

**PREA AUDIT REPORT     Interim    Final  
ADULT PRISONS & JAILS**

**Date of report:** 04/16/17

<b>Auditor Information</b>			
<b>Auditor name:</b> Beth Richards (Team Leader)			
<b>Address:</b> 3301 East Tamiami Trail Naples, FL 34112			
<b>Email:</b> beth.richards@colliersheriff.org			
<b>Telephone number:</b> 239-253-4973			
<b>Date of facility visit:</b> March 27-28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Charlotte County Sheriff's Office, Bureau of Detention			
<b>Facility physical address:</b> 26601 Airport Road, Punta Gorda, FL 33982			
<b>Facility mailing address:</b> <i>(if different from above)</i> 7474 Utilities Road Punta Gorda, FL 33982			
<b>Facility telephone number:</b> 941-639-2101			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Major Earl Goodwyne			
<b>Number of staff assigned to the facility in the last 12 months:</b> 195 allocated positions			
<b>Designed facility capacity:</b> 960			
<b>Current population of facility:</b> 669			
<b>Facility security levels/inmate custody levels:</b> Min, Med, Med-High, High (Max Seg)			
<b>Age range of the population:</b> 18-91			
<b>Name of PREA Compliance Manager:</b> N/A		<b>Title:</b> Click here to enter text.	
<b>Email address:</b>		<b>Telephone number:</b> Click here to enter text.	
<b>Agency Information</b>			
<b>Name of agency:</b> Charlotte County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 26601 Airport Road, Punta Gorda, FL 33982			
<b>Mailing address:</b> <i>(if different from above)</i> 7474 Utilities Road, Punta Gorda, FL 33982			
<b>Telephone number:</b> 941-639-2101			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Sheriff William Prummell		<b>Title:</b> Sheriff	
<b>Email address:</b> William.prummell@ccso.org		<b>Telephone number:</b> 941-575-5211	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Tabbatha Carter		<b>Title:</b> Lieutenant	
<b>Email address:</b> tcarter@ccsofl.net		<b>Telephone number:</b> 941-833-6318	

## AUDIT FINDINGS

### NARRATIVE

On March 27 and 28, 2017, a Prison Rape Elimination Act (PREA) on-site audit was conducted of the Charlotte County Sheriff's Office Jail by Beth Richards, Lynni O'Haver, and Patricia Gifford. The auditors of this team are current certified Prison Rape Elimination Act Auditors listed on the PREA Resource website.

Prior to the on-site audit, the facility posted notices of the pending audit six (6) weeks prior, and these were still up during the audit. There was no communication from any staff or inmates to the auditors as a result of the notices. The agency also provided the pre audit questionnaire documentation through PowerDMS, an on-line Document Management System. The auditors were provided access to this information which allowed for direct response to any questions that arose. A pre-audit meeting was conducted on March 16, 2017, with Captain Melissa Turney, Giselle Oquendo, Lt. Carter (PREA Coordinator), and Beth Richards (Audit Team Leader) to exchange information pertinent to the on-site audit. We discussed goals for the audit and a plan of action while onsite.

The audit team arrived at the facility and was greeted by Sergeant Susko and Corporal Kerns. The team was required to present proper identification and electronically signed to acknowledge the PREA information. This procedure is required of everyone entering the secured area of the facility for the first time and then repeated annually. The computer software used by Jail Staff, tracks and notifies the intake officer when the PREA training is due.

The team toured all areas of the facility to include laundry, kitchen, medical, segregation, library, intake, transportation, visitation, and all (15) housing areas. The audit team observed two hundred and nine (209) camera locations, numerous bubble mirrors, PREA information accessibility, living/bathroom accommodations, cross gender viewing, announcements made, and adequate supervision of each area. During the tour, the team was accompanied by Captain Melissa Turney, Lt. Tabbatha Carter, Lt. Jessica Long, Sgt. Ryan Barber, Cpl. Mike Kerns, Mike Williams, and Giselle Oquendo.

The team conducted both confidential formal and informal interviews using the six types of interview protocols subscribed by the National PREA Resource Center to include:

- (1) Agency Head or Designee
- (1) Warden or Designee
- (1) PREA Compliance Manager/Coordinator

- (9) Specialized Staff
- (16) Random Staff
- (34) Inmates

During the on-site, the inmate headcount for this single facility was approximately six hundred and sixty-nine (669). Inmates were supervised 24/7 by one hundred eighty-four (184) certified deputies and forty four (44) Civilian Clerks. At the time of the onsite audit, the jail had (10) certified vacancies and (1) civilian vacancy. The critical positions are filled using overtime maintaining continuity with the provided staffing plan.

The team found the staff to be professional and knowledgeable of their roles and responsibilities in preventing reporting and responding to sexual abuse and harassment. Staff was able to articulate the meaning of the agency's zero tolerance policy. Staff demeanor was courteous in their interaction with inmates and the housing units were quiet, controlled and well maintained. The professionalism is immediately evident based on the cleanliness of the facility and the overall orderliness of the environment. It was evident that the philosophy of direct supervision is being followed.

Overall, the interviews with inmates reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Inmates received written materials that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect them from abuse. Subsequent to intake, inmates are provided more comprehensive education on PREA that includes personal instruction in addition to a 25-minute orientation video entitled *Safeguarding Your Sexual Safety*. Inmates indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Inmates were able to articulate to the auditors the procedures of reporting sexual abused/harassment and consistently indicated that they felt safe in the facility.

The Center for Abuse & Rape Emergencies, Inc. (CARE) acts as an advocate and provides rape crisis intervention services for victims. The director was interviewed by phone and confirmed the agreement and procedures in place at the jail to provide rape crisis intervention.

During the past twelve months there were six (6) allegations of sexual abuse/assault reported and investigated in which none were substantiated. Out of the thirty-four (34) sexual harassment allegations reported and investigated, two (2) "inmate on inmate" were substantiated. Documentation provided on these allegations were reviewed and appeared to be handled within the policy set forth by the agency

and within the PREA guidelines. It should be noted that all of the allegations were reviewed by the PREA Review Committee which exceeds the standard.

The Charlotte County Sheriff's Office is proactively combatting Human Trafficking by using Jamie Walton, Co-founder of The Wayne Foundation, as an advocate for victims of human trafficking. The Jail provides the names of inmates arrested for prostitution to Ms. Walton. She reaches out to the inmate, attempts to assess if they are victims of abuse. Information, education and law enforcement assistance if desired is offered. In addition, Ms. Walton teaches a "Survivor class" to females inmates who are victims of abuse; sexually, physically, and emotionally. All inmates indicating they have been sexually abused or assaulted are offered counseling/mental health service.

This agency contracts with Corizon Health for medical and mental health services and the Manatee County Sheriff's Office for the confinement of youthful offenders. It is noted that Manatee County Sheriff's Office received a PREA audit on August 1, 2014 and was found compliant with PREA.

In summary, after reviewing all pertinent information and after conducting inmates and staff interviews, this team found that agency leadership has clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of inmates on all the key aspects of PREA. Discussions with executive leadership and facility management reinforced the agency's commitment to ensuring the sexual safety in the jail and their Community.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Charlotte County Jail opened in February 2001, and provides direct supervision for a maximum of 960 inmates - local, state and federal. This concept encourages direct interaction between staff and inmates to prevent negative behavior, and it groups inmates into living units that can house up to 64 inmates that can be efficiently managed.

The jail is a full service facility with kitchen, laundry, medical, mental health and dental services. The facility is equipped with a video courtroom for first appearances, arraignments and bond hearings. The average length of stay is 35.9 days, with individual bookings at 8,090 yearly.

The Charlotte County Jail 's (195) one hundred ninety five members are supported by numerous civilian staff, contractors and volunteers in fulfilling the Agency's Mission. The professionalism of the staff and facility is recognized through successful Florida Model Jail Standards inspections as well as accreditation through the Florida Corrections Accreditation Commission and the National Commission for Correctional Health Care.

## **SUMMARY OF AUDIT FINDINGS**

On March 27-28, 2017, the Charlotte County Sheriff's Office, Bureau of Detention, underwent a PREA on-site audit. The results are as follows:

Number of standards exceeded: 7

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 0

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

**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.**

*Policy review 17.06; P-11-032*

*Staff Interviews*

The agency has a policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines their approach to preventing, detecting, and responding to such conduct, and includes such definitions. The agency has a designated agency-wide PREA Coordinator.

### Standard 115.12 Contracting with other entities for the confinement of inmates

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

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*Letter of agreement with Manatee County Sheriff's Office, dated September 28, 2016.*

The agency has an agreement with Manatee County Sheriff's Office for the confinement of youthful offenders. According to the Manatee County Sheriff's Office website, the jail underwent a PREA audit on August 01, 2014 and was found compliant with all standards. The letter of agreement allows for the Charlotte County Sheriff's Office to monitor for compliance with PREA.

### Standard 115.13 Supervision and monitoring

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

**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.**

*Charlotte County Sheriff's Office, Bureau of Detention, Staffing Plan, dated 12/02/16*

*Policy 5.07; 17.06*

*Staff Interviews*

*Facility Tour Forms*

The Staffing Plan dated 12/02/2016 incorporates all of the required PREA components. Planning and Research conducts the annual staffing plan review. Daily supervisor rounds are required by policy and documented to provide unannounced checks of all areas of the facility.

#### **Standard 115.14 Youthful inmates**

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

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*The agency has a Letter of Agreement with the Manatee County Sheriff's Office for the confinement of youthful offenders. The previous audit showed n/a for this area. This report indicates a "Meets Standard" rating due to the agreement with Manatee County Sheriff's Office and that they are required to maintain Prea Compliant. There is not an N/A option on this document.*

#### **Standard 115.15 Limits to cross-gender viewing and searches**

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

**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.**

*Policy 17.06; P-08-034;*

*Training Bulletin 02-07*

*Training logs*

*Tour observations*

*Staff Interviews*

Agency policy prohibits cross-gender strip searches and cross-gender body cavity searches except in exigent circumstances or when performed by licensed medical practitioners. While cross-gender pat searches of females are not permitted except in exigent circumstances, policy requires these searches to be documented. Policies and procedures, as well as the layout of the facility, allow for inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing inmate bodies. Policy, procedure and interviews confirm the announcement of opposite gender staff entering housing areas. Policy prohibits searches of transgender and intersex inmates for the sole purpose of genital status. Staff training includes conducting cross-gender searches in a manner that is consistent with security needs.

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

**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.**

#### *Policy 17.06*

*Language Line Contract, dated 02/20/09 with auto renewal*

*Ending the Silence Graphic novels (3),*

*Training Bulletin 02-07*

*PREA Pamphlet and Intake Rules*

*PREA Video – English, Spanish, and Closed Caption*

*Staff and Inmate Interviews*

*Picture Flip book for limited English proficiency*

The agency has a contract with Language Line to provide interpreter services as identified by need. Language Line provides interpreter service in Spanish, Chinese, French, Japanese, Polish, Russian, Vietnamese, Cambodian, English, German, Haitian, Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai and Urdu. Current languages spoken at the jail are predominantly English and Spanish, and the Inmate Handout, PREA Pamphlet and Intake Rules are in both languages. There is a commitment to providing alternative material in languages as needed. Policy prohibits the use of inmate interpreters except in situation where an extended delay in obtaining information could compromise an inmate's safety. Additionally, the videos are played every Saturday in Spanish and English over the television which pre-empts all other television programming. Staff will assist inmates who require assistance with material due to disabilities.

#### **Standard 115.17 Hiring and promotion decisions**

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

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**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

*Policy 3.05, 3.43, 17.06, 3.50,  
Employment Pre-Application and Application  
Falcon identification FDLE data system  
PREA Affidavit  
Staff Interviews*

Agency policy prohibits the hiring or promoting of anyone who has engaged in sexual abuse in institutions or the community, or has been civilly or administratively adjudicated to have engaged in sexual abuse in institutions or the community. All incident of sexual harassment are considered in the hiring or promoting of staff. Rapid ID and background checks are conducted for all staff, contractors and volunteers. Contact with prior institutional employers is attempted. Contractors and Volunteers required annual background checks. All staff receive five year re-screening and were last screened on 10/24/14. All applicants are asked about prior misconduct. Material omissions regarding misconduct is grounds for termination. State law and agency policy allow for the information sharing with other institutions upon employment checks. The performance appraisal requires specific questions to be answered by the evaluatee on an annual bases exceeding the requirements for the standard.

#### **Standard 115.18 Upgrades to facilities and technologies**

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

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There were no substantial expansion or modifications to the facility. There are 209 cameras in the security areas and mirrors placement was such as to limit blind spots in the housing units.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

**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.**

*Policy P-11-032, 17.06, 11.21*

*MOU with Center for Abuse & Rape Emergencies (C.A.R.E.), dated 03/21/2016 – 03/21/2018*  
*Inmate Interviews*  
*Staff Interviews*  
*Training doc*

The agency has developed evidence protocols and forensic medical examinations that address response to sexual abuse. The agency has a MOU with C.A.R.E. for victim advocacy services. Additionally, the agency has use two local hospitals for the provision of SAFE/SANE services. Pamphlets and posters advise inmates of services that are available. Investigations are conducted by the Bureau of Detention and Bureau of Law Enforcement, with assistance from Internal Affairs if allegation involves staff.

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

**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.**

*Policy 17.06, P-11-032*  
*Inmate Handout*  
*CARE Handout*  
*Annual Report*  
*CCSO Website*  
*Staff Interviews*

The agency policy provides that all allegations of sexual abuse and sexual harassment will be investigated. If criminal in nature, the agency shall notify the Bureau of Law Enforcement for investigation. This policy is made public through both inmate information and through the agency website.

#### **Standard 115.31 Employee training**

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

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*Policy 17.06, P-11-032*

*Training Bulletin 02-07,  
Reporting Abuse of Juveniles and Vulnerable Adults  
PREA Flip Book for Inmates  
Prea video link to the National PREA Resource Center  
Training curriculum  
Training rosters  
Staff Interviews*

The agency training encompasses all sections of the standard as required. Staff receive training via PowerDMS. Documents that are required to be read require staff signatures.

### **Standard 115.32 Volunteer and contractor training**

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

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*Policy 17.06  
Training Bulletin 02-07  
Training conduct for Contract Staff  
Contractor PREA Information Sheet  
Contract Language  
Training curriculum  
Training rosters  
Corizon Training and policies  
FastPass Software*

Agency policy requires that all volunteers receive the same training as staff (ref. 115.31). Contractors are provided training on the Zero Tolerance Policy and how to report incidents of sexual abuse or sexual harassment upon becoming aware or being notified. All training is documented. Any person entering the secure area is required to sign annually acknowledging the PREA rules and guidelines. The FastPass automatically tracks and notifies when the training is due.

### **Standard 115.33 Inmate education**

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

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*Policy 17.06, P-11-032*

*PREA Posters/Signs*

*CARE Pamphlet*

*Inmate Handout*

*PREA Flip Book*

*Sample PREA Video Report*

*Ending the Silence Comics*

*PREA Video – Closed Caption, English and Spanish*

*Inmate Education Documents*

*Inmate Interviews*

*Staff Interviews*

Agency policy requires inmate education at intake and within 30 days. During the intake process, inmates receive the Inmate Handout and CARE Pamphlet. All inmates are provided the PREA Video every Saturday. As per PREA Standard 115.16, provisions are made for inmates who are limited English proficient or who have disabilities. Education and rules are documented for each inmate.

#### **Standard 115.34 Specialized training: Investigations**

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

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*Policy 17.06*

*NIC Specialized Investigations Certificates*

*Staff Interviews*

*Sexual Assault Response and Prevention (SARP)*

Law Enforcement and Corrections staff have completed the National Institute of Corrections Specialized Investigations Training for a total of nineteen (19) staff. This is in addition to the required training for certification for Law Enforcement. This training addresses all required components of the PREA Standard. The agency provided copies of all training.

#### **Standard 115.35 Specialized training: Medical and mental health care**

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

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*Policy 17.06*

*Corizon Training: Corrections PowerPoint*

*Documentation of training*

*Staff Interviews*

All medical and mental health staff have completed the required training under this standard, as well as training required for all staff. All forensic examinations are conducted at a local hospital.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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*Policy 17.06, P-10-007, P-08-042*

*Classification Questions*

*Classification Screening Instrument*

*PREA Screening Checklist*

*Staff Interviews*

*Inmate Interviews*

*253 inmates were re assessed over the past 12 months*

The agency screens all inmates upon arrival and prior to the 72 hours deadline. The agency uses an objective screening and classification tool that addresses all required areas of the PREA standards. Policy requires a re-assessment of an inmate's risk of victimization or abusiveness is conducted within 30 days of the inmate's arrival to the facility, if additional, relevant information is received by the facility since the intake screening. Policy prohibits disciplining inmates for not responding to the specific questions as identified in the PREA standards. Information from the screening is available only to Lieutenants, Classification staff and Jail Clerks. All other staff are advised through the Alert List if an inmate is a predator or is vulnerable to victimization.

#### **Standard 115.42 Use of screening information**

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

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*Policy 17.06, P-08-042, P-11-044, P-10-007*

*Staff Interviews*

*Inmate Interviews*

The agency utilizes information from the risk assessment screening tool to aid in housing decisions and to ensure that a sexually aggressive inmate is not housed with an inmate identified as vulnerable to victimization. Determinations are based individually upon the results of the screening tool and an inmate's own perception of safety. Policy requires that housing assignments of transgender and intersex are on a case-by-case basis and any inmate safety or facility management/security concerns. Policy requires monthly reassessments for all inmates in protective housing, and twice per year for all transgender or intersex inmates where there have been no concerns. Transgender and intersex inmates are allowed to shower separately from other inmates. There are no dedicated units for LGBTI inmates.

#### **Standard 115.43 Protective custody**

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

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*Policy 17.06, P-11-044, P-08-042, P-10-011*

*Weekly Segregation Report*

*Staff Interviews*

*Inmate Interviews*

The agency has a policy prohibiting the placement of high risk inmates in segregation unless other housing is not deemed appropriate. The agency conducts weekly segregation reports which document the continued need for segregation if utilized. Inmates who may be placed in segregation for their protection and afforded access to all programs, privileges, education, and work opportunities as identified.

#### **Standard 115.51 Inmate reporting**

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

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*Policy 17.06, P-11-032, 2.05*

*MOU with C.A.R.E.*

*Posters*

*Inmate Handbook (English and Spanish)*

*C.A.R.E. Pamphlet*

*Agency website: [www.ccsso.org](http://www.ccsso.org)*

*Staff interviews*

*Inmate interviews*

The agency provides multiple ways for inmates to report PREA incidents, both internal and external. Staff are required to accept verbal and written allegations. Staff are required to report any information, knowledge or suspicion to superiors; however, they, as well as the general public, report through the agency website which offers anonymous allegations of criminal activity. Free hot line to CARE are posted in the the halls and housing areas.

#### **Standard 115.52 Exhaustion of administrative remedies**

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

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*Policy 17.06, P-11-045*

*Inmate interviews*

The agency does accept allegations of abuse through the grievance process. There is no time limit when allegations can be made and the inmates are able to provide grievances without giving to the staff person involved. All timelines as per the standard are met. Inmates may request assistance in filing requests. Third party requests are accepted with inmate consent. Inmate are not required to use the grievance process to attempt to resolve alleged incidents of sexual abuse. The agency responds to all PREA grievances and ensures inmate safety.

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

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

**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.**

*Policy 17.06*

*Inmate Handbook English & Spanish*

*C.A.R.E. Pamphlet English & Spanish*

*PREA Signage*

*MOU with C.A.R.E.*

*Interviewed Director of C.A.R.E.*

*Agency website: [www.ccsso.org](http://www.ccsso.org)*

The agency provides inmates access to confidential outside support services through C.A.R.E. Inmates are provided contact information for C.A.R.E. through the pamphlet and signage. The phone number and mailing address is made available.

### **Standard 115.54 Third-party reporting**

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

**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.**

*Agency website: [www.ccsso.org](http://www.ccsso.org)*

The agency has established a method to receive third-party allegations of sexual abuse and sexual harassment through the agency website.

### **Standard 115.61 Staff and agency reporting duties**

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

**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.**

*Policy 17.06,*

### *Staff Interviews*

The agency requires all staff to report any knowledge, suspicion or information regarding sexual abuse, sexual harassment, retaliation, or neglect or violation of responsibility of staff. Staff are permitted to share information to those who only conduct investigations, provide treatment or those responsible for making security and management decisions. Staff, including medical and mental health practitioners, are mandated reporters and are required to report allegations of abuse. The facility reports all criminal allegations to law enforcement.

#### **Standard 115.62 Agency protection duties**

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

**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.**

### *Policy 17.06 Staff Interviews*

The agency provides immediate protection to any inmate who alleges a substantial risk of imminent sexual abuse through cell reassignment.

#### **Standard 115.63 Reporting to other confinement facilities**

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

**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.**

### *Policy 17.06 Notification Proof Staff Interviews*

Agency policy requires notification to other confinement institutions if an inmate reports being sexually abused at another facility. Notification is required to be provided immediately and is documented. Proof of notification was observed.

#### **Standard 115.64 Staff first responder duties**

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

**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.**

*Policy 17.06, P-11-032*

*Staff Interviews*

*PREA Training Video/Training material*

Staff first responders are required to separate the victim from any known alleged subject, ensure the preservation and protection of a crime scene, and to ensure that both the victim and alleged subject (if known) are advised of steps to preserve physical evidence. Security staff and non-security staff receive the same training on responding to allegations of sexual abuse.

#### **Standard 115.65 Coordinated response**

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

**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.**

*Policy 17.06, P-11-032, 11-21*

*Staff Interviews*

The agency has a Coordinated Response Plan that addresses the duties of the first responder, medical and mental health staff, investigators and facility leadership.

#### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

**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.**

*Collective bargaining agreements:*

*Civilian Employees,  
Correctional Lieutenants,  
Sergeants, Corporal, Correctional Officers 1<sup>st</sup> Class, Correctional Officers,  
Sergeant and Lieutenant – Law Enforcement,  
Corporal, Deputy 1<sup>st</sup> Class and Deputy – Law Enforcement*

Agreements do not hamper the agency's committed to protecting inmates through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or otherwise discipline employees with proper cause.

### **Standard 115.67 Agency protection against retaliation**

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

**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.**

*Policy 17.06  
Staff Interviews  
Inmate Interviews*

The agency is committed to protecting inmates and staff who report an allegation of sexual abuse or sexual harassment from retaliation. Included are any inmates or staff who assist in the investigation. Multiple protective measures are in place to protect both inmates and staff. The agency is required to monitor all parties involved for a minimum of 90 days to identify any retaliation through periodic status checks.

### **Standard 115.68 Post-allegation protective custody**

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

**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.**

*Policy 17.06  
Staff Interviews*  
PREA Audit Report

### *Inmate Interviews*

The agency prohibits the placement of inmates alleged to have suffered sexual abuse in involuntary segregation, unless all other alternatives have been addressed.

#### **Standard 115.71 Criminal and administrative agency investigations**

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

**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.**

*Policy 17.06, 12.05, 11.21,  
NIC Training "Investigating Sexual Abuse in a Confinement Setting"  
Staff Interviews*

All allegations, including third-party and anonymous, of sexual abuse and sexual harassment are investigated. All investigators have received appropriate training as per the Standard. All evidence is gathered and maintained for as long as the alleged abuser is incarcerated or employed, plus 5 years. Credibility of the victim is not assessed on the victim's status as an inmate or based on their criminal history. Polygraph examinations or other truth telling devices are not a condition of investigation. Administrative investigations include determinations of staff neglect or violation of policy and reports document all evidence, facts and findings. Criminal investigators maintain reports that identify all evidence. Substantiated allegations of criminal behavior is forwarded to the State Attorney's Office. Policy requires that no investigation will be terminated as a result of the release of the inmate or the departure of the staff from employment.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

**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.**

*Staff Interviews  
GO 11.21; 13.01*

The agency does not impose a standard higher than a preponderance of the evidence in determining allegations of sexual abuse or sexual harassment.

### Standard 115.73 Reporting to inmates

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

**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.**

*Policy 17.06  
Staff Interviews  
Inmate Interviews*

The agency policy requires an inmate to be informed of the investigation upon closure, regardless of the outcome. Included is the status of a staff member, if applicable, and any charges against the subject. All notification are documented.

### Standard 115.76 Disciplinary sanctions for staff

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

**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.**

*Policy 3.50  
Staff interviews*

The agency has policy which allows for disciplinary sanctions towards staff, including termination. All disciplinary actions include a review of any prior disciplinary actions of the staff, as well as disciplinary actions taken in comparable offenses.

### Standard 115.77 Corrective action for contractors and volunteers

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

**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.**

*Policy 17.06*

*Staff Interviews*

Per agency policy, contractors and volunteers who engage in sexual abuse are prohibited and will be investigated. Contractors and/or volunteers will be prohibited from further contact with inmates during an investigation. If criminal in nature, law enforcement and licensing bodies (if applicable) are notified.

**Standard 115.78 Disciplinary sanctions for inmates**

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

**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.**

*Policy 17.06, P-12-006*

*Inmate Handbook Spanish & English*

*Staff Interviews*

Inmates are subject to disciplinary sanctions pursuant to agency policy. Sanctions are commensurate with the nature and circumstances, subject's prior history, and sanctions imposed for comparable offenses. The inmates' mental health is also considered. Inmates who allege sexual abuse by a staff member are only disciplined if the staff member did not consent. Inmates who make allegations of sexual abuse where reasonable belief that the offense occurred are not disciplined for falsely reporting. This agency prohibits all sexual activity between inmates.

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

**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.**

*Policy 17.06, P-16-010*

*Staff Interviews*

*Inmate Records*

### *Screening for human trafficking*

Wayne Foundation

Vera Assessment tool

Any prior victimization that is reported requires referral to medical/mental health practitioners within 14 days of the initial screening, or when later identified. Any information that an inmate has previously perpetrated sexual abuse is referred to a mental health practitioner within 14 days of the intake screening, or when later identified. This information is limited only to those identified in policy. Informed consent is addressed by medical and mental health staff.

The Agency works proactively identifying suspected human trafficking victims. A report is automatically generated producing those arrested for prostitution. The names are provided to Jamie Walton, Co founder of The Wayne Foundation, a non-profit organization dedicated to spreading awareness of commercial sex exploitation of children and domestic minor sexual trafficking. Ms. Walton serves as an advocate providing education, mental health assistance, counseling, and law enforcement assistance if desired. This process is successful in identifying human trafficking victims.

### **Standard 115.82 Access to emergency medical and mental health services**

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

**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.**

*Policy 17.06*

*Staff Interviews*

*Inmate Interviews*

Medical and mental health services are offered to victims of sexual abuse immediately upon the knowledge of an incident. This facility provides 24/7 for medical and mental health staff. Inmate victims are provided information and access to STD testing, emergency contraception through medical practitioner orders. All treatment services in regards to any allegation of sexual abuse is provided without financial cost to the victim, regardless if they identify the alleged subject.

In addition, "Survivor Classes" is offered by the Waynes Foundation to females who are victims of abuse.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**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.**

*Policy 17.06*  
*Staff Interviews*  
*Inmate Interviews*

All on-going medical and mental health care for sexual abuse victims and abusers is offered pursuant to practitioner orders. This includes all follow-up services, treatments and referrals. These services are consistent with the community level of care. Additional pregnancy testing and STD testing is offered as requested or pursuant to a practitioners order. Lawful pregnancy related services are offered. Treatment services are offered at no cost to victims.

#### **Standard 115.86 Sexual abuse incident reviews**

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

**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.**

*Policy 17.06*  
*Incident Review Form*  
*Staff Interviews*

The agency completes an incident review at the conclusion of all investigations. All required information required by the standard is captured electronically and signed off by the Prea Sexual Abuse Incident Review Team. Team members include upper management, medical/mental health staff, supervisors and investigators. The incident review is conducted within 30 days concluding an investigation. Additionally, the team reviews Sexaul Harrassment investigations which exceeds this standard.

#### **Standard 115.87 Data collection**

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

**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.**

*Policy 17.06*  
*Staff Interviews*  
PREA Audit Report

The agency collects information for all allegations of sexual abuse. This information is gathered annually and a report is generated. Information gathered meets the requirements of the DOJ – SSV.

**Standard 115.88 Data review for corrective action**

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

**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.**

*2016 Annual Report*  
*Agency website: [www.ccsso.org](http://www.ccsso.org)*  
*Staff Interview*

The agency published their report in January 2017. This report is posted on the agency website and addresses 2016 information. The report is approved by the agency head.

**Standard 115.89 Data storage, publication, and destruction**

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

**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.**

*Policy 17.06*  
*Staff Interview*  
*Florida Division of Archives Guidelines*

The agency maintains all aggregated sexual abuse data and this is made public through the annual report on the website.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under

review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Beth Richards \_\_\_\_\_

04-07-17 \_\_\_\_\_

Auditor Signature

Date