Residents and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment.
7. How to avoid inappropriate relationships with residents.
8. Common reactions of sexual abuse and sexual harassment by juvenile victims.
9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.
10. Mandatory reporting.
11. Relevant laws regarding the applicable age of consent.

Training is conducted annually, and refresher training is provided as needed. Staff interviews confirmed they have received training on the 11 required topics. The interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities within the parameters of PREA.

Provision (b):

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and the training considers the needs of the population as determined by a review of training curricula and interviews with staff. Agency policy provides that training shall be tailored to the needs and attributes to the population served.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Policy and FOP provide all training be documented. Staff members may sign training rosters for some training; electronic training records are the primary method of documentation for staffs' receipt of training. A review of training materials and interviews confirm the elements of PREA training are covered with staff. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews.

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| | <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.</p> |
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| 115.332 | Volunteer and contractor training |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Training Curriculum</p> <p>Training Acknowledgement Statements</p> <p>Interviews:</p> <p>Contractors (2)</p> <p>Volunteer</p> <p>Superintendent</p> <p>Provision (a):</p> <p>The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>The Policy and FOP require that volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training records and materials and interviews document the training occurs.</p> <p>The contractors provide education services to the residents. They receive training related to sexual abuse and reporting through the school system as well as the facility. The volunteers provide religious services to the residents. The volunteers and contractors are knowledgeable of their PREA responsibilities.</p> |

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| | <p>Provision (b):</p> <p>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 residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.</p> <p>Provision (c):</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The acknowledgement form contains the signature of the volunteer and signature of the facility staff that provides supervision to the volunteer. The acknowledgement form for contractors contain the information provided. The documents confirm the participants' understanding of the PREA information provided. Volunteers and contractors are given the opportunity to ask questions prior to signing statements acknowledging they understand the contents of the PREA information provided.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard regarding volunteer and contractor training.</p> |
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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Youth Handbook</p> |

PREA Safety Brochure

Acknowledgement Statements

Multilingual PREA Posters

Advocacy Agency Brochures

Interviews:

Residents, including two targeted

Intake Staff

Provisions (a) and (b):

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Provision (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA provide that all residents admitted receive information about the facility, including PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. According to the Intake staff who provides PREA education to residents and the residents interviewed, an orientation is provided to residents during the intake process. Policy provides that residents receive a comprehensive age-appropriate PREA education session within 10 days of admission to the facility. The results of the staff and resident interviews indicated the information provided to the residents is comprehensive and age-appropriate.

The intake staff's interview revealed he ensures residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions include a review of the PREA Brochure. The residents sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating residents' participation in PREA education sessions confirmed the PREA education sessions occur. PREA related information is provided to staff in policies and procedures, training, and staff meetings.

Provision (c):

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of

the resident's new facility differ from those of the previous facility.

There were 23 residents in the facility during the onsite audit phase. All residents had been provided PREA education.

Provision (d):

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. The local school system provides accommodations and supportive services for residents in the aforementioned areas where required. Posted PREA information is in English, Creole and Spanish is visible to residents, staff, contractors, volunteers, and visitors. The contract agency has a contract with Language Line Solutions for interpreting and translating services. Staff interviews confirmed residents are not used as translators or readers for other residents.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for residents. He ensures residents' receipt of the information, including the resident signing the acknowledgement form.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. The Youth Handbook and brochures are provided to each resident to provide education/information and minimize incidents of sexual abuse and sexual harassment. Collectively, the residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; utilize the hotline; or complete a PREA/grievance form.

Staff present the PREA information in a manner that is accessible to all residents. If

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| | <p>needed, the facility has internal and external resources to provide translation services through staff or Language Line Solutions for residents who may be limited English proficient or through the local school system. Services and accommodations are accessible by facility staff for residents with a hearing or visual impairment and for residents with other disabilities. The mental health staff members are also available to assist with PREA education for residents as needed.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provision of this standard.</p> |
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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documentation Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>PREA Compliance Form</p> <p>Interviews:</p> <p>Chief of Investigations</p> <p>Superintendent</p> <p>Provision (a) & (b):</p> <p>Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA collectively provide for</p> |

investigations of allegations of sexual abuse that are criminal in nature be conducted by the Polk County Sheriff's Office and the Department of Children and Families. The Policy and FOP provides for the investigators to be trained. Administrative investigations are conducted by the the Florida Department of Juvenile Justice (FDJJ), Office of Inspector General/Bureau of Investigations. The Chief of Investigations confirm the training provided to the Investigators.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

FDJJ's Office of Inspector General (OIG) conducts administrative and management reviews, separate and apart from any criminal investigation. The policy further states the OIG staff will be trained on the policies and procedures for the Department policies and procedures related to handling of sexual misconduct incidents and reports.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Facility staff does not conduct administrative nor criminal investigations into allegations of sexual abuse and sexual harassment. The training of Investigators is provided by FDJJ, the contract agency that conducts administrative investigations of sexual abuse and sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor determined the facility is compliant with this standard regarding specialized training for investigations.

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Polk Halfway House meets the requirements of this standard based upon the following evidence: Documents Reviewed: Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA) |

Facility Operating Procedures (FOP) PREA

Training Rosters

Training Curriculum

Interviews:

Medical Staff

Mental Health Staff

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA provide medical and mental health staff members receive the regular PREA training as well as the specialized training. Training records document specialized training for medical and mental health staff members. Specialized medical and mental health training is provided through SkillPro, the contract agency's online E- Learning system. Documentation of specialized and regular PREA training was reviewed for medical and mental health staff and training was confirmed during interviews.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted by the facility's medical staff as verified during the interviews with medical and mental health staffs.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The training documents and interviews with medical and mental health staffs confirmed receipt of the required training.

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| | <p>Provision (d):</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner’s status at the agency.</p> <p>Medical and mental health staff completed the regular PREA training that is provided for all staff members as confirmed by interviews and training documentation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p> |
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| 115.341 | Obtaining information from residents |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Classification and Orientation</p> <p>FOP, Intake and Screening Process</p> <p>Vulnerability of Victimization and Sexually Aggressive Behavior (VSAB)</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Staff Responsible for Risk Screening</p> <p>Residents</p> <p>PREA Coordinator</p> <p>Provision (a):</p> <p>Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each</p> |

resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The policy provides a risk screening occurs within 72 hours upon arrival to the facility. The staff responsible for the risk screening will interview the resident at intake to obtain information about the residents personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The resident's risk level is reassessed periodically.

Agency policy and Polk Halfway House FOP PREA require staff to complete the Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) risk screening instrument which generally occurs on the same day of admission to the facility. Information is obtained through an interview with youth and parent/guardian, court records, and current charges. Resident interviews indicated they were asked whether they identify with being gay, bi- sexual, transgender or intersex, if they think they are in danger of sexual abuse and if they have any disabilities.

Disclosure of prior victimization or perpetrated sexual abuse is addressed during the time of disclosure. The information is received by the Clinical Director. A review of documentation, interviews with residents and staff confirmed the Vulnerability Assessment is administered and that follow-up mental health and medical services are available the same day of admission. The information for the instrument may be obtained by asking questions from the VSAB instrument, medical and mental health screenings and other methods. All residents interviewed could identify specific areas inquired about in the administration of the VSAB.

The facility provided the Auditor with the VSAB instrument during the pre onsite review and completed VSABs were reviewed by the Auditor while onsite. The interviews confirmed residents are screened whether a new admission or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward the other residents. All residents interviewed entered the facility within the past 12 months. They confirmed they were asked questions like the following:

- (1) Have you have ever been sexually abused?
- (2) Do you identify with being gay, bisexual or transgender?
- (3) Do you have any disabilities?
- (4) Do you think you might be in danger of sexual abuse at the facility?

Based on the review of the resident records, interview with the staff responsible for risk screening, and resident interviews, the evidence shows that resident's risk levels are assessed during intake, but no later than 72 hours of their arrival at the facility.

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The Vulnerability Assessment is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his own safety. The interview and review of policy and FOP revealed how the objective instrument is administered to obtain information to assist staff in keeping residents safe. The responses on the instrument accumulate a cumulative weighted score and the risk level is determined by definition and the corresponding number to that definition. The policy and FOP states residents will be screened within 72 hours of admission however interviews with residents indicated it is routinely administered earlier.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed samples of the VSAB screening instrument and determined all factors required by this provision of the standard are included. The interview with the staff responsible for administering the risk screening instrument confirmed awareness of the elements of the risk screening instrument. The resident interviews also confirmed the administration of the screening instrument and a sampling of the questions asked.

Provision (d):

This information shall be ascertained through conversations with the resident during

the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The FDJJ Policy 1919 PREA, Polk Halfway House FOP PREA, and interviews, support that the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during additional assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The staff and resident interviews are aligned with the Policy and FOP and this provision of the standard. The review of the instrument and interview with the staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the VSAB.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

The policy and FOP provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The interview with the Superintendent/PREA Compliance Manager revealed the completed VSAB forms are maintained in residents' files and are available to staff only on a need to know bases. The Auditor observed the files to be maintained in a secure manner in lockable cabinets in lockable offices. Electronic records are password protected and maintained on a secure website.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Polk Halfway House meets the requirements of this standard based upon the following evidence: Documents Reviewed: Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA) |

Facility Operating Procedures (FOP) PREA

FOP, Classification and Orientation

Screenings for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)

VSAB Curriculum

Interviews:

Superintendent/PREA Compliance Manager

Staff Responsible for Risk Screening/Intake Staff

Residents

Random Staff

Provision (a):

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Polk Halfway House FOP PREA requires the screening information to be used to determine a resident's room assignment and room's proximity to direct care staff to ensure resident's safety. The facility also utilizes alerts to staff to ensure that direct-care staff are advised if the resident is identified as being at-risk for victimization or posing a risk to others.

The policy and procedures provide guidance to staff regarding the use of the information obtained from the VSAB. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of specific samples of the aforementioned completed screening instrument.

The facility also uses additional screening instruments to assess risks and needs of residents.

Provision (b):

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services.

Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy provides that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall comply with § 115.342 and the provision (a). At no time will any client be denied any legally required educational programs, special education services, daily large-muscle exercise, or medical/mental health care. At risk residents may only be placed in isolation in an emergency situation, and only as a last resort if less restrictive measures are inadequate to keep the resident safe, in accordance with policy and procedures.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. The interview with the Facility Administrator confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The use of isolation would be documented. The residents' rights to daily large-muscle exercise and any legally required educational programming or special education services would be provided. As a practice, isolation is not used in this facility.

Provision (c):

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Polk Halfway House FOP PREA precludes lesbian, gay, bi-sexual, transgender and intersex (LGBTI) residents from being placed in a particular area or room in the housing unit and provides that LGBTI identification or status is not an indicator of likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his safety will be given serious consideration. During the site review, the Auditor did not observe any indication of any special or reserved rooms based on how a resident identifies; this premise was also confirmed by staff.

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The policy and FOP provide that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews and the site review. There were no transgender or intersex residents in the facility during the site visit and this audit period. The Intake staff's interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The policy and FOP state placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the Clinical Director is aware of the requirement.

Provision (f):

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The resident's concern for his own safety is taken into account through the administration of the VSAB and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. A review of VSABs and policy and procedures document this practice.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender and intersex residents are given the opportunity to shower separately from other youth, per agency policy, and facility FOP, and staff interviews.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The Policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document:

- a. The basis for the facility's concern for the resident's safety; and
- b. The reason why no alternative means of separation can be arranged.

No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator/PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation. The isolation/separation would be documented according to the provisions of the policy and standard.

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| | <p>Provision (i):</p> <p>Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.</p> <p>Policy provides that every thirty (30) days, staff shall afford each resident described in provision (b) of this section a review to determine whether there is a continuing need for separation from the general population. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the Facility Administrator/PREA Compliance Manager confirmed the facility has not used isolation for this purpose. The policy is inclusive of this provision if there were to be an emergency situation; however, the practice is that isolation is not used in this facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding use of screening information.</p> |
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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>PREA/Grievance Forms</p> <p>Medical Request Form</p> <p>PREA Brochure</p> <p>Multilingual Posters</p> <p>Youth Handbook</p> <p>Interviews:</p> <p>Random Staff</p> |

Residents, Including Targeted

Superintendent/PREA Compliance Manager

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Polk Halfway House FOP PREA provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation and staff neglect including telling a trusted staff member, family member or other visitor; completing a medical request form; or completing a grievance/PREA form and placing it in a secure drop box. Random resident interviews confirmed their knowledge of this procedure. FOP addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline of an agency not a part of the facility as confirmed by resident interviews, posters, staff, posted phone instructions, and a test of the telephone by the Auditor. Direct care staff interviews revealed residents may use the telephone to privately report sexual abuse and sexual harassment. The victims' advocacy service, Peace River Center was contacted to determine the scope of advocacy services provided. A person responded through the posted hotline number and indicated that advocates are accessible through the hotline services.

The resident receives a brochure which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings

Provision (b):

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The Polk Halfway House FOP PREA requires youth to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office not a part of the agency. Residents may call the Florida Abuse Hotline and the reporting information is posted consistently in the facility at various levels, accessible to residents, contractors, staff and visitors. Residents may request to use a telephone with some degree of privacy to call the hotline or use the dedicated telephone to report allegations or request advocacy services. Policy requires that such calls are unimpeded by staff members. A resident may also utilize accessible writing materials to write to the posted agencies. The residents interviewed were aware of the abuse reporting hotline and were able to articulate how they could gain access.

Signs are posted explaining how to access services and agencies for assistance. The resident may also dial 911 for emergencies. Direct care staff revealed staff could use the abuse reporting hotline or go directly to their supervisor to privately report allegations of sexual abuse. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All random staff interviewed revealed they are familiar with this provision of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by telephone, completing a PREA/grievance or medical request form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Random staff members interviewed were aware of their duty to receive and document third-party reports.

There has been one allegation of sexual abuse (youth-on-youth) during this audit period. The report of findings as a result of the administrative investigation is pending. The report and interview revealed that staff was informed verbally and the allegation was reported in accordance with policies and procedures.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete the accessible forms. Help request forms were observed posted in the facility, accessible to all residents. Writing utensils are available; additionally, and all residents attend school.

Provision (e):

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| | <p>The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the accessibility of the abuse reporting hotline; third-party reporting; and/or talk to supervisor in private.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding resident reporting.</p> |
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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>PREA Brochure</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>The agency/facility is exempt from this standard because there are not administrative procedures in place for residents to report allegations of sexual abuse and sexual harassment through the grievance procedure. The form may be use to put an allegation in writing and alert staff. Once the written allegation is received, the abuse reporting policies and procedures are implemented. All sexual abuse allegations are reported to the agency's Central Communications Center, local law enforcement, and the Department of Children and Families in accordance with policy.</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Polk Halfway House meets the requirements of this standard based upon the following evidence:

Documents Reviewed:

Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)

Facility Operating Procedures (FOP) PREA

FOP, Telephone Access

FOP, Visitation

FOP, Correspondence

Memorandum of Understanding (MOU)

PREA Brochure

PREA Notification/Acknowledgement Form

Multilingual Posted Information

Youth Handbook

Interviews:

Residents, Including Targeted

Intake Staff

Superintendent

Advocacy Agency Representatives

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Policies and procedures ensure residents are provided access to outside confidential support services. The facility is currently in the process of updating the MOU for the Peace River Center, including updating signatures. The Peace River Center

representatives' interviews the availability of advocacy services. The services include access to advocates, accompaniment, access to 24/7 hotline, and counseling. The facility provides posted information, regarding access, for all residents and staff to see.

Contact information for advocacy services is a part of the PREA education sessions and is posted. The hotline telephone was observed, tested and found to be in working order. Additional contact information for services from a national agency was posted. All telephone numbers are free to call.

Provision (b):

The facility shall inform residents, 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.

Policy and procedures address confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. The practice was confirmed by the targeted and intake staff interviews. A request for advocacy services was not made during this audit period.

Provision (c):

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Policy and procedures provide that the resident may use the telephone according to use instructions to gain access to the advocacy agency, as well as abuse reporting agencies. Information is also provided for written contact with the advocacy agency. Interviews confirmed the availability and accessibility of outside confidential support services to residents. A staff member of the advocacy agency stated that an advocate would go to the facility or the hospital upon request. The advocacy agency has not been contacted by a resident or staff member during this audit period.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for telephone calls.

Collectively, residents interviewed confirmed the facility staff allow them to see or

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| | <p>talk with their lawyer, another lawyer or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. The Superintendent confirmed the facility provides residents with reasonable and confidential access to their attorneys and/or court representatives and reasonable access to parents or legal guardians. Based on interviews with residents and the Superintendent, the evidence shows the facility follows this provision of the standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding residents' access to outside confidential support services and legal representation.</p> |
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| 115.354 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Agencies' Websites</p> <p>Multilingual Posters</p> <p>Interviews:</p> <p>Random Staff</p> <p>Residents</p> <p>§115.354</p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>The websites provide the public with information to facilitate third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.</p> |

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| | <p>Policies and procedures address third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. There were no third- party reports received during this audit period.</p> <p>All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The identified methods within the facility in which a third-party report may be made includes completing a PREA/grievance or medical request form; report to staff or a family member or other approved visitor so they may report; report what is known or suspected to a staff member; or utilize the abuse reporting hotline telephone.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance regarding third-party reporting.</p> |
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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Incident Reporting</p> <p>FOP, Abuse and Neglect Reporting</p> <p>Florida Statute 39.201</p> <p>Incident Write-up</p> <p>Multilingual Posters</p> <p>PREA Brochures</p> |

Interviews:

Random Staff

Targeted Interview

Medical Staff

Mental Health Staff

Superintendent/PREA Compliance Manager

Provision (a) and (b):

The agency shall require 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

According to the Polk Halfway House FOP PREA and the State Statute, all staff members are required to report any allegations of sexual misconduct, sexual abuse, and sexual harassment to the Central Communications Center (CCC). Policy provides that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. Policy states that staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment; retaliation against residents or staff who report any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information should be reported to the CCC, Department of Children and Families, and local law enforcement. Staff interviews support the standard requirement.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited 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.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA support that after allegations of sexual abuse and sexual harassment have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of 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.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting. Documentation may be done on a dedicated form or placed in clinical notes.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Reports of allegations of sexual abuse will be made by the Facility Administrator/designee which includes but is not limited to the Polk County Sheriff's Office. The interview with the Facility Administrator confirmed if the resident is under the custody of a child welfare agency, the Case Worker will be notified. This information was also verified through policy and procedures review and interviews.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA support that all allegations of sexual abuse and sexual harassment information be reported to the CCC,

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| | <p>Department of Children and Families, and local law enforcement, where criminal in nature. Staff interviews support the standard requirement, including accepting and reporting third-party and anonymous reports of allegations of sexual abuse and sexual harassment. There was one allegation of youth-on-youth sexual abuse during this audit period and no allegations of sexual harassment. The one allegation occurred just before the onsite audit phase and the administrative investigation is ongoing.</p> <p>Conclusion:</p> <p>The interviews with random staff, mental health and medical staff and Facility Administrator revealed their awareness of the requirements regarding the reporting duties. All staff interviewed acknowledged they are mandated reporters and a written report must immediately follow reported allegations or incidents.</p> |
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| 115.362 | Agency protection duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Random Staff</p> <p>Agency Head Designee</p> <p>Residents</p> <p>§115.362</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Agency policy and the FOP provide that when the facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. There have been no incidents in the last 12 months where the facility took any action regarding a resident being in substantial risk of imminent</p> |

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| | <p>sexual abuse, as revealed in interviews with the Facility Administrator and random staff. Policy guides the response to this standard if it becomes necessary.</p> <p>The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of risk assessments, "Vulnerability of Victimization and Sexually Aggressive Behavior," supports the information provided by residents. The Superintendent reports during the past 12 months, no residents were identified as being subject to substantial risk of imminent sexual abuse.</p> <p>Interviews revealed staff are expected to act immediately to protect a resident deemed to be at substantial risk of imminent sexual abuse. Actions to be taken include: change in room reassignment; single room assignment; close staff supervision status; separate in housing and programming; and notify supervisor, treatment staff or an administrator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard and the provisions regarding agency protection duties.</p> |
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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Abuse and Neglect Reporting</p> <p>FOP, Incident Reporting</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provisions (a), (b), (c), and (d):</p> |

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| | <p>Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Provision (c): The agency shall document that it has provided such notification. Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Agency Policy and Polk Halfway House FOP PREA requires the Facility Administrator to notify the head of another facility within 72 hours upon receiving an allegation a resident was sexually abused while confined at that facility. The notification must be documented, including notification to the Florida Department of Juvenile Justice's Central Communications Center ensuring the initiation of the investigation. During the past 12 months, there were no allegations received that a resident was abused while confined to another facility.</p> <p>Conclusion:</p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p> |
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| 115.364 | Staff first responder duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Polk Halfway House Coordinated Response Plan</p> <p>Interviews:</p> <p>Random Staff</p> <p>Targeted Interview</p> <p>Provision (a):</p> |

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Agency Policy and Polk Halfway House FOP PREA provides that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence.

The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were one allegation off sexual abuse that is still under an administrative investigation. The alleged incident did not require the actions of a first responder.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding staff first responder duties.

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Polk Halfway House meets the requirements of this standard based upon the following evidence:

Documents Reviewed:

Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)

Facility Operating Procedures (FOP) PREA

Polk Halfway House Coordinated Response

Interviews:

Superintendent

Random Staff

§115.365

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require the development of a written plan to coordinate actions taken in response to an allegation of sexual abuse, among staff first responders, medical, and facility leadership. The facility's coordinated staff response plan was reviewed and found in compliance with the standard.

Interviews with the Facility Administrator and random staff revealed they are knowledgeable of their duties in response to an allegation of sexual abuse. The random staff interviewed was familiar with the roles regarding the response to an allegation of sexual abuse. The Facility Administrator discussed the coordinated actions in response to an incident of sexual abuse which was aligned with policy.

Forensic medical examinations will be provided free of charge to the victim at the Peace River Center by a Sexual Assault Nurse Examiner (SANE) or at the local hospital with a qualified medical practitioner. A qualified medical professional shall perform a forensic medical examination if there is no SANE available. The victim will be provided unimpeded access to crisis intervention and medical services. The Coordinated Response Plan also includes the responsibilities of clinical staff and supervisors.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Interviews:</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>The Florida Department of Juvenile Justice is not a collective bargaining agency as confirmed through the interviews.</p> |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Retaliation Monitoring Form</p> <p>Interviews:</p> <p>Designated Staff Member Charged with Monitoring Retaliation</p> <p>Superintendent</p> <p>Agency Head Designee</p> <p>Provision (a):</p> <p>The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring</p> |

retaliation.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require the protection of residents and staff who have reported sexual abuse or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The policy requires the monitoring to take place for a period of 90 days or longer, as needed.

The Assistant Facility Administrator serves as the Designated Staff Member Charged with Retaliation Monitoring and the interview revealed he is knowledgeable of the position's responsibilities. He articulated multiple measures available for victims, abusers and staff such as housing changes, transfers, reassign staff, etc. FDJJ has developed a form to document monitoring. A dedicated form has been developed and is utilized for retaliation monitoring. The Facility Administrator may also assist with retaliation monitoring.

Provision (b):

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The policy, FOP and interviews collectively identify measures to protect staff and residents including but not limited to the following:

- a. Initiating housing changes or transfers for resident victims or abusers;
- b. Removing alleged staff or resident abusers from contact with victims; and
- c. Providing emotional support services.

The interviews confirmed the facility would protect residents and staff from retaliation for reporting allegations of sexual abuse or sexual harassment or for cooperating with such investigation. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Retaliation Monitoring form reflects that the monitoring also includes review of camera footage to observe interactions and any other activities that may have been missed or not clear in real time.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA requires the monitoring of items identified in this provision of the standard. The Assistant Facility Administrator explained during the interview how he would discharge those duties. It is understood that retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days, if the initial monitoring indicates a continuing need. The Retaliation Monitoring Form revealed no evidence of retaliation occurring.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

The interviews collectively indicated that status checks would be initiated with staff and residents. The agency policy and FOP states periodic status will occur. The Retaliation Monitoring Form is used to document the status checks as well as the ongoing monitoring.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

According to the policy and FOP, if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another resident or staff member, the facility shall take appropriate measures to protect that individual against retaliation.

Provision (f):

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The policy and FOP provide that the facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded. The one allegation reported during this audit period is under an administrative investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection against retaliation.

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Interviews:</p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>§115.368</p> <p>Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA provide that residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping a resident safe can be arranged. Policy requires that during the isolation period, the resident must have access to daily large muscle activities and legally required educational programming or special education services. Policy and procedures further provide for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>According to the interviews, isolation is not used at this facility. The Auditor did not observe or get any indication regarding the use of isolation. The interviews further confirmed that isolation or segregated housing has not been used to protect a resident who alleged sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of Policy, interviews and observations, the Auditor determined the facility is compliant with this standard regarding post-allegation protective custody.</p> |
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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Polk Halfway House meets the requirements of this standard based upon the following evidence:

Documents Reviewed:

Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)

Facility Operating Procedures (FOP) PREA

Initial Report

PREA Compliance Form

Interviews:

Superintendent/PREA Compliance Manager

Investigative Staff

PREA Coordinator

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The contract agency, Florida Department of Juvenile Justice (FDJJ), does not conduct criminal investigations or residents' allegations of sexual abuse. The Polk County Sheriff's Office and the Florida Department of Children and Families work cooperatively regarding allegations of sexual abuse. FDJJ's Office of Inspector General (OIG)/Bureau of Investigations reviews any report of findings and/or conduct administrative investigations and identify any misconduct by staff related to FDJJ policies, procedures and practices.

Policy supports that the investigations are conducted regarding anonymous and third-party allegations of sexual abuse and sexual harassment. The interviews support that the investigations are initiated promptly. There was one allegation of resident-on-resident sexual abuse during this audit period which was made just prior to the onsite audit phase. The allegation was reported promptly by staff to the FDJJ Central Communications Center and local law enforcement. There were no findings by law enforcement and there is an open administrative investigation.

Provision (b):

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The FDJJ investigators receive regular PREA training and specialized training regarding conducting administrative investigations. The investigative staff with the

Bureau of Investigations are collectively trained to initiate, conduct, supervise and coordinate investigations designed to detect, deter, prevent, and eradicate misconduct and other abuses within the agency and contract programs.

Provision (c):

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The agency Investigators gather and preserve any direct and circumstantial physical evidence within their purview in support of law enforcement personnel that investigate criminal investigations and where indicated in administrative investigations. Agency investigators' process includes reviewing and preserving electronic monitoring data; interviews of victims, witnesses and suspected perpetrators; and relative reports.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The investigation shall not be terminated solely because the source of the allegation recants the allegation, in accordance with agency policy and the interview with the investigative staff.

Provision (e):

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.

The Polk County Sheriff's Office handles all activities related to working with prosecutors as they handle investigations that are criminal in nature.

Provision (f):

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 resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

During an administrative investigation, the credibility of witnesses is not based on the status of the employee or resident. The agency does not require a resident to submit to a polygraph or other truth-telling device.

Provision (g):

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The OIG/Bureau of Investigations is responsible to initiate, conduct, supervise and coordinate investigations. Administrative investigations include the determination of whether staff actions or failures to act contributed to the sexual abuse. During an administrative investigation, the process includes but is not limited to interviews of staff members and residents; review of logbooks and any written statements; and review of policies, procedures and camera footage.

A review of previous agency investigative reports document that a report of investigative facts and findings is prepared at the end of each investigation. The reports include a description of the physical and testimonial evidence and reasoning behind any credibility assessments. The report of findings may include recommendations for appropriate corrective action(s) to address any noted issues.

Provision (h):

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

When investigations are considered to be criminal in nature, investigations are completed and documented in reports of findings by law enforcement personnel. Reports may also be completed by the Florida Department of Children and Families.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Criminal investigations are completed by the Polk County Sheriff's Office and allegations that appear to be criminal are referred for prosecution by the Sheriff's Office.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The agency retains all written reports of investigations pertaining to administrative and criminal investigations. The practice is that such reports are maintained according to agency policy, procedures, and this provision.

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| | <p>Provision (k):</p> <p>The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>Agency policy and the interview with the interviews are aligned with this provision.</p> <p>Provision (l):</p> <p>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>The PREA Compliance Form, containing the protocols regarding investigations is shared with law enforcement personnel as an agency practice. The PREA Compliance Form contains the required tenets of conducting an investigation regarding an allegation of sexual abuse or sexual harassment.</p> <p>Provision (m):</p> <p>When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>The interviews and agency policy support that the agency remains abreast of investigations performed by law enforcement personnel and the Department of Children and Families. Additionally, agency policy informs staff to cooperate with investigations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding criminal and administrative agency investigations.</p> |
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| 115.372 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> |

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| | <p>Interview:</p> <p>Investigative Staff</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Agency policy, FOP, and interview support that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff are substantiated. The interview was aligned with the agency policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.</p> |
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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Interviews:</p> <p>Superintendent/PREA Coordinator</p> <p>Investigative Staff</p> <p>Agency PREA Coordinator</p> <p>Provision (a):</p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require at the conclusion of any law enforcement investigation into sexual abuse, the victim or the victim’s</p> |

parent(s) or legal guardian(s) shall be notified the investigation has concluded. A letter is sent notifying residents/parents /legal guardian of charges and of the outcome of the investigation including the identification of the investigative entity and state the findings. There is an ongoing administrative investigation regarding an allegation of sexual abuse.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The Facility Administrator and the Bureau of Investigations remain abreast of an investigation conducted by an outside agency. The Bureau of Investigation will request relevant information from the outside agency to inform the resident of the findings of an investigation.

Provision (c) & (d):

Provision (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within Polk Halfway House; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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| | <p>(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</p> <p>(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Agency policy and the FOP require that the aforementioned tenants be addressed with the alleged victim following a resident's allegation of sexual abuse regarding a resident or staff member. The Policy provides that following a resident's allegation that he has been sexually abused by another resident, the alleged victim shall be subsequently informed whenever:</p> <p>a. The alleged abuser is criminally charged related to the sexual abuse; or</p> <p>b. The alleged abuser is adjudicated on a charge related to sexual abuse.</p> <p>Provision (e):</p> <p>All such notifications or attempted notifications shall be documented.</p> <p>The notification will be documented on a dedicated form developed for this purpose. The written notification will contain the charges and the outcome of the investigation including the identification of the investigative entity and state the findings, in accordance with policy.</p> <p>Conclusion:</p> <p>The interviews with the identified staff confirm the Policy requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the Auditor determined the facility is compliant with this standard.</p> |
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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Professional Relationships with Residents</p> |

Employee Standards of Conduct and Performance

Employee Handbook

Youth Handbook

Interview:

Superintendent

Provision (a) and (b):

Provision (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Provision (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require staff disciplinary sanctions up to and including termination for violating the facility's sexual abuse or sexual harassment policies. The policies and procedures provides that the violation be reported to law enforcement and termination shall be the presumptive disciplinary sanction for staff who engaged in sexual abuse.

There were no employees terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA provide that disciplinary sanctions for violations of relative policies, other than actually engaging in sexual abuse, shall be 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.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Termination of staff for a violation of sexual abuse or sexual harassment policies, or staff resignations related to violations of the policy, will be reported to law

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| | <p>enforcement, unless the activity is clearly not criminal, and reported to relevant licensing bodies.</p> <p>Conclusion:</p> <p>Based upon the review of Policy, FOP, and interview, the Auditor determined the facility is compliant with this standard regarding disciplinary sanctions for staff.</p> |
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| 115.377 | Corrective action for contractors and volunteers |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Interview:</p> <p>Superintendent</p> <p>Provision (a):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Contractors and volunteers who engage in sexual abuse are to be reported to law enforcement and to relevant licensing bodies. During the past 12 months, there were no allegations of sexual abuse or sexual harassment involving contractors or volunteers.</p> <p>The interviews with the contractors and volunteer and a review of training materials revealed the facility takes measures to provide volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited and is a serious breach of conduct. The review of documentation and interviews confirm participation in PREA training and awareness of the zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment of residents.</p> <p>Provision (b):</p> |

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| | <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA states the Facility Administrator will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. The Superintendent's interview document his knowledge of policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is in compliant with this standard regarding corrective action for contractors and volunteers.</p> |
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| 115.378 | Interventions and disciplinary sanctions for residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Youth Handbook</p> <p>Multilingual PREA posters</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Provision (a):</p> <p>A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-</p> |

on-resident sexual abuse.

FDJJ Policy 1919 PREA, Polk Halfway House FOP PREA, and Youth Handbook collectively require an administrative process for dealing with violations of resident-on-resident sexual abuse. The Facility Administrator's interview confirms the formal disciplinary process however residents may also be referred to law enforcement for charges regarding resident-on-resident sexual abuse as also supported in the Youth Handbook. Sexual activity between residents is prohibited and court or administrative processes with sanctions will occur after determination the sexual activity was coerced. Residents will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA provide anyone reporting in good faith will not suffer as a result of reporting an allegation. The policies, procedures, and interview with the mental health staff confirms counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after a sexual abuse incident.

The Youth Handbook addresses the administrative process for dealing with rule violations and resulting disciplinary measures regarding major and minor rule violations. Sanctions are directly related to the seriousness of the negative behavior. The process regarding allegations of sexual abuse can include the resident being removed from the facility and placed in the detention center during the investigation by law enforcement.

Provision (b):

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy and procedures provide that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Isolation is not used in the facility as a sanction.

In the extreme event a disciplinary sanction results in the isolation of a resident, agency policy provides that residents shall not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. Policy further provides for daily visits by mental health and medical personnel. Residents shall also have access to other programs and work

opportunities to the extent possible and receive daily visits from medical and mental health staff, in accordance with policy and procedures.

Provision (c):

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Policy and procedures collectively provide that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Facility Administrator/Superintendent.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

Polk Halfway House FOP provides the facility considers whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, which was confirmed by the mental health staff. The mental health staff revealed that any type interventions or treatment services provided are not as a condition for the resident to access participation in the behavior management system, education services, or other programs.

The resident has access to the behavior management system and earn points for completing identified activities. Points are earned for participating in the rewards-based system in the various program areas; points are not earned for non-participation in such intervention services as well as non-performance of other activities. All residents have access to the behavior management system and other programs and services. Points may be earned in the completion of identified activities.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Polk Halfway House provides the facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith

based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Polk Halfway House FOP states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting or an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The FOP prohibits any sexual conduct between residents and all such conduct is subject to disciplinary action. Court processes occur after determination the sexual activity was coerced. Allegations of sexual abuse are conducted by law enforcement when it appears to be criminal in nature.

Conclusion:

There have been no residents placed in isolation as a disciplinary sanction for sexual abuse in the past 12 months. Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.

| 115.381 | Medical and mental health screenings; history of sexual abuse |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>FOP, Admissions Screening and Evaluation</p> <p>FOP, Health Care Admission Screening and Evaluation</p> <p>Interviews:</p> <p>Targeted</p> |

Medical Staff

Mental Health Staff

Provision (a) and (b):

Provision (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Provision (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require a follow-up meeting with a medical or mental health practitioner within 14 days when a resident discloses any prior incidents of sexual abuse whether victim or perpetrator. Interviews with the medical and mental health staff, targeted interview, and a review of documentation revealed residents are generally seen by medical and mental health staff on the same day of admission as part of the intake process and follow-up. The policies verify information related to sexual victimization or abusiveness which occurred in an institutional setting is limited to those staff where it is based on their need to know to make the appropriate management and security decisions.

Interviews with the medical and mental health staff and observations revealed documentation of the services provided to each resident is maintained in clinical files within the medical and mental health areas. Medical and mental health staff discussed their knowledge of informed consent, in accordance with policy. The facility utilizes a consent form regarding treatment services.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Policy and FOP support that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the resident files maintained in a secure manner in lockable cabinets behind lockable doors. Electronic records are password protected.

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| | <p>Provision (d):</p> <p>Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>Policy and procedures provide that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding medical and mental health screenings; and history of sexual abuse.</p> |
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| 115.382 | Access to emergency medical and mental health services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 13HS:01.01), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Acknowledgement of PREA Education</p> <p>Interviews:</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Targeted Interview</p> <p>Superintendent</p> <p>Victim Advocacy Agency Representative</p> <p>Coordinated Response Plan</p> <p>Provision (a):</p> |

Resident victims of sexual abuse shall 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.

FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews and the targeted interview confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required.

Processes and services are in place for a victim to receive timely access to sexually transmitted infections prophylaxis, where medically appropriate. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.

Residents are provided access to an outside victim advocacy agency for services through the Peace River Center which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interview. The advocate will go to the facility or the hospital to provide services. Services were confirmed by the advocacy agency representative. The Memorandum of Understanding (MOU) is being formulated for updated information. However, lack of a currently signed document will not affect services as confirmed in the interview.

Provision (b):

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have unimpeded access to emergency services. The FOP and the written coordinated response plan flow chart provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. A medical staff member is on-call 24/7. Review of the coordinated plan; observations of the interactions among residents, medical and mental health practitioners; and staff interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Provision (c):

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| | <p>Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>The FOP and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The facility houses male only.</p> <p>Provision (d):</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy and procedures state that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews.</p> <p>Conclusion:</p> <p>Facility Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim. Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding access to emergency medical and mental health services.</p> |
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| <p>115.383</p> | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> |

FOP, Periodic Evaluations and Ongoing Treatments

Interviews:

Medical Staff

Mental Health Staff

Targeted

Superintendent

Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Polk Halfway House FOP PREA requires mental health evaluation and treatment, as determined by medical/mental health staff, be offered to residents who disclose sexual victimization or perpetrated sexual abuse. Treatment services are provided at no cost to residents.

The FOP requires that a medical and mental health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the policy and FOP mandates. The FOP and interviews support medical and mental health evaluations and that treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and targeted interview and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy.

Provision (b):

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to follow-up services by the medical doctor and psychiatrist; outside referrals where indicated; and therapy. The FOP states that follow-up services will be provided.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

FOP, staff interviews and observations revealed medical and mental health services

are consistent with the community level of care.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The facility only houses males.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility only houses males.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.

Provision (g):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim, according to FOP and staff interviews.

Provision (h):

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Facility Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment. A trauma screening assessment will be conducted within 30 days.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

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| 115.386 | Sexual abuse incident reviews |
| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1369 416">Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p data-bbox="280 456 635 492">Documents Reviewed:</p> <p data-bbox="280 528 1152 564">Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p data-bbox="280 600 1126 636">FDJJ 2020, Incident Operations Center and Incident Reviews</p> <p data-bbox="280 672 865 707">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="280 743 459 779">Interviews:</p> <p data-bbox="280 815 890 851">Superintendent/PREA Compliance Manager</p> <p data-bbox="280 887 715 922">Incident Review Team Member</p> <p data-bbox="280 958 644 994">Agency PREA Coordinator</p> <p data-bbox="280 1030 497 1066">Provision (a):</p> <p data-bbox="280 1102 1455 1218">The facility shall 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.</p> <p data-bbox="280 1254 1465 1541">FDJJ Policy 1919 PREA and Polk Halfway House FOP PREA require an incident review team meeting within 30 days of the conclusion of each investigation. The policy mandates review team participation which includes the required facility staff where indicated and may include regional staff. The incident review team process is facilitated by the agency-wide PREA Coordinator. The FDJJ's PREA Coordinator will prepare a report of the review team's findings and submit the report to the Superintendent and other staff as required by practice and/or agency policy.</p> <p data-bbox="280 1576 1471 1863">The interviews confirmed the following: development of documented findings of the incident 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 considers; 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 within the facility.</p> <p data-bbox="280 1899 1465 2060">The incident review team will also examine the area in the facility where the incident allegedly occurred to assess whether physical barriers or blind spots in the area may enable sexual abuse; assess the adequacy of staffing levels in areas where there may be blind spots; and examine camera footage and positions of</p> |

cameras regarding any blind spots.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The FOP requires and the interviews support that the reviews occur within 30 days of the conclusion of the investigation. There has been one allegation of sexual abuse during this audit period and the administrative investigation is ongoing.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The FOP identifies the incident review team members as Superintendent, medical staff, mental health staff, and input from line supervisors. The investigators from the Polk Sheriff's Office would be invited to the meeting where indicated. The interviews confirmed the FOP requirements.

Provision (d):

The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

The interviews, policy and procedures indicate the incident review team will consider the elements included in this standard provision. The report of findings is prepared by the agency's statewide PREA Coordinator.

Provision (e):

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| | <p>The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews and review of policies and procedures confirmed the incident review team is charged with considering the tenets identified in this standard provision regarding the results of the investigation, including: considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex; other group dynamics; assessment of the area relative to the allegations; and adequacy of staffing.</p> <p>The FOP requires the meeting to be documented, including recommendations and the document provided to the Facility Administrator. Interviews confirmed the facility would prepare a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review and that the team would consider all factors required by the standard. Policy and procedures provide that reasons for not implementing the recommendations must be documented.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding sexual abuse incident reviews.</p> |
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| 115.387 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>FDJJ 2020, Incident Operations Center and Incident Reviews</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Agency PREA Incident Data</p> <p>FDJJ's Central Communications Center (CCC) Uniform Definitions</p> <p>Interviews:</p> <p>Agency PREA Coordinator</p> |

Superintendent/PREA Compliance Manager

Provisions (a) & (c):

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

FDJJ has developed a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. FDJJ Policy 1919 PREA requires CCC to collect all data relating to PREA. FDJJ Policy 1919 requires the collection of data through the CCC for every allegation of sexual misconduct which occurs in its state-operated detention centers and its contracted residential facilities. FDJJ's website includes the PREA reports.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The FOP and review of the annual reports, data reports, and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying, gathering and maintaining the required data.

Provision (d):

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

The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with policy directives. FDJJ aggregates the data which culminates into an annual report.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

FDJJ collects, aggregates and maintain PREA related data from state-run juvenile detention centers and contracted residential facilities. Polk Halfway House does not contract with outside facilities for confinement of its residents.

Provision (f):

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| | <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The FOP states that upon request, Polk Halfway House shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request has not been made for the previous calendar year.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding data collection.</p> |
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| 115.388 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Annual PREA Incident Data</p> <p>Annual Report</p> <p>Interviews:</p> <p>Agency PREA Coordinator</p> <p>Superintendent/PREA Compliance Manager</p> <p>The statewide PREA Coordinator reviews the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. Policy provides that an annual report be prepared. A review of documentation confirms this practice.</p> <p>The annual report is approved as required by policy and a review of the report was conducted by the Auditor. The annual report reflects a comparison of the results of annual data, by calendar year. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.</p> <p>Conclusion:</p> |

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| | Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding data review for corrective action. |
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| 115.389 | Data storage, publication, and destruction |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>Documents Reviewed:</p> <p>Agency Policy (FDJJ 1919), Prison Rape Elimination Act (PREA)</p> <p>FDJJ 1316, Records and Information Management Procedures</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Annual Report</p> <p>Interviews:</p> <p>Superintendent/PREA Compliance Manager</p> <p>FDJJ Policy 1919 PREA requires the collection of data though the Central CC for every allegation of sexual misconduct which occurs in its state-operated detention centers and its contracted residential facilities. All collected data is maintained for a 10-year period as required by the State of Florida’s records and retention schedule. According to the FOP, the aggregated sexual abuse data will be readily available to the public through the agency’s website; the practice is that the report is posted on the agency’s website. A review of the annual report verified there are no personal identifiers and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored behind at least two locks.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard regarding data storage, publication, and destruction.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>The Florida Department of Juvenile Justice has ensured the audits of all detention and residential facilities as required. All state-run detention centers and all contracted residential facilities have been audited as evidenced by the final audit reports provided on the agency's website.</p> <p>The Auditor was provided complete access to the facility and observed all areas of the facility's buildings and grounds. Additionally, all relevant documents were provided during the pre on-site audit phase and during the onsite audit phase. The facility staff provided space for all interviews to be conducted in private.</p> <p>The posted audit announcement signs provided information regarding how to send confidential information to the Auditor. The signs were posted in various areas of the facility, accessible to residents, staff, volunteers, and contractors. The facility has procedures for letter writing and subsequent mailing, including confidential correspondence. The Auditor did not receive correspondence from anyone in or affiliated with the facility.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Polk Halfway House meets the requirements of this standard based upon the following evidence:</p> <p>A review of the agency's website revealed PREA Audit Reports dating back to 2014 for detention centers operated by the Florida Department of Juvenile Justice (FDJJ) and residential facilities contracted by FDJJ are also posted. All reports may be downloaded.</p> <p>This facility was previously audited in 2020 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The related policies, procedures and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies, procedures and supporting documentation; interviews with staff, residents, contractors; volunteers, and observations by the Auditor.</p> |

| Appendix: Provision Findings | | |
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| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | 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 |
| 115.312 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.) | yes |
| 115.312 (b) | Contracting with other entities for the confinement of residents | |

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| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | yes |
| 115.313 (a) | Supervision and monitoring | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate | yes |

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| | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |
| 115.313 (b) | Supervision and monitoring | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.313 (c) | Supervision and monitoring | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |

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| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | no |
| 115.313 (d) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.313 (e) | Supervision and monitoring | |
| | Has the facility 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? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility 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 | yes |

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| | functions of the facility? (N/A for non-secure facilities) | |
| 115.315 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.315 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |
| 115.315 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| 115.315 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility implement policies and procedures that enable residents 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 a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| 115.315 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility | yes |

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| | determine genital status during conversations with the resident, 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? | |
| 115.315 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents 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: | yes |

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| | Residents who have speech disabilities? | |
| | Does the agency take appropriate steps to ensure that residents 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 residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's | yes |

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| | safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations? | |
| 115.317 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.317 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| 115.317 | Hiring and promotion decisions | |

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| (c) | | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.317 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.317 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.317 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents 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 | yes |

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| | employees? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.317 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.317 (h) | Hiring and promotion decisions | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.318 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents 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 |
| 115.318 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents 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 |
| 115.321 (a) | Evidence protocol and forensic medical examinations | |

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| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.321 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.321 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |

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| | 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? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.321 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.321 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |
| 115.321 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na |
| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| 115.331 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |

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| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |
| 115.331 (b) | Employee training | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.331 (c) | Employee training | |
| | Have all current employees who may have contact with residents 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 |

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| 115.331 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.332 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.332 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents 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 residents)? | yes |
| 115.332 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.333 (a) | Resident education | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |
| 115.333 (b) | Resident education | |
| | Within 10 days of intake, does the agency provide age-appropriate | yes |

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| | comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.333 (c) | Resident education | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| 115.333 (d) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| 115.333 (e) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.333 (f) | Resident education | |

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| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.334 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.321(a).) | yes |
| 115.334 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(a).) | yes |
| 115.334 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

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| 115.335 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.335 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.335 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.335 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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 |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.341 (a) | Obtaining information from residents | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| 115.341 (b) | Obtaining information from residents | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.341 (c) | Obtaining information from residents | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does | yes |

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| | the agency attempt to ascertain information about: Age? | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |
| 115.341 (d) | Obtaining information from residents | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |
| 115.341 (e) | Obtaining information from residents | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked | yes |

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| | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | |
| 115.342 (a) | Placement of residents | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| 115.342 (b) | Placement of residents | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

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| 115.342 (c) | Placement of residents | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| 115.342 (d) | Placement of residents | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.342 (e) | Placement of residents | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| 115.342 (f) | Placement of residents | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when | yes |

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| | making facility and housing placement decisions and programming assignments? | |
| 115.342 (g) | Placement of residents | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.342 (h) | Placement of residents | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | na |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | na |
| 115.342 (i) | Placement of residents | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.351 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.351 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private | yes |

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| | entity or office that is not part of the agency? | |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| 115.351 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.351 (d) | Resident reporting | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| 115.351 (e) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.352 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.352 (b) | Exhaustion of administrative remedies | |

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| | Does the agency permit residents 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.) | na |
| | Does the agency always refrain from requiring an resident 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.) | na |
| 115.352 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| 115.352 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident 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.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.352 (e) | Exhaustion of administrative remedies | |

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| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | na |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | na |
| 115.352 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging a resident 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.) | na |
| | 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.) | na |

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| | 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.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.352 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and | yes |

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| | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | |
| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| 115.354 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.361 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents 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 | yes |

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| | information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | |
| 115.361 (b) | Staff and agency reporting duties | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| 115.361 (c) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.361 (d) | Staff and agency reporting duties | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.361 (e) | Staff and agency reporting duties | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of | na |

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| | the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| 115.361 (f) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.362 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.363 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident 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 |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| 115.363 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.363 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in | yes |

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| | accordance with these standards? | |
| 115.364 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.364 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.365 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |

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| | 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| 115.367 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.367 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| 115.367 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 | yes |

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| | 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 resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.367 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.367 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.368 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

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| 115.371 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| 115.371 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| 115.371 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.371 (d) | Criminal and administrative agency investigations | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| 115.371 (e) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.371 | Criminal and administrative agency investigations | |

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| (f) | | |
| | 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 resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.371 (g) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.371 (h) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency | yes |

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| | does not provide a basis for terminating an investigation? | |
| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.373 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.373 (c) | Reporting to residents | |
| | Following a resident'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 posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency | yes |

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| | has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following a resident'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 a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.373 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.376 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

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| 115.376 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.376 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.376 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.377 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.377 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

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| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |
| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
| | 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 offer the offending resident participation in such interventions? | yes |

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| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | na |
| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |
| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |

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| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| 115.382 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.382 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.382 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial | yes |

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| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | na |
| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.383(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.) | na |
| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or | yes |

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| | cooperates with any investigation arising out of the incident? | |
| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.386 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.386 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.386 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |

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| | 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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.387 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.387 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.387 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.387 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for | yes |

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| | the confinement of its residents.) | |
| 115.387 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.388 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.388 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.388 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.388 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when | yes |

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| | publication would present a clear and specific threat to the safety and security of a facility? | |
| 115.389 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| 115.389 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.389 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | 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 |

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| | 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 |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |