

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION

Name of Auditor:	Sabina Kaplan	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
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AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Miami Field Office
Field Office Director:	Garrett Ripa
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	865 SW 78th Ave, 1st Floor, Plantation, FL 33324
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Collier County Naples Jail Center
Physical address:	3347 Tamiami Trail E. Naples, FL 34112
Mailing address: (if different from above)	
Telephone number:	239-252-9677
Facility type:	IGSA

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Chief
Email address:	(b) (6), (b) (7)(C)	Telephone number:	239-252-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Corporal
Email address:	(b) (6), (b) (7)(C)	Telephone number:	239-252-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Collier County Naples Jail Center (CCNJC) met 15 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 25 non-compliant standards. As a result of the facility being out of compliance with 25 standards, the facility entered into a 180-day corrective action period which began on December 17, 2022, and ended on May 14, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 25

- §115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 Detainee supervision and monitoring
- §115.15 Limits to cross-gender viewing and searches
- §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 Hiring and promotion decisions
- §115.21 Evidence protocols and forensic medical examinations
- §115.22 Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 Staff training
- §115.32 Other training
- §115.33 Detainee education
- §115.34 Specialized training: Investigations
- §115.35 Specialized training: Medical and Mental Health care
- §115.41 Assessment for risk of victimization and abusiveness
- §115.42 Use of assessment information
- §115.43 Protective custody
- §115.52 Grievances
- §115.61 Staff reporting duties
- §115.65 Coordinated response
- §115.67 Agency protection against retaliation
- §115.68 Post-allegation protective custody
- §115.71 Criminal and administrative investigations
- §115.73 Reporting to detainees
- §115.76 Disciplinary sanctions for staff
- §115.81 Medical and mental health assessments; history of sexual abuse
- §115.86 Sexual abuse incident reviews

The facility submitted documentation, through the Agency, for the CAP on December 17, 2022, through May 9, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on May 15, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 19 of the standards, and found that 6 standards continued to be non-compliant based on submitted documentation or lack thereof.

Number of Standards Met: 19

- §115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 Detainee supervision and monitoring
- §115.15 Limits to cross-gender viewing and searches
- §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.21 Evidence protocols and forensic medical examinations
- §115.31 Staff training

- §115.32 Other training
- §115.33 Detainee education
- §115.34 Specialized training: Investigations
- §115.35 Specialized training: Medical and Mental Health care
- §115.43 Protective custody
- §115.52 Grievances
- §115.61 Staff reporting duties
- §115.67 Agency protection against retaliation
- §115.68 Post-allegation protective custody
- §115.71 Criminal and administrative investigations
- §115.73 Reporting to detainees
- §115.76 Disciplinary sanctions for staff
- §115.86 Sexual abuse incident reviews

Number of Standards Not Met: 6

- §115.17 Hiring and promotion decisions
- §115.22 Policies to ensure investigation of allegations and appropriate agency oversight
- §115.41 Assessment for risk of victimization and abusiveness
- §115.42 Use of assessment information
- §115.65 Coordinated response
- §115.81 Medical and mental health assessments; history of sexual abuse

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision unless that part is specifically designated as Not Applicable.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(c): The facility follows CCNJC written P & P Chapter 8, Section 27, Sexual Abuse/Assault Prevention, and Intervention (SAAPI), mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. P & P Chapter 8, Section 27 outlines the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment and provides definitions of sexual abuse and general PREA definitions. The zero-tolerance policy is publicly posted on the CCNJC website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act.) In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 had not been submitted for review and approval to the Agency as required by the standard. During the facility tour the Auditor observed on housing unit bulletin boards, and in other locations throughout the facility, signage that included the ICE Zero-Tolerance posters. Formal and informal interviews with staff, and detainees, further confirmed CCNJC's commitment to zero-tolerance of sexual abuse.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must provide documentation that confirms that the facility has submitted P & P Chapter 8, Section 27 to the Agency for review and approval as required by subsection (c) of the standard.

Corrective Action Taken (c): The facility updated P & P Chapter 8, Section 27 that confirms the policy was renamed during the CAP period to Chapter 15, Section 1. The facility submitted an email from the ERO PREA Field PSA Coordinator that confirms Chapter 15, Section 1 was reviewed and approved by the Agency. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

(d): CCNJC employs both a PREA Coordinator (Lt.), and a PREA Compliance Manager (PCM) (corporal). The facility's Chief appointed both the PREA Coordinator and the PCM at the supervisory level. Interviews with the PREA Coordinator and PCM confirm that they work together managing the facility's SAAPI program and that they have sufficient time and authority to oversee facility efforts to comply with Chapter 8, Section 27; however, the interviews could not confirm that the PCM serves as the contact for the Agency PREA Coordinator.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Interviews with the facility PREA Coordinator and PCM could not confirm that the PCM serves as the contact for the Agency PREA Coordinator. To become compliant, the facility must document correspondence with the Agency PREA Coordinator. Such correspondence can be in the form of an email, including but not limited to, forwarding the facility yearend report, or negative report, to the Agency PREA Coordinator for review.

Corrective Action Taken (d): The facility submitted an email with routing that documents correspondence with the Agency PSA Coordinator. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(c): P & P Chapter 8, Section 27 states, "The Naples Jail Center...shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse." P & P Chapter 8, Section 27 further states, "In calculating adequate staffing levels and to determine the need for video monitoring, facilities shall take into consideration (not limited to) the following: 1. Accepted detention and correctional practices; 2. Any judicial findings of inadequacy; 3. All components of the facility's physical plant; 4. The composition of the inmate population; 5. The number and placement of supervisory staff; 6. Any applicable State or local laws, regulations, or standards; 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 8. Any other relevant factors." A review of P & P Chapter 8, Section 27 confirmed it requires the consideration of the findings and recommendations of sexual abuse incident review reports and the length of time

detainees spend in Agency custody. A review of the facility PAQ indicated CCNJ has a total of 267 security staff, consisting of 195 males and 72 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration and maintenance. The facility also employs 39 medical and 2 mental health contract/personnel employed by AMHS. During the audit period, CCNJ line staff were working two 12-hour shifts. The Auditor's interview with the facility Chief, and review of the staffing plan assessment for 2022, confirmed the PREA staffing plan assessment took into account when determining adequate staffing levels, and the need for video monitoring, generally accepted detention and correctional practices, any judicial finding of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, however it did not consider the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. The Auditor observed staffing levels during the on-site audit and determined they were adequate.

(b) (7)(E)

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does require the consideration of the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. In addition, the Auditor reviewed the staffing plan assessment for 2022, and confirmed the PREA staffing plan assessment took into account when determining adequate staffing levels, and the need for video monitoring, generally accepted detention and correctional practices, any judicial finding of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, however, it did not consider the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. To become compliant, the facility must submit documentation to support their staffing plan assessment contained all elements of subsection (c) of the standard.

Corrective Action Taken (c): The Auditor reviewed the facility staffing plan and confirmed the facility considered the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody when determining staffing levels and the need for video monitoring. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

(b)(d): P & P Chapter 8, Section 27 states, "Supervisors (rank of Sergeant and above) shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds shall be conducted on each shift and shall be conducted without staff alerting other staff members of occurrence. Documentation of unannounced rounds shall be made by the supervisor on the housing post log." A review of P & P Chapter 8, Section 27 confirms it includes the requirement that the supervision guidelines be reviewed annually. The Auditor interviewed three security supervisors, who indicated they conduct their rounds during their shift as required. The Auditor reviewed a sample of housing unit logs for a five-day period and confirmed that unannounced PREA rounds are conducted on each shift as required by subsection (d) of the standard. The facility submitted to the Auditor three supervision guidelines that were reviewed in September 2022, however, in an interview with the facility Captain it was confirmed that the facility has the majority of their supervision guidelines remaining to be reviewed for 2022, and therefore, the annual review of the guidelines has not been completed.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The facility submitted to the Auditor three supervision guidelines that were reviewed in September 2022, however, in an interview with the facility Captain it was confirmed that the facility has not completed its review of the supervision guidelines for 2022. To become compliant, the facility must submit to the Auditor 10 supervision guidelines approved for the year 2022/2023. In addition, the facility must submit to the Auditor a memo stating that all supervision guidelines have been reviewed and approved.

Corrective Action Taken (b): The facility submitted 10 detainee comprehensive supervision guidelines (post orders) that confirmed they were reviewed in the year 2022. In addition, the facility submitted a memo to the Auditor confirming that all comprehensive detainee supervision guidelines have been reviewed and approved for the year 2022. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(g): P & P Chapter 8, Section 27 states, "Inmates shall be able to shower, perform necessary bodily functions, and change clothing without staff members of the opposite gender viewing such actions, except in exigent circumstances (responding to

an emergency) or if such viewing is incidental to routine jail checks." P & P Chapter 8, Section 27 further states, "If a staff member is assigned to work in a housing area of the opposite gender, an announcement at the beginning of shift informing inmates that a staff member of opposite gender will be working the housing area must be made and documented on the Post Log" and "prior to a staff member entering a housing area of the opposite gender (male entering female housing area or female entering male housing area) they must announce his/her presence prior to entering the housing area. Documentation of announcement shall be made on the Post Log." During the onsite visit, the Auditor observed open showers and toilets in two units (LCC 21 and 31A) and showers and toilets open in the front with a side privacy wall in another two units (32A and 32B). The Auditor discussed the open viewing with the facility Captain and was advised that these units were staffed by same gender staff only. In addition, the facility Captain advised that the control centers assigned to each area were also staffed with staff of the same gender. The facility Captain further indicated that cross-gender supervisors could make rounds in the area; however, they are always announced prior to entering and they only enter in exigent circumstances or when conducting routine jail checks. During the on-site audit, the Auditor observed that staff assigned to the main control center could view all areas of the facility at any time. (b) (7)(E)

During the interviews, all staff indicated they are announced by the housing unit control center when entering a living area and announcements being made were observed by the Auditor. The Auditor interviewed two detainees who arrived during the on-site audit. Neither detainee was housed at the facility long enough to confirm cross-gender announcements were being made.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor observed that staff assigned to the main control center could view all areas of the facility at any time. (b) (7)(E)

To become compliant, the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender assigned (b) (7)(E), except in exigent circumstances or when such viewing is incidental to routine jail checks.

Corrective Action Taken (g): The facility submitted supervision guideline #97-33 FACILITY SECURITY – CENTRAL CONTROL RESPONSIBILITIES that requires, "Camera views, that will provide viewing of inmates/detainees of the opposite gender of the staff member (b) (7)(E) during exigent circumstances." In addition, the facility submitted pictures that confirm a strategically placed strip on the facility monitoring screens prohibits (b) (7)(E). Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (g) of the standard.

(j): According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, the facility did not provide a copy of the P & P 8.4 to the Auditor, and therefore, it's compliance could not be confirmed. A review of CCNJC's training curriculum, training records, and an interview with the facility Captain, who oversees training, confirmed that security staff receive training in proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, interviews with nine security staff confirmed all but two indicated that transgender detainees receive a pat-down search with a female staff person doing a pat-down search of the female extremities and a male staff person doing a pat-down search of the male extremities. The other two security staff interviewed indicated they would conduct a pat-down search in consideration of the transgender detainee's preference; however, according to the facility Captain, the facility policy is to have a security staff person the same gender as the transgender or intersex detainee conduct the pat-down search.

Does Not Meet (j): The facility is not in compliance with subsection (j) of the standard. According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, the facility did

not provide a copy of the P & P 8.4 to the Auditor, and therefore, it's compliance could not be confirmed. Interviews with nine security staff confirmed all but two indicated that transgender detainees receive a pat-down search with a female staff person doing a pat-down search of the female extremities and a male staff person doing a pat-down search of the male extremities. The other two security staff indicated they would conduct a pat-down search in consideration of the transgender detainee's preference; however, according to the facility Captain, the facility policy is to have a security staff person the same gender as the transgender detainee conduct the pat-down search. To become compliant, the facility must re-train all security staff regarding the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. In addition, the facility must provide the Auditor with staff training records to confirm re-training took place during the Corrective Action Period (CAP).

Corrective Action Taken (j): The facility provided the Auditor with a copy of the training curriculum, Guidance on Cross-Gender and Transgender Pat Searches, that confirms it contains the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. In addition, the facility provided the Auditor with training records to confirm all security staff were re-trained on the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (j) of the standard.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "During the intake/booking process, all inmates shall receive information explaining the CCSO's zero-tolerance regarding sexual abuse and sexual harassment to include: 1. How inmates can protect themselves from becoming victims while incarcerated; 2. Treatment options (counseling, programs, etc.) available to victims of sexual assault; and 3. Methods of reporting incidents of sexual abuse/assault." P & P Chapter 8, Section 27 further states, "Appropriate steps shall be taken to ensure that inmates with disabilities (hearing, vision or intellectually impaired) or language differences have an equal opportunity to participate in or benefit from all aspects of CCSO Jail Division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Appropriate steps shall include providing access to interpreters and/or written materials." During the on-site audit, the Auditor was able to observe the intake of a limited English speaking (LEP) male detainee. The Auditor observed the intake process from start to finish and was able to confirm the detainee did not receive any PREA information including, but not limited to, the ICE National Detainee Handbook, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, or the Collier County Sheriff's Office (CCSO) Inmate Information pamphlet (available in English, Spanish, and Haitian Creole). This was further confirmed in interviews of two LEP detainees. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE National Detainee Handbook onto the facility housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site visit, the Auditor reviewed the information on the kiosk and confirmed that the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit; however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were uploaded in all 14 languages. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed through direct observation of a detainee intake and through interviews with two detainees who had arrived during the on-site visit. There were no DHS-prescribed SAA Information pamphlets on-site, however, the Auditor was able to confirm that they were available on the housing unit kiosks in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, but not available in the added languages of Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. In interviews with two Intake staff, it was confirmed that they were unaware of how the PREA information would be provided to detainees who were deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no documentation to confirm the practice. The Auditor observed during the on-site audit a Teletypewriter in the intake area. The Auditor reviewed 10 randomly chosen detainee files, none of which confirmed the detainee received written materials related to sexual abuse during the intake process.

Does Not Meet (a)(b): The facility does not meet subsections (a)(b) of the standard. The Auditor observed the intake process of a male detainee from start to finish and confirmed that the detainee did not receive any PREA information including, but not limited to, the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO Inmate Information pamphlet available in English, Spanish, and Haitian Creole. This was further confirmed in interviews of two detainees. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the housing unit kiosks and confirmed the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit; however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were uploaded in all 14 languages. The Auditor was able to confirm that the DHS-prescribed SAA Information pamphlets were available on the housing unit kiosks in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, but not available in the added languages of Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed in interviews with two detainees. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they would understand. To become compliant, the facility must adapt the practice of providing PREA information to LEP detainees in a language they understand. In addition, the facility must develop a practice that allows detainees with disabilities to receive the PREA information in a format they understand. Once developed, all Intake staff must receive documented training on the new procedures and the facility must present the Auditor with 10 detainee files that includes detainees who speak languages, other than English, Spanish, and Haitian Creole, to confirm that detainees are getting the information in a language they understand. In addition, if applicable, the facility must provide the Auditor with 10 detainee files consisting of detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills to confirm they are getting the PREA information in a format they understand.

Corrective Action Taken (a)(b): The facility submitted a copy of the DHS-prescribed SAA pamphlet in all 15 of the most prevalent languages encountered by ICE. In addition, the facility provided a blank form entitled "CCSO ICE Detainee Under Clothing Issue" to be signed by detainees to confirm they received a copy of the DHS-prescribed SAA pamphlet in their own language and informing detainees that the ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE on the facility kiosk. The facility submitted a memo to all deputies that confirms a practice was implemented that ensures detainees with disabilities receive the PREA information in a format they understand. The facility submitted a memo to all intake staff outlining the new procedure and an employee signed training memo confirming that the memo was received and reviewed. The facility submitted a memo that confirmed the facility has not housed any detainees during the CAP period who were deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, have limited reading skills or spoke languages other than English, Spanish, and Haitian Creole. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

(c): P & P Chapter 8, Section 27 states, "Staff shall not rely on inmate interpreters or inmate assistants except in exigent or emergency circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety or an investigation." In interviews with security staff, and security supervisors, it was indicated that all but one would never use another detainee to interpret for a detainee victim of sexual abuse. The other interviewee indicated he would use another detainee only in an emergency. All but one security staff interviewed stated they would use Language Line Solutions, or a staff person. One interviewee stated he would use Google Translation. There were no allegations of sexual abuse reported at CCNJ during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with security staff and security supervisors, it was indicated that all but one staff would never use another detainee to interpret for a detainee victim of sexual abuse. The other interviewee indicated he would use another detainee only in an emergency. To become compliant, the facility must implement the practice of allowing the use of another detainee in matters related to sexual abuse should the detainee express a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. In addition, the facility must train all security staff and security supervisors on the updated practice and provide training records to confirm the training was conducted during the CAP.

Corrective Action Taken (c): The facility submitted updated policy Chapter 15, Section 1. The facility submitted training records that confirm all security staff received the required training on updated policy Chapter 15, Section 1. Upon review of all submitted documentation the Auditor now finds the facility compliant with subsection (c) of the standard.

§115.17 - Hiring and promotion decisions

Outcome: Does not Meet Standard

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity 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 any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJ. The CCSO Operations Manual Chapter P-3, Section 2 (Selection Process) states, "Pre-employment screening shall be done... and "the community resource screening process shall be supervised by the Jail Division Commander, or designee, and shall include the following: Criminal history record checks (NCIC/FCIC), state computer check for outstanding warrants, and credentials." A review of CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27, confirms that neither the P & P or procedure manual requires that the facility not hire, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the CCSO Background Screening Disclosure Affidavit and confirmed that although it requires the applicant to disclose any convictions for rape and sexual abuse of a child or minor, it does not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. A review of the CCSO Background Screening Disclosure Affidavit further confirms it includes the verbiage, "Information obtained is not an automatic barrier to appointment to a position." The Auditor reviewed CCSO P & P Manual Chapter 5, Section 2 (Certified Position Promotional Process), and confirmed it does not require the facility directly ask staff being considered for promotion, who may have direct contact with detainees, about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with six security corporals. The Auditor reviewed CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 and confirmed that neither the P & P nor Operations Manual impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse or the requirement to provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work unless prohibited by law. In an interview with the HRM, it was confirmed that CCNJ does not have a continuing affirmative duty to report any misconduct involving sexual abuse. The HRM indicated that it was the responsibility of the Professional Responsibility Bureau (PRB) to report to the facility if any staff is convicted of misconduct, including sexual abuse. She further indicated that the PRB would only report substantiated outcomes, however, if an employee was arrested, they would receive a notification form NCIC from the employee's fingerprints on file. The HRM further indicated that the facility would provide, unless prohibited by law, information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Auditor reviewed the employment application for the CCSO and confirmed it requires the applicant to sign and acknowledge "Any Omission, falsification, misstatement, or misrepresentation on the application form will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office." During the on-site visit, the Auditor requested to review three contractor files and two volunteer files to confirm compliance with subsection (a) of the standard. The facility did not produce the files, and therefore, the Auditor could not confirm compliance.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 confirm that neither the P & P nor Operations Manual require that the facility not hire, promote, or use the services of any individual, including staff, contractors, and

volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the CCSO Background Screening Disclosure Affidavit and confirmed, although it requires the applicant to disclose any convictions for rape and sexual abuse of a child or minor, it does not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. In addition, a review of the CCSO Background Screening Disclosure Affidavit confirms it includes the verbiage, "Information obtained is not an automatic barrier to appointment to a position." The Auditor reviewed CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 and confirmed that neither the P & P nor Operations Manual impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse, which was further confirmed during an interview with the HRM. The Auditor reviewed CCSO P & P Manual Chapter 5, Section 2, and confirmed it does not require the facility directly ask staff, who may have contact with detainees, who are being considered for promotion about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with six security corporals. To become compliant, the facility must implement a practice that requires the facility not hire, promote, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement a practice that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse. The facility must also implement a practice that requires the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. The facility must provide the Auditor with five contractor and five volunteer files to confirm the contractor or volunteer did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population. If applicable, the facility must provide the Auditor with any staff, who may have contact with detainees, who were promoted during the CAP period to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

Corrective Action Taken (a)(b): The facility submitted four applications to confirm the application now includes the requirement to not hire or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The facility provided the Auditor with the form CCSO for individual staff members who were recently promoted, five volunteer files, and the updated CCSO PREA Disclosure form which now includes a check box for annual disclosure. The facility provided the Auditor with a section of a form that asks the applicant, "Have you ever been convicted of or pled guilty to any criminal violation (including juvenile, expunged, sealed and/or adjudication, withheld;" however, the facility did not submit documentation that confirmed an affirmative response to sexual misconduct as described in 115.17 would automatically bar a new applicant from being hired, the services of a contractor or volunteer, or current staff seeking promotion from being promoted. In addition, the facility did not provide the Auditor with 10 staff files to confirm the implementation of a continuous duty to report any incidents of sexual misconduct. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (a) and (b) of the standard.

(c)(d): During a training session in November 2021, and through review of the training documentation available on SharePoint, the Unit Chief of OPR PSO explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJ. The CCSO Operations Manual Chapter P-3, Section 2 states, "Pre-employment screening shall be done..." and "the background investigation shall verify each applicants qualifying credentials and shall be completed by a CCSO member trained in collecting the required information." The CCSO Operations Manual Chapter P-3, Section 2 further states, "The investigation shall include at least the following, Criminal History check, Driver's License inquiry, Military Records inquiry, and Fingerprints..." In addition, The CCSO Operations Manual Chapter P-3, Section 2 states, "The Background

Investigations Section will conduct all required background screenings on contract employees accessing the buildings, properties, databases, or documents of the Sheriff." CCSO Operations Manual Chapter P-3, Section 2 further states, "The community resource screening process shall be supervised by the Jail Division Commander, or designee, and shall include the following: Criminal history record checks (NCIC/FCIC), state computer check for outstanding warrants, and credentials." The Auditor conducted a random check on 10 CCNJ employees and confirmed that all initial and 5-year background checks were compliant with the standard. In an interview with the HRM it was indicated that the facility conducts background checks on all contractors, however, during the on-site audit, the Auditor requested to review the files of five contractors to confirm background checks were conducted in accordance with subsection (d) of the standard, and the files were not produced. Therefore, the Auditor could not confirm compliance.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. A review of the CCSO Background Screening Disclosure Affidavit confirms that it is required for prospective members and volunteers, however, it does not include contractors. In an interview with the HRM it was indicated that the facility does conduct background checks on all contractors, however, during the on-site audit, the Auditor requested to review the files of five contractors to confirm background checks were conducted in accordance with subsection (d) of the standard, and the files were not produced. To become compliant, the facility must provide the Auditor with five contractor files to confirm initial background checks were conducted.

Corrective Action Taken (d): The facility submitted to the Auditor five contractor background requests that confirm that background checks are conducted on facility contractors. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. P & P Chapter 8, Section 27 states, "Collier County Sheriff's Office shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." P & P Chapter 8, Section 27 further states, "Inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by providing 'charge free speed dial' telephone numbers to PREA Hotline – Project Help and for persons detained solely for civil immigration purposes, immigrant services agencies" and "providing all victims of sexual abuse access to forensic medical examinations and counseling. These forensic medical examinations are confidential and shall be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) and are no cost to the victim." In addition, P & P Chapter 8, Section 27 states, "Incidents involving criminal conduct will be investigated by [Sheriff's Office Criminal Investigation Division] CID." A review of P & P Chapter 8, Section 27 confirms that the evidence_protocol maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, however, in interviews with the facility Chief, and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been developed in coordination with DHS. In an interview with the lead Investigator, it was confirmed that the CCSO, in which he is an employee, is responsible for conducting administrative and criminal sexual abuse investigations. He further confirmed that the facility would investigate using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and if it is determined that the reported allegation is criminal in nature and doesn't involve a staff member, it would be referred to the Sheriff's Office CID. If the allegation was criminal in nature, and involved an employee, it would be referred to the PRB. The lead Investigator also confirmed both entities are part of the CCSO; and therefore, are required to follow the requirements of subsection (a - d) of the standard. CCNJ has a Memo of Understanding (MOU) with Project Help (PH). The agreement in the MOU is for PH to provide amongst other services, emotional support, SANE nurses, and certified sexual assault advocates/counsel for a sexual assault response and/or exam. The MOU was signed on July 29, 2022, and expires December 31, 2022, with annual renewal options. In an interview with the facility HSA, it was indicated that should a detainee be a victim of sexual abuse he/she would be transported to Naples Community Hospital or Physician's Regional Medical Center and would be afforded a SANE nurse and advocate provided by PH. The HSA at CCNJ also indicated detainees would never be charged for medical services related to being a victim of sexual abuse. During the on-site visit, the Auditor contacted staff, via telephone, at PH and was able to confirm the center

will provide SANE services, crisis intervention and counseling, and an advocate during a forensic exam and investigatory interviews, as required by the standard. The facility does not house juvenile detainees.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In interviews with the facility Chief, and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been developed in coordination with DHS. To become compliant, the facility must provide documentation that P & P Chapter 8, Section 27 was submitted to the Agency for review and approval.

Corrective Action Taken (a): The facility updated submitted P & P Chapter 8, Section 27 that confirms the policy was renamed during the CAP period to Chapter 15, Section 1. The facility submitted an email from the ERO PREA Field PSA Coordinator that confirms Chapter 15, Section 1 was developed in coordination with DHS. Upon review of the submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Does not Meet Standard

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." P & P Chapter 8, Section 27 states, "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" and "the protocol shall be developmentally appropriate for youth where applicable, 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 Chapter 8, Section 27 further states, "All allegations including third party and anonymous reports shall be investigated promptly, thoroughly and objectively." In addition, P & P Chapter 8, Section 27 states, "Incidents involving criminal conduct will be investigated by CID" and "all data collected shall be kept in a secure manner and retained for a minimum of 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." The Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does not detail the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. In addition, it does not require when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD, or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD. In an interview with the lead Investigator, it was indicated that every allegation of sexual abuse is investigated. The lead Investigator further indicated that an administrative investigation is conducted on all allegations of sexual abuse; however, he could not confirm that the investigative office within DHS is consulted. In interviews with the facility Chief, and Captain, it was indicated all sexual abuse allegations are reported to an ICE Project Manager, and not to the JIC, DHS OIG, or the appropriate ICE FOD. In an interview with the PREA Coordinator and PCM, it was indicated that all reports and referrals of allegations of sexual abuse are retained in accordance with the standard. There were no allegations of sexual abuse reported at CCNJC during the audit period.

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. The facility has not established the required protocol to ensure that each allegation of sexual abuse is investigated by the facility or referred to an appropriate investigative authority as required in subsection (a) of the standard. As the facility does not have a protocol, the requirements of subsections (b), (d), (e), and (f) that require what is included in the protocol is also non-compliant. To become compliant, the facility must develop a protocol that includes all elements of subsections (b), (d), (e), and (f) of the standard. In addition, the facility must document that all applicable staff have received training regarding the protocol's content.

Corrective Action Taken (a)(b)(d)(e)(f): The facility submitted updated policy Chapter 15 Section 1, which serves as the facility investigative protocol, which confirms it is in compliance with subsections (b) and (d) of the standard; however updated policy Chapter 15, Section 1 (15.01.8 B) and Section 1 (15.01.9 H) are in contradiction. Chapter 15, Section 1 (15.01.8 B), dated 4/23/2023, states, "The jail administrator, or designee, shall report any allegation to ICE/ERO and the FOD as soon as possible, but no less than 72 hours after receiving the allegation. ICE/ERO will be responsible to notify JIC, OIG, and OPR" and Chapter 15, Section 1 (15.01.9 H), dated 4/23/2023, states, "When a staff member(s) is alleged to be the perpetrator of ICE detainee sexual abuse/assault, the Jail Administrator shall be advised immediately. The Jail Administrator or designee shall refer the incident directly and in a timely manner to the Professional Responsibility Bureau (PRB) through the chain of command" and "when an ICE detainee is alleged to be the perpetrator, it is the Jail Division Investigation Unit's responsibility to ensure that the incident is promptly investigated, and charges filed as determined." As the standard is clear in its requirements for the facility investigative protocol to ensure when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD) and when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD the conflicting direction in Chapter 15 Section 1, 15.01.8 B and 15.01.9 does not provide an investigative protocol that ensures when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD) and when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD. In addition, as the investigative protocol does not meet the requirements of subsections (e) and (f) of the standard the staff training requirements have not been met. Upon review of all submitted documentation the Auditor continues to find that the facility does not meet subsections (e) and (f) of the standard.

(c): During the Auditor's review of the CCNJ website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act), it was confirmed that the website does not include P & P Chapter 8, Section 27, or a dedicated investigative protocol. The Auditor also reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol.

Does Not Meet (c): The facility is not compliant with subsection (c) of the standard. P & P Chapter 8, Section 27, or a dedicated investigative protocol, is not posted on the CCNJ website. To become compliant, the facility must place an updated P & P Chapter 8, 27, that contains all elements of standard 115.22, or develop an investigative protocol that contains all elements of standard 115.22 and place it on its website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act).

Corrective Action Taken (c): The conflicting direction in Chapter 15 Section 1, which serves as the facility investigative protocol, sections 15.01.8 B and 15.01.9 does not provide an investigative protocol that ensures when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD) and when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD. As the updated Chapter 15 Section 1 is not in compliance, the investigative protocol posted on the facility website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act) is not compliant. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsection (c) of the standard.

§115.31 - Staff training

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27 states, "All staff shall be trained to: 1. Understand the agency's zero-tolerance for sexual abuse and sexual harassment; 2. Recognize the physical, behavioral, and emotional signs of sexual assault; 3. Understand the identification and referral process when an alleged sexual assault occurs; 4. Have a basic understanding of sexual assault prevention and response techniques; 5. Understand the responsibility of prevention, detection, reporting, and response to sexual abuse and sexual harassment; 6. Know that inmates have the right to be free from sexual abuse and sexual harassment; 7. Comply with relevant laws related to mandatory reporting of sexual abuse; 8. Inmates and staff have

the right to be free from retaliation for reporting sexual abuse and sexual harassment; 9. Know the dynamics of sexual abuse and sexual harassment in confinement; 10. Know how to avoid inappropriate relationships with inmates; and 11. Know how to communicate effectively and professionally with inmates to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates." P & P Chapter 8, Section 27 further states, "All staff will receive annual refresher training to include: 1. Inmate sexual abuse/assault awareness, prevention, response, and reporting procedures; and 2. Inmate sexual abuse/assault confidentiality requirements." A review of P & P Chapter 8, Section 27 confirms it does not require staff to be trained on definitions and examples of prohibited and illegal sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrence, or the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes. In addition, a review of P & P Chapter 8, Section 27 confirms it does not require completed training be documented. During the onsite audit, the Auditor requested a copy of the CCNJ training curriculum for review; however, there were multiple curriculums made available and the facility was unsure as to which curriculum was currently being used to provide staff training. Therefore, the Auditor could not determine that the curriculum was compliant with the requirements of subsection (a) of the standard. In an interview with the facility Captain, who serves as the Training Supervisor, it was indicated staff receives the required PREA training every two years as required by the standard although P & P Chapter 8, Section 27 requires refresher training to be given annually. The facility provided staff training records that confirmed the training was documented electronically. The Auditor randomly selected 10 staff training files and reviewed staff training documentation for proof of completion. Of the 10 staff training records reviewed, all but 4 employees had received PREA training within the last two years. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJ.

Does Not Meet (a): A review of P & P Chapter 8, Section 27 confirms it does not require staff to be trained on definitions and examples of prohibited and illegal sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrence, or the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes. In addition, during the onsite audit, the Auditor requested a copy of the CCNJ training curriculum for review, however, there were multiple curriculums available, and the facility was unsure as to which curriculum was currently being used to provide staff training. Therefore, the Auditor could not determine that the curriculum was compliant with the requirements of subsection (a) of the standard. To become compliant, the facility must provide the Auditor with a copy of the employee training curriculum for PREA to confirm its compliance with subsection (a) of the standard. If the current curriculum does not meet the requirements of subsection (a), the facility must update the curriculum prior to submitting a copy to the Auditor. In addition, should the curriculum require updating the facility must provide training records that occurred during the CAP of 20 employees to confirm staff are being trained on the new curriculum.

Corrective Action Taken (a): The facility provided the PREA training curriculum developed through the PREA Resource Center by the Moss Group. The Auditor reviewed the training curriculum and confirmed it contains all elements of subsection (a) of the standard. In addition, the facility provided training records to confirm that 10 employees received the training during the CAP period which was accepted by the Auditor in lieu of the 20 training files initially requested. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.32 - Other training

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): Although the Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does not require training of contractors and volunteers, the Auditor also reviewed the contractor/volunteer training curriculum and confirmed that it requires contractors and volunteers to receive PREA training that includes the Agency's and facility's zero-tolerance policies regarding sexual abuse and are informed on how to report such incidents. However, the Auditor further reviewed training sign-in sheets for volunteers and contractors and confirmed that there were contractors and volunteers who had not attended PREA training based on the lack of signatures on the sign in sheets. In an interview with the facility Captain, it was indicated that if a contractor or volunteer did not complete the training, they would be denied access into the facility; however, there was no procedure in place to deny such access.

Does Not Meet (a)(b)(c): The facility is not compliant with subsections (a), (b), and (c) of the standard. The Auditor reviewed training sign-in sheets for volunteers and contractors and confirmed that there were contractors and volunteers who had not attended PREA training based on the lack of signatures on the sign in sheets. In an interview with the facility Captain, it was indicated that if a contractor or volunteer did not complete the training, they would be denied access into the facility; however, there was no procedure in place to deny such access. To become compliant, the facility must implement a

practice that requires all contractors and volunteers who may have contact with detainees receive training on the Agency's and facility's zero-tolerance policies regarding sexual abuse and how to report such incidents. In addition, the facility must train all applicable staff on the new practice. The facility must also submit documented PREA training of all contractors and volunteers who presently enter the facility.

Corrective Action Taken (a)(b)(c): The facility provided the training PowerPoint provided to Contractors and Volunteers. The Auditor reviewed the provided PowerPoint and confirmed it is compliance with subsection (b) of the standard. The facility submitted contractor/volunteer training records that confirm contractors and volunteers who may have contact with detainees have receive training on the Agency's and facility's zero-tolerance policies regarding sexual abuse and how to report such incidents. The Auditor accepted contractor/volunteer training records for full compliance and no longer requires staff training on an implemented procedure. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), and (c) of the standard.

§115.33 - Detainee education

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): P & P Chapter 8, Section 27 states, "During the intake/booking process, all inmates shall receive information explaining the CCSO's zero-tolerance regarding sexual abuse and sexual harassment to include: 1. How inmates can protect themselves from becoming victims while incarcerated; 2. Treatment options (counseling, programs, etc.) available to victims of sexual assault; 3. Methods of reporting incidents of sexual abuse/assault; B. Within 30 days of intake / booking process, all inmates shall receive a more comprehensive education via the inmate orientation video, on their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, and the agency's policy for responding to such incidents." P & P Chapter 8, Section 27 further states, "Inmate education shall be provided continuously and readily available through: 1. Inmate Handbook; 2. Inmate Orientation; 3. Informational Posters/Pamphlets; and 4. Kiosk" and "appropriate steps shall be taken to ensure that inmates with disabilities (hearing, vision or intellectually impaired) or language differences have an equal opportunity to participate in or benefit from all aspects of CCSO Jail Division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." In addition, P & P Chapter 8, Section 27 states, "Appropriate steps shall include providing access to interpreters and/or written materials." During the on-site visit, the Auditor observed in each housing unit the ICE Zero-Tolerance poster, in Spanish and English, with the name and direct reporting line telephone number of the PCM and the contact information for PH, also in English and Spanish. The Auditor observed a detainee intake and confirmed the detainee's preferred language was Spanish. He was guided through the intake process by a Spanish speaking deputy. He was advised during the intake process to read facility form "Prison Rape Elimination Act 2003 (PREA)." The form contained the facility's zero-tolerance policy, how to report an incident of sexual abuse at the facility and through PH, and that PH is available to provide counseling services if needed. A few seconds later the deputy asked the detainee if he understood what he read and directed him to sign the form. The detainee did not get a copy of the form even though it provided information on the facility zero-tolerance policy, how to report an incident of sexual abuse, and the contact information for PH. The detainee did not receive the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO's Inmate Information pamphlet. This was further confirmed in interviews of two LEP detainees. The Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information about reporting sexual abuse. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the kiosks and confirmed that the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit, however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were now available in all 14 languages. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed through direct observation of a detainee intake and through interviews with two detainees who had arrived during the on-site audit. There were no DHS-prescribed SAA Information pamphlets on-site. The Auditor was able to confirm that they were available on the housing unit kiosks in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, however they were not available in the newest languages, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese nor were they distributed during the orientation process as required by subsection (e) of the standard. In interviews with two Intake staff, it was confirmed that they were unaware of how the PREA information would be provided to detainees who were deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no

documentation to confirm the practice. The Auditor did observe during the on-site audit a Teletypewriter in the intake area. In interviews with Intake staff, it was indicated that detainees view a video as part of the orientation. The Auditor reviewed the orientation video and confirmed it was available in English and Spanish and contained all elements of the standard except for DHS OIG and JIC contact information; however, the video was not played for the two detainees upon intake. According to Intake staff, the video is played on a loop from the main control center once in the morning and once in the late afternoon throughout the facility. Interviews with the Intake staff further confirmed they were unable to control when the video would be played; and therefore, could not play the video for incoming detainees during Intake processing. As the video could not be played, the Auditor could not confirm it was closed-captioned. The Auditor reviewed the CCSO's Inmate Information pamphlet and confirmed it contained all elements of the standard except the contact information for the JIC; however, the pamphlet was not provided to either detainee upon intake. The Auditor reviewed 10 detainee files and confirmed that although they included documentation of detainee participation in orientation, it was provided while the detainees were classified as inmates and not during the intake process. In an interview with the facility Captain, it was indicated that there are detainees housed at CCNJJC that transition from inmates to the custody of ICE after completing their county sentence. The facility Captain further indicated that once the detainee transitions into the custody of ICE, the facility does not provide the detainee with any additional information.

Does Not Meet (a)(b)(c)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (e), and (f) of the standard. The Auditor observed a detainee intake and confirmed the detainee did not get a copy of the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO's Inmate Information pamphlet. This was further confirmed in interviews of two detainees. The Auditor reviewed the orientation video, provided in English and Spanish, and confirmed it contained all elements of the standard except for the DHS OIG and JIC contact information; however, the video was not shown to the two detainees being processed during the on-site visit. There were no DHS-prescribed SAA Information pamphlets on-site. The Auditor was able to confirm that they were available on the housing unit kiosks in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi; however, they were not available in the newest languages, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese nor were they distributed as required by subsection (e) of the standard. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no documentation to confirm the practice. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE National Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the kiosks and confirmed that the ICE National Detainee handbooks were only available in English, Spanish, and Haitian Creole. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how or how to access it. In addition, Intake staff also could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they would understand. The Auditor reviewed 10 detainee files and confirmed that although they contained documentation of detainee participation in orientation, it was provided to detainees while they were classified as inmates and not during the intake process. In an interview with the facility Captain, it was indicated that there are detainees housed at CCNJJC that transition from inmates to the custody of ICE after completing their county sentence. The facility Captain further indicated that once the detainee transitions into the custody of ICE the facility does not provide the detainee with any additional information. To become compliant, the facility must implement an orientation program for incoming detainees, including inmates who have transitioned into the custody of ICE, which includes all elements of subsection (a) of the standard. In addition, the facility must distribute the DHS-prescribed SAA Information pamphlet in the detainee's preferred language as required by subsection (e) of the standard. The facility must provide documentation that confirms that the 14 most prevalent languages encountered by ICE and the new languages available in the DHS-prescribed SAA Information pamphlet have been uploaded to the housing unit kiosks. Once uploaded, the facility must provide documentation that all detainees are notified upon intake that the kiosks include the ICE Detainee National Handbook and the DHS-prescribed SAA Information pamphlet and how to access it. Once implemented, the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English, Spanish, and Haitian Creole, to confirm the detainees are receiving orientation in a manner they understand during the intake process and when transitioning to the custody of ICE upon completing their county sentence. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

Corrective Action Taken (a)(b)(c)(e)(f): The facility submitted a copy of the DHS-prescribed SAA pamphlet in all 15 of the most prevalent languages encountered by ICE. In addition, the facility provided a blank form entitled "CCSO ICE Detainee Under Clothing Issue" to be signed by detainees to confirm they received a copy of the DHS-prescribed SAA pamphlet in their preferred language and informing detainees that the ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE on the facility kiosk. The facility provided documentation that the ICE

National Detainee Handbook was placed on the housing unit kiosks in the 14 most prevalent languages encountered by ICE. The facility submitted a memo to all deputies that confirms a practice was implemented that ensures detainees with disabilities receive the PREA information in a format they understand. The facility submitted a memo to all deputies confirming that the facility submitted a memo to all intake staff outlining the new procedure and an employee signed training memo confirming that the memo was received and reviewed. The facility submitted a memo that confirmed the facility has not housed any detainees during the CAP period who were deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, have limited reading skills, or spoke languages other than English, Spanish, and Haitian Creole. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (c), (e), and (f) of the standard.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "Detectives conducting these types of investigations shall receive specialized training to include: 1. Techniques for interviewing sexual abuse victims; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection in confinement settings; and 4. Criteria and evidence required to substantiate a case for administrative action or prosecution referral." P & P Chapter 8, Section 27 further states, "The Training Bureau shall maintain all training documentation, to include curriculum, attendance, and any subsequent training conducted for PREA compliance purposes." A review of P & P Chapter 8, Section 27 confirms it does not require training in effective cross-agency coordination as required by subsection (a) of the standard. The Agency policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. In interviews with the PREA Coordinator and PCM, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts., none of whom are specially trained to conduct sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM further indicated that the completed investigation is submitted to them for review and follow-up if needed, however, they also are not specially trained. The facility submitted one training certificate documenting completion of Investigating Sexual Abuse in Confinement Settings: Train the Trainer for Correctional Investigations, Florida Department of Corrections and the Florida Sheriff's Association presented by the Moss Group. The facility did not provide the training curriculum for Auditor review.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In interviews with the PREA Coordinator and PCM, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts. none of whom are specially trained to conduct sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM further indicated that the completed investigation is submitted to them for review and follow-up if needed; however, they also are not specially trained. To become compliant, the facility must specially train all facility investigators who conduct sexual abuse allegation investigations and document such training. In addition, the facility must submit a training curriculum to confirm it contains training on sexual abuse and effective cross-agency coordination. The facility must submit training records for all staff who conduct sexual abuse allegation investigations to confirm completion of the required specialized training.

Corrective Action Taken (a): The facility provided the curriculum for the Moss Group Investigator's Training entitled, "Specialized Training – Conducting Sexual Abuse Investigations in Correctional Settings." The Auditor reviewed the training curriculum and confirmed it is compliant with subsection (a) of the standard. The facility submitted documented training records for 14 custody supervisors confirming the completion of specialized training conducting sexual abuse investigations in correctional settings. The facility submitted a memo to all applicable supervisors confirming they were the designated to conduct sexual abuse allegation investigations at the facility. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(b)(c): P & P Chapter 8, Section 27 states, "All contract Medical and Mental Health practitioners working in CCSO jail facilities must be trained to 1. Detect and assess the signs of sexual abuse and harassment; 2. Preserve physical evidence of sexual abuse; 3. Report allegations or suspicions of sexual abuse and sexual harassment; and 4. How to respond effectively and professionally to victims of sexual abuse and sexual harassment, however, in interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. In interviews with the HSA, DON, and Director of Mental Health, it was indicated that medical and mental health staff received the training as required by subsection (b) of the standard. The Auditor reviewed the training curriculum "Armor Annual Response to Sexual Abuse PREA" and confirmed it contained all elements of subsection (b) of the standard. In addition, the facility provided all training records of both medical and mental health staff which confirmed the training was completed as required.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with the facility Chief and Captain it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant the facility must provide documentation that P & P Chapter 8, Section 27, has been referred to the Agency for review and approval.

Corrective Action Taken (c): The facility updated submitted P & P Chapter 8, Section 27 that confirms the policy was renamed during the CAP period to Chapter 15, Section 1. The facility submitted an email from the ERO PREA Field PSA Coordinator that confirms Chapter 15, Section 1 was reviewed and approved by the Agency. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Does not Meet Standard

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "The PREA Intake Screening/Risk Assessment Form must be completed on all inmates entering the Naples or Immokalee Jail Facilities. The information collected during the initial screening will be used to determine the inmate's risk of victimization or abusiveness and to ensure the safety of each inmate in the facility. The PREA Intake Screening/Risk Assessment Form shall be conducted by Contract Medical Staff and the Booking Supervisor (or designee)." P & P Chapter 8, Section 27 further states, "The PREA Intake Screening/Risk Assessment shall consider at a minimum: 1. Previously experienced sexual victimization; 2. Inmates own perception of vulnerability; 3. Prior convictions for sex offenses against an adult or child; 4. Criminal history is exclusively nonviolent 5. If gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 6. Previous incarceration; 7. Mental, physical or developmental disability; 8. Age of and physical build of inmate; and 9. If detained solely for immigration purposes," and "additionally, Correctional (booking) Staff shall assess the inmate for risk of being sexually abused or sexually abusive by reviewing: 1. Prior acts of sexual abuse; 2. Prior convictions for violent offenses; and 3. History of prior institution violence or sexual abuse." A review of P & P Chapter 8, Section 27 confirms it does not require the initial classification process and initial housing assignment be completed within 12 hours of admission to the facility. The screening process involves the use of the CCNJCA PREA Intake Screening Risk of Sexual Victimization/Abusiveness form. Medical staff complete the top half which includes physical build, mental, physical, or developmental disability, how the detainee perceives his or herself, prior sexual abuse history, and the detainee's perception of vulnerability. The bottom half of the form is then completed by the Intake Sgt., which includes all elements of the detainee's criminal history except prior institutional violence or sexual abuse, as known to the facility. In an interview with the Intake Sgt., it was further confirmed that the facility does not consider prior institutional violence or sexual abuse, as known to the facility. During the on-site visit, the Auditor observed the medical intake screening of a detainee whose preferred language was Spanish. The medical staff person initially asked the detainee if he needed the use of the language line. The detainee indicated he did not. The medical staff person asked the detainee the questions required by the Intake Screening Risk of Sexual Victimization/Abusiveness form. The Auditor observed the detainee having difficulty understanding the questions especially whether the detainee self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. When it became clear the detainee did not understand the question, the medical staff person asked the detainee, "do you like women" to which the detainee responded "yes." In interviews with Intake staff, it was indicated that detainees are initially housed within 12 hours as required by the standard; however, all newly arrived detainees are comingled with the inmate population in one of two step-down units pending completion of their initial classification. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed in all cases initial classification occurred in two to three days. In an interview with the Classification Supervisor, it was confirmed that detainees are comingled with inmates in

an administrative stepdown unit until classification can review their records. The classification supervisor further confirmed that this process is completed within 72 hours of the detainee's arrival.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (d) of the standard. In interviews with Intake staff, it was indicated that detainees are initially housed within 12 hours as required by the standard, however, all newly arrived detainees are comingled with the inmate population in one of two step-down units pending completion of their initial classification. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed in all cases initial classification occurred in two to three days of admission. In an interview with the Classification Supervisor, it was confirmed that detainees are comingled with inmates in an administrative stepdown unit until classification can review their records. The Classification Supervisor further confirmed that the initial classification process is completed within 72 hours of the detainee's arrival. The Intake Sgt. completes the bottom half of the Intake Screening Risk of Sexual Victimization/Abusiveness form, which includes all elements of the detainee's criminal history except prior institutional violence or sexual abuse, as known to the facility. In an interview with the Intake Sgt., it was confirmed that the facility does not consider prior institutional violence or sexual abuse, as known to the facility. To become compliant, the facility must update the Intake Screening Risk of Sexual Victimization/Abusiveness form to include prior institutional violence or sexual abuse, as known to the facility. The facility must develop a practice that requires all detainees be separated from general population until they are initially classified and that the initial classification is completed within 12 hours of admission. The facility must train all applicable staff on the new practice and document such training. The facility must provide the Auditor with 10 detainee files to confirm that the Intake Screening Risk of Sexual Victimization/Abusiveness form/process has been updated, the detainees were kept separated from the general population until initially classified, and the initial classification was completed within 12 hours.

Corrective Action Taken (a)(b)(d): The facility submitted updated policy Chapter 15 Section 1 that states, "The initial classification process and initial housing assignment should be completed for every ICE detainee within twelve hours of admission to the facility." In addition, the facility provided documentation that all applicable staff have been trained on updated policy Chapter 15 Section 1. The facility submitted "COLLIER COUNTY SHERIFF'S OFFICE PREA INTAKE SCREENING RISK OF SEXUAL VICTIMIZATION/ABUSIVENESS" form. The Auditor reviewed the "COLLIER COUNTY SHERIFF'S OFFICE PREA INTAKE SCREENING RISK OF SEXUAL VICTIMIZATION/ABUSIVENESS" form and confirmed it does not include screening the detainee upon intake for any incidents of institutional violence or perpetrating sexual abuse while incarcerated to access the detainees' risk of being sexually abusive as required by subsection (d) of the standard. The facility submitted five detainee files that confirm the detainees were kept separated from the general population until initially classified, and the initial classification was completed within 12 hours; however, the facility did not submit 10 detainee files to confirm the Intake Screening Risk of Sexual Victimization/Abusiveness form/process has been updated to include screening the detainee upon intake for any incidents of institutional violence or perpetrating sexual abuse while incarcerated to access the detainees risk of being sexually abusive as required by subsection (d) of the standard. Upon review of all submitted documentation that does not include a compliant intake screening or requested detainee files, to confirm the Intake Screening Risk of Sexual Victimization/Abusiveness form/process has been updated to include the requirement to assess the detainee for risk of being sexually abusive, the Auditor continues to find the facility does not meet subsection (d) of the standard.

(e): P & P Chapter 8, Section 27 requires, "Within 30 days from an inmate's incarceration, the PREA Compliance Manager or Classification Supervisor will reassess the inmate's risk of victimization or abusiveness based on additional relevant information that may have been received since the initial intake screening" and "an inmate's risk level shall be reassessed when warranted due to a request, referral, or incident of sexual abuse or additional information that would affect the inmate's risk of sexual victimization or abusiveness." In an interview with the Classification Supervisor, it was confirmed that staff would reassess a detainee within 30 days from the detainee's admission to the facility as required by P & P Chapter 8, Section 27. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed that none of the files reviewed required a reassessment due to their short stay at CCNJ. There were no allegations of sexual abuse reported at CCNJ during the audit period.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. Per P & P Chapter 8, Section 27, "reassessments are completed within 30 days from an inmate's incarceration." In an interview with The Classification Supervisor, it was confirmed that staff would reassess a detainee within 30 days from the detainee's admission to the facility as required by P & P Chapter 8, Section 27. To become compliant, the facility must implement a practice that requires a detainee's risk of victimization or abusiveness be reassessed between 60 and 90 days from the date of the initial assessment. Once implemented, the facility must train all classification staff on the new practice and document such training. In addition, if applicable the facility must submit 10 detainee files that confirm that the reassessments were completed between 60 and 90 days as required by the subsection (e) of the standard.

Corrective Action Taken (e): The facility submitted updated P & P Chapter 15 Section 1 that requires a detainee's risk of victimization or abusiveness be reassessed between 60 and 90 days from the date of the initial assessment. In addition, the facility submitted documentation that all applicable staff have received training on updated P & P Chapter 15 Section 1. The facility submitted a memo to the Auditor that confirms there were no detainees that were at the facility between 60 and 90 days thus requiring a reassessment during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (e) of the standard.

§115.42 - Use of assessment information

Outcome: Does not Meet Standard

Notes:

(a): P & P Chapter 8, Section 27 states, "Information obtained during the initial screening will be used by Classification to determine the housing assignment of each inmate as well as programs participation. Inmates identified as a high risk of being sexually victimized will be evaluated on a case-by-case basis to ensure the safety of each inmate throughout his/her incarceration." In an interview with the PREA Coordinator it was indicated that detainees may be allowed to participate in a facility substance abuse program entitled "Project Recovery" that requires detainees comingle with inmates on housing unit 21B. In an interview with the Classification Supervisor, it was indicated that the facility would consider the detainee's criminal history, disciplinary history, their build, age, and how they carried themselves in population in determining housing, recreation and other activities and voluntary work. The Classification Supervisor further indicated that classification staff would review the information gathered from the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form within 24 hours of the detainee being placed in the administrative step-down unit, however prior to completion of the review, the detainee has already received his/her initial housing assignment. During the on-site visit, the Auditor reviewed 10 detainee files. None of the files contained documentation to confirm the facility utilized the information received from the intake risk assessment to determine housing, recreation and other activities, and voluntary work.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In an interview with the PREA Coordinator, it was indicated that detainees may be allowed to participate in a facility substance abuse program entitled "Project Recovery" that requires detainees comingle with inmates on housing unit 21B. In an interview with the Classification Supervisor, it was indicated that the facility would consider the detainees criminal history, disciplinary history, their build, age, and how they carried themselves in population in determining housing, recreation and other activities and voluntary work. The Classification Supervisor further indicated that classification staff would review the information gathered from the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form within 24 hours of the detainee being placed in the administrative step-down unit, however prior to completion of the review, the detainee has already received his/her initial housing assignment. During the on-site visit, the Auditor reviewed 10 detainee files. None of the files contained documentation to confirm the facility utilized the information received from the PREA Intake Screening Risk of Sexual Victimization/Abusiveness form to determine housing, recreation and other activities, and voluntary work. To become compliant, the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form must be utilized when determining initial housing, recreation, volunteer, programming, and other activities. In addition, all classification staff must be trained in the proper use of the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form when determining the elements of the standard. The facility must also provide 10 detainee files that document that the information from the risk screening is utilized when determining initial housing, recreation and other activities, and voluntary work assignments including placement in Project Recovery.

Corrective Action Taken (a): The facility submitted five detainee files that state, "PREA form completed/Reviewed for initial classification and housing assignment." In addition, the facility provided a memo to the Auditor which states, "When an ICE detainee is classified, based on the information, their initial housing assignment reflects the program(s) they can attend, such as recreation, religious services, and other activities, ICE detainees do not work at the facility." The facility submitted training rosters to confirm classification staff have been trained on the updated procedure. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

(b): P & P Chapter 8, Section 27 states "Inmates identified as a high risk of being sexually victimized will be evaluated on a case-by-case basis to ensure the safety of each inmate throughout his/her incarceration. The case-by-case evaluation process shall also be utilized for transgender or intersex inmates in determining housing assignment and program participation. Such placement must ensure the inmate's health and safety as well as consideration for additional management or security concerns. All inmates receive a classification review every 60 days." P & P Chapter 8, Section 27 further states, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration," and "the agency shall not place lesbian, gay, bi-sexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgement for the purpose of protecting such inmates." A

review of P & P Chapter 8, Section 27 confirms it does not include the requirement to consult a medical or mental health professional as soon as practicable on the assessment. In an interview with the facility HSA, it was indicated that security was responsible in determining housing and that medical did not play a role. In an interview with the Mental Health Director, it was indicated that mental health would play a role in determining housing for transgender or intersex detainees. In an interview with the Intake Sgt., it was indicated that mental health is not involved in determining housing for transgender or intersex detainees and that security would consult medical. Based on the three conflicting interviews, the Auditor could not confirm compliance with subsection (b) of the standard. In a memo submitted with the PAQ it was indicated that CCNJJC did not process any transgender or intersex detainees into the facility during the audit period.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. In an interview with the facility HSA, it was indicated that security was responsible in determining housing and that medical did not play a role. In an interview with the Mental Health Director, it was indicated that mental health would play a role in determining housing for transgender or intersex detainees. In an interview with the Intake Sgt., it was indicated that mental health is not involved in determining housing for transgender or intersex detainees and that security would consult medical. Based on the three conflicting interviews, the Auditor could not confirm compliance with subsection (b) of the standard. To become compliant the facility must implement a practice that requires the facility to consult with a medical or mental health staff professional when making assessment and housing decisions for a transgender or intersex detainee. In addition, the facility must train all medical, mental health, and Intake staff on the new practice.

Corrective Action Taken (b): The facility submitted documentation that confirms Armor Health Staff have been trained on ICE Detainee PREA. However, documentation submitted does not confirm the training curriculum included the standard's requirement that the facility consults with a medical or mental health staff professional when making assessment and housing decisions for a transgender or intersex detainee. Upon review of all submitted documentation, the Auditor continues to find the facility does not meet subsection (b) of the standard.

§115.43 - Protective custody

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(e): P & P Chapter 10, Section 5 (Administrative Segregation) states, "Inmates requiring special housing to ensure their safety, the safety and security of the facility or the safety of inmates in general population will be housed in administrative segregation" and "inmates are admitted to protective custody status when there is documentation that protective custody is warranted, and no reasonable alternative are available." P & P Chapter 10, Section 5 further states, "Administrative Segregation will be used only when there are no reasonable alternatives available" and "administrative segregation is the status of confinement which may result in a loss of some privileges assigned to the general population." In addition, P & P Chapter 10, Section 5 states, "All incidents shall be fully documented including reason(s), date, and time the inmate is placed in Administrative Segregation." P & P Chapter 8, Section 27 states, "Upon reviewing the information obtained from the PREA Intake Screening, inmates that are considered at a high risk for sexual victimization shall only be placed in involuntary segregation (Protective Custody) if there is no alternative housing available. Such placement should not exceed a period of 30 days; PREA Compliance Manager or Classification Supervisor must clearly document the need to exceed 30 days and reason for no alternative housing available." A review of both P & P's confirmed that neither P & P include the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 10, Section 5 and P & P Chapter 8, Section 27 have not been developed in consultation with the ICE FOD having jurisdiction over CCNJJC. In addition, the facility Chief and Captain indicated that all detainees who are vulnerable to sexual abuse are placed in administrative segregation until their records can be reviewed by the PREA Coordinator which is usually within 24 hours, or 72 hours, if the placement occurred over the weekend. The facility Chief and Captain both confirmed they would report to an ICE Project Manager, whenever a detainee was placed in administrative segregation due to being vulnerable to sexual abuse and not the ICE FOD having jurisdiction over the facility. The officer assigned to segregation confirmed that should a detainee be placed in administrative segregation for protective custody he/she may not have access to all programs available to the general population. The Auditor confirmed through interviews and documentation submitted with the PAQ that no detainees identified as at risk for sexual abuse and assault were placed in segregation for protection during the audit period. There were no detainees identified as at risk for sexual abuse and assault housed in segregation for protection during the on-site visit.

Does Not Meet (a)(c)(e): The facility is not in compliance with subsections (a), (c), and (e) of the standard. Per P & P Chapter 10, Section 5, administrative segregation is the status of confinement which may result in a loss of some privileges

assigned to the general population. In an interview with the facility Chief and Captain it was confirmed that P & P Chapter 10, Section 5 and P & P Chapter 8, Section 27 have not been developed in consultation with the ICE FOD having jurisdiction over CCNJ. In addition, in an interview with the officer assigned to segregation it was confirmed that should a detainee be placed in administrative segregation for protective custody he/she may not have access to all programs available to the general population. The facility Chief and Captain both confirmed they would report to an ICE Project Manager, whenever a detainee was placed in administrative segregation due to being vulnerable to sexual abuse and not the ICE FOD having jurisdiction over the facility. To become compliant, the facility must update P & P Chapter 10, Section 5 to include the verbiage, "Vulnerable detainees in administrative segregation for protective custody shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible." In addition, P & P Chapter 10, Section 5 must be updated to include the verbiage, "Facilities shall notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The facility must submit the updated P & P Chapter 10, Section 5 to the Agency for review and approval. In addition, the facility must implement a practice to allow vulnerable detainees in administrative segregation for protective custody access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible. If applicable, the facility must provide the Auditor with any files of detainees placed in administrative segregation to confirm the appropriate ICE FOD was notified no later than 72 hours after the initial placement and that the detainee was afforded access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible.

Corrective Action Taken (a)(c)(e): The facility submitted Chapter 15 Section 3 which includes the verbiage "Facilities shall notify ICE ERO no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The facility submitted a screen shot of an email to the ERO PREA Field PSA Coordinator that includes the attachment Jail Manual Chapter 15, Section 3 which confirms Chapter 15 Section 3 was submitted to the Agency for review and approval. The facility submitted to the Auditor a memo that confirms there have been no detainees placed in administrative segregation due to be vulnerable to sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (c), and (e) of the standard.

(d): P & P Chapter 10, Section 5 states, "Initial action ordering an inmate to be segregated for the protection of the inmate or others shall be reviewed by the Classification Supervisor and the Jail Administrator, or designee within 72 hours." P & P Chapter 10, Section 5 further states, "Classification shall review the case of each inmate housed in administrative segregation on a weekly basis. The review shall occur every seven days of the two months and every 30 days thereafter." In an interview, the facility Chief and Captain indicated that when a detainee who is vulnerable to sexual abuse is placed in administrative segregation, the placement is reviewed by the PREA Coordinator usually within 24 hours but no later than 72 hours. In an interview with the Classification Supervisor the subsequent review timelines required by P & P Chapter 10, Section 5 are strictly adhered to. The Auditor confirmed through interviews and documentation submitted with the PAQ that no detainees identified as a risk for sexual abuse and assault were placed in segregation for protection during the audit period. There were no detainees identified as at risk for sexual abuse and assault housed in segregation for protection during the on-site visit.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Per P & P Chapter 10, Section 5. "Classification shall review the case of each inmate housed in administrative segregation on a weekly basis and the subsequent review shall occur every seven days of the two months and every 30 days thereafter." In an interview with the Classification Supervisor, the subsequent review timeline was confirmed. To become compliant, the facility must update P & P Chapter 10, Section 5 to include the verbiage, "A supervisory staff member shall conduct, at a minimum, a review of all detainees identified as a risk for sexual abuse and assault placed in segregation for protection after a detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter." The facility must submit the updated P & P Chapter 10, Section 5 to the Agency for review and approval. The facility must train all applicable staff on the new procedure and document such training. If applicable, the facility must provide the Auditor with any files of detainees placed in administrative segregation due to being vulnerable to sexual abuse to confirm the subsequent reviews were conducted as required by subsection (e) of the standard.

Corrective Action Taken (d): The facility submitted Chapter 15, Section 3 that includes the verbiage, "A supervisory staff member shall conduct, at a minimum, a review of all detainees identified as a risk for sexual abuse and assault placed in segregation for protection after a detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter." The facility submitted training rosters that confirm all applicable staff have been trained on updated policy Chapter 15, Section 3. The facility submitted a screen shot of an email to the ERO PREA Field PSA Coordinator that includes the attachment Jail Manual Chapter 15, Section which confirms Chapter 15 Section 3 was submitted to the Agency for review and approval. The facility submitted to the Auditor a memo that confirms there

have been no detainees placed in administrative segregation due to be vulnerable to sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (d) of the standard.

§115.52 - Grievances

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): P & P Chapter 8, Section 27 states, "Emergency grievances regarding an allegation of sexual abuse, or that an inmate is subject to a substantial risk of imminent sexual abuse will be given immediate attention. The staff member will ensure the inmate is safe and will notify their supervisor immediately." CCSO's Inmate Information pamphlet states, "Grievance forms may be obtained from the kiosk or deputy. A written response will be returned within 14 business days. If dissatisfied with the response, file an appeal to the Jail Administrator within 15 days by using the inmate grievance form." A review of P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet confirms neither include the standard requirements: 1) Allowing a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; 2) The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse; 3) Facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 4) The facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days; 5) Facilities shall send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process; or 6). A detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. The Auditor interviewed the PREA Coordinator who serves as the Grievance Coordinator. The PREA Coordinator confirmed that grievances are handled in accordance with P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet. A review of the CCSO's Inmate Information pamphlet confirms it is not compliant with subsections (a), (b), (d), (e), and (f) of the standard. There were no reported sexual abuse allegations made through the grievance system during the audit period.

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. In an interview with the facility PREA Coordinator, who serves as the Grievance Coordinator, it was confirmed that facility grievances are handled in accordance with P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet. A review of P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet confirms neither include the standard requirements: 1. allowing a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; 2. the facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse; 3. facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 4. the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days: 5) facilities shall send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process; or 6) a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. In addition, the Auditor reviewed the CCSO's Inmate Information pamphlet and confirmed it is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. To become compliant, the facility must implement a practice that allows a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. In addition, the implemented practice must not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse and that the facility issue a decision on the grievance within five days of receipt and respond to an appeal of the grievance decision within 30 days. The implemented practice must also require facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment and must allow a detainee to obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. In addition, the implemented practice must require the facility send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process. The facility must train all applicable staff on the implemented practice and document such training. If applicable, the facility must submit any grievance files that include an allegation of sexual abuse, and the corresponding sexual abuse allegation investigation file, that occurred during the CAP, to confirm that the facility has implemented the new practice.

Corrective Action Taken (a)(b)(d)(e)(f): The facility submitted updated policy Chapter 15 Section 1 that confirms the facility implemented a practice that includes all elements of standard 115.52. In addition, the facility submitted training rosters that confirm all applicable staff were trained on the new procedure. The facility submitted to the Auditor a memo that confirms there have been no detainees who filed a grievance due to an allegation of sexual abuse during the CAP

period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (d), (e), and (f) of the standard.

§115.61 - Staff reporting duties

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Staff members are required to immediately report to their supervisor, any knowledge, suspicion, or information regarding an incident of: 1. Sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, including third-party and anonymous reports; 2. Retaliation against inmates or staff who reported such an incident; and 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." P & P Chapter 8, Section 27 further states, "Staff may privately report sexual abuse and sexual harassment of inmates to their chain of command, PRB, tips line, or the Project Help hotline." In addition, P & P Chapter 8, Section 27 states, "Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes." A review of P & P Chapter 8, Section 27 confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In interviews with security staff and security supervisors, it was confirmed that information obtained in a report of sexual abuse is to remain confidential, except when disclosing to a supervisor or during the investigation to an investigator. Interviews with security staff, and security supervisors further confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. Interviews with security staff and security supervisors further confirmed that they are aware of their ability to make a report outside the chain of command to the PRB, tips line, or the Project Help hotline. In an interview with the PREA Coordinator and the PCM, the facility's policy regarding the reporting of an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute could not be confirmed. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. CCNJJC does not house juvenile detainees.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In an interview with the PREA Coordinator and the PCM, the facility's policy regarding the reporting of an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute could not be confirmed. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirement the facility report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility must train all applicable staff on the reporting requirement for vulnerable adult victims of an alleged sexual abuse. If applicable, the facility must submit all sexual abuse investigation files that include a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to confirm the new practice has been implemented. In addition, the facility must submit documentation that P & P Chapter 8, Section 27 has been submitted to the Agency for review and approval.

Corrective Action Taken (a)(d): The facility submitted updated policy Chapter 15 Section 1 that confirms it includes the requirement if an incident of sexual abuse involves a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility submitted an email from the ERO PREA Field PSA Coordinator that confirms Chapter 15, Section 1 was reviewed and approved by the Agency. The facility submitted a memo to the Auditor that confirms there were no sexual abuse investigation files that include a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (d) of the standard.

§115.65 - Coordinated response

Outcome: Does not Meet Standard

Notes:

(c)(d): A review of the confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "If a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the CCNJ Sexual Abuse PREA Flow Chart – Decision Tree. In an interview with the facility Chief, it was indicated that prior to any sexual assault victim being transferred, the medical staff would contact the receiving facility and provide both medical and mental health information as necessary even if the detainee is transferred to a facility not covered by paragraph (c) and requests otherwise.

Does Not Meet (c)(d): The CCNJ Sexual Abuse PREA Flow Chart – Decision Tree confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the plan. In an interview with the facility Chief, he indicated that prior to any sexual assault victim being transferred, the healthcare staff would contact the receiving facility and provide both medical and mental health information as necessary even if the detainee is transferred to a facility not covered by paragraph (c) and requests otherwise. To become compliant, the facility must train all medical personnel on the requirement of subsection (d) of the standard that states, "If a victim of Sexual Abuse is transferred to a non-DHS Facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In addition, the facility must document that all applicable medical staff have received the required training. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard to confirm compliance with subsection (d) of the standard.

Corrective Action Taken (c)(d): The facility submitted sign in sheets that confirm Armor Medical Staff were trained in ICE Detainee PREA. However, documentation submitted does not confirm the training curriculum included the standard's requirement if a victim of Sexual Abuse is transferred to a non-DHS Facility not covered by paragraph (c) of the standard, (DHS PREA standards) the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. The facility provided a memo to Auditor that confirms there have been no incidents of sexual abuse that resulted in a detainee's transfer during the CAP period. Upon review of all submitted documentation the Auditor continues to find the facility does not meet subsections (c) and (d) of the standard.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes

(a)(b)(c): P & P Chapter 8, Section 27 states, "Inmates and staff have the right to be free from retaliation for reporting sexual abuse and sexual harassment. All inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of such conduct will be afforded protection from retaliation by other inmates or staff members. The PREA Compliance Manager will monitor retaliation for a minimum of 90 days following a report unless the allegation was unfounded. Instances of staff retaliation shall be reported to Jail Administration for action." A review of P & P Chapter 8, Section 27 does not require that the facility employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. In an interview with the PREA Coordinator, it was confirmed that he is responsible for the monitoring of any retaliation of staff or detainees. The PREA Coordinator indicated that monitoring begins the day the allegation is made and continues for a period of 90 days or longer if monitoring for retaliation is required and or needed unless the allegation is determined to be unfounded. In addition, the PREA Coordinator indicated that monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and that every contact is documented and

maintained in the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review. The Auditor reviewed the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review and confirmed it requires that the detainee is reviewed after 30-60-90-days, thus not beginning at the time the allegation is made. In addition, a review of the form does not confirm that the PREA Coordinator takes into consideration detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff as required by subsection (c) of the standard. A review of the form further confirms that it does not include the monitoring of staff. There were no allegations of sexual abuse reported at CCNJ during the audit period.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. P & P Chapter 8, Section 27 states, "The PREA Compliance Manager will monitor retaliation for a minimum of 90 days following a report unless the allegation was unfounded." In addition, a review of P & P Chapter 8, Section 27 confirms that it does not require that the facility employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. The Auditor reviewed the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review and confirmed it requires that the detainee is reviewed after 30-60-90-days thus not beginning at the time the allegation is made. In addition, a review of the form does not confirm that the PREA Coordinator takes into consideration detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff as required by subsection (b) of the standard. A review of the form further confirms that it does not include the monitoring of staff. To become compliant, the facility must update their practice to monitor the detainee victim of sexual abuse beginning at the time of the allegation through at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff regardless of the final determination. In addition, the facility must consider detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and provide multiply protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. The facility must implement a practice that includes staff. The facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse in the new practice and document such training. The facility must also provide the Auditor with copies of all detainee's sexual abuse allegation investigation files and corresponding monitoring documentation to confirm compliance with the standard.

Corrective Action Taken (b)(c): The facility provided policy Chapter 15 section 1 that confirms the facility implemented a practice of monitoring both detainees and staff from retaliation. In addition, the facility provided training rosters that confirm all applicable staff have been trained on the new practice. The facility submitted a memo to Auditor which confirms "there have been no reported allegations of sexual abuse during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (b) and (c) of the standard.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Collier County Sheriff's Office shall ensure protection measures are offered for all inmates (victim, witnesses, or aggressor) involved in a sexual abuse/assault or sexual harassment incident. Protection measures shall include...Administrative Confinement and/or Protective Custody." P & P Chapter 10, Section 5 states, "Administrative segregation will be used only when there are no reasonable alternatives available." P & P Chapter 10, Section 5 further states, "No limits will be imposed on an assignment to administrative investigation." In addition, P & P Chapter 10, Section 5 states, "Before inmates are released from administrative segregation, a full review of the inmate's file shall be conducted by the Classification Supervisor to determine if the aforementioned factors warrant the inmates release from administrative segregation." A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P include the requirement to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43. In addition, a review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P require that detainee victims of sexual abuse not be held in any type of administrative segregation, except in highly unusual circumstances. A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 further confirm that neither P & P include the requirement that the facility notifies the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In an interview with the facility Chief and Captain, it was indicated that the facility would place a victim of sexual abuse in protective custody to guarantee their safety; however, the protective custody unit at CCNJ does not meet the requirements set forth in standard 115.43. The facility Captain also indicated that if a detainee was placed in administrative segregation, they would notify an ICE Project Manager and not the appropriate ICE FOD. In an interview

with the PREA Coordinator, it was indicated that the facility would review the placement every 30 days to determine if placement was still warranted. There were no allegations of sexual abuse reported a CCNJJC during the audit period.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (c). P & P Chapter 10, Section 5 states, "No limits will be imposed on an assignment to administrative investigation." A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P include the requirement to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43. In addition, a review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P require that detainee victims of sexual abuse not be held in any type of administrative segregation, except in highly unusual circumstances. A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 further confirm that neither P & P include the requirement that the facility notifies the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In an interview with the facility Chief and Captain, it was indicated that the facility would place a victim of sexual abuse in protective custody to guarantee their safety; however, protective custody does not meet the requirement of standard 115.43 as required by subsection (a) of the standard. The facility Captain also indicated that if a detainee was placed in administrative segregation, they would notify an ICE Project Manager and not the appropriate ICE FOD. In an interview with the PREA Coordinator it was indicated that the facility would review the placement every 30 days to determine if placement is still warranted. To become compliant, the facility must implement a practice that includes the requirements: 1. To place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43; 2. Not to hold detainee victims of sexual abuse in any type of administrative segregation, except in highly unusual circumstances; and 3. To notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In addition, the facility must train all applicable staff on the new practice and document such training. If applicable, the facility must submit any allegation of sexual abuse investigations that include the detainee being placed in protective custody due to an allegation of sexual abuse, and the corresponding detainee's detention file, that occur during the CAP to confirm the new practice has been implemented.

Corrective Action Taken (a)(b)(d): The facility submitted a copy of updated policy Chapter 15 Section 1 that confirms the facility implemented a practice that includes the requirements: 1. To place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43; 2. Not to hold detainee victims of sexual abuse in any type of administrative segregation, except in highly unusual circumstances; and 3. To notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In addition, the facility submitted training rosters that confirm all applicable staff have been trained on the new practice. The facility submitted a memo to Auditor which confirms "there have been no reported allegations of sexual abuse during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (d) of the standard.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(e): P & P Chapter 8, Section 27 states, "Allegations including third party and anonymous reports shall be investigated promptly, thoroughly, and objectively. An investigator must: 1. Gather all facts and preserve evidence to include direct and circumstantial evidence, physical and DNA evidence, and electronic monitoring data; 2. Review prior complaints/reports of sexual abuse involving the alleged perpetrator; and 3. Interview alleged victim(s), alleged perpetrator, and witnesses" and "detectives conducting these types of investigations shall receive specialized training to include: 1. Techniques for interviewing sexual abuse victims; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection in confinement settings; and 4. Criteria and evidence required to substantiate a case for administrative action or prosecution referral." P & P Chapter 8, Section 27 further states, "The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation." In addition, P & P Chapter 8, Section 27 states, "All administrative investigations involving CCSO members shall be conducted by the PRB" and "administrative investigations not involving CCSO members shall: 1. Determine whether staff actions (or failure to act) contributed to the abuse; 2. Document description of the physical and testimonial evidence; 3. Document reasoning behind credibility assessments; and 4. Facts and findings of the investigation" and "all data collected shall be kept in a secure manner and retained for a minimum of 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the

allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. In an interview with the lead Investigator, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts., none of which received training in conducting sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM indicated that the completed investigation is submitted to them for review and follow-up if needed; however, they also were not specially trained. In an interview with the lead Investigator, it was indicated that if a criminal investigation is substantiated the facility would conduct an administrative investigation, however, the interview could not confirm that the facility would conduct an administrative investigation if a criminal case was unsubstantiated. In addition, in an interview with the lead Investigator he could not confirm that the investigation would continue if the alleged abuser or victim left the facility. There have been no sexual abuse allegations reported at CCNJ during the audit period.

Does Not Meet (a)(b)(c)(e): The facility is not in compliance with subsections (a), (b), (c), and (e) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, and administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. In an interview with the lead Investigator, it was confirmed that none of the deputies, corporals, Sgts., or Lts., that conduct sexual abuse allegation investigations are specially trained as required by the standard, including himself. In addition, in an interview with the lead Investigator it was indicated that if a criminal investigation is substantiated the facility would conduct an administrative investigation; however, the interview could not confirm that the facility would conduct an administrative investigation if a criminal case was unsubstantiated or that the investigation would continue if the alleged abuser or victim left the facility. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, and administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. The facility must train all applicable staff in the updated P & P Chapter 8, Section 27 and document such training. In addition, the facility must specially train all staff who conduct sexual abuse allegation investigations and document such training. The facility must provide the Auditor with a copy of the training curriculum to confirm it includes all required training elements as set forth in standard 115.34. The facility must submit to the Auditor all sexual abuse allegation files that occurred during the CAP to confirm the updated practice has been implemented and that all investigators completing the investigations have been specially trained.

Corrective Action Taken (a)(b)(c)(e): The facility updated submitted P & P Chapter 8, Section 27 that confirms the policy was renamed during the CAP period to Chapter 15, Section 1. The facility provided updated policy Chapter 15 Section 1 that confirms it contains all the elements required by standard 115.71 for written procedures for administrative investigations. The facility submitted training rosters that confirm all applicable staff have been trained on the updated written procedures. The facility provided the curriculum for the Moss Group Investigator's Training entitled, "Specialized Training – Conducting Sexual Abuse Investigations in Correctional Settings." The Auditor reviewed the training curriculum and confirmed it is compliant with subsection (a) of the standard. The facility submitted documented training records for 14 custody supervisors confirming the completion of specialized training conducting sexual abuse investigations in correctional settings. The facility submitted a memo to all applicable supervisors confirming they were the designated to conduct incidents of sexual abuse at the facility. The facility submitted a memo to Auditor which confirms "there have been no reported allegations of sexual abuse during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (c), and (e) of the standard.

§115.73 - Reporting to detainees

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

P & P Chapter 8, Section 27 states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1. The staff member is no longer posted within the inmate'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. P & P Chapter 8, Section 27 further states, "Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1. The agency learns that the alleged abuse has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the facility." In addition, P & P Chapter 8, Section 27 states, "The agency's obligatory mandate to report under this standard shall terminate if the inmate is released from the agency's custody." In interviews with the PREA Coordinator and PCM, it was indicated that the facility would notify the detainee victim of an allegation of sexual abuse as required by P & P Chapter 8, Section 27. There were no sexual abuse allegations reported at CCNJ during the audit period.

Does Not Meet: The facility is not in compliance with the standard. P & P Chapter 8, Section 27 states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1. The staff member is no longer posted within the inmate'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." P & P Chapter 8, Section 27 further states, "Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1. The agency learns that the alleged abuse has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the facility." In addition, P & P Chapter 8, Section 27 states, "The agency's obligatory mandate to report under this standard shall terminate if the inmate is released from the agency's custody." In interviews with the PREA Coordinator and PCM, it was indicated that the facility would notify the detainee victim of an allegation of sexual abuse as required by P & P Chapter 8, Section 27. To become compliant, the facility must implement a practice that notifies all detainees, including when the allegation is determined to be unfounded, of the result of the investigation and any responsive action taken. In addition, the Agency must implement a practice that notifies the detainee who is released from Agency custody the result of the investigation and any responsive action taken, if feasible. The facility must train all applicable staff on the new practice and document such training. If applicable, the facility must submit to the Auditor all closed sexual abuse allegation investigation files, included cases that were determined to be unfounded, that occurred during the CAP to confirm the detainees were notified of the result of the investigation and any responsive action taken.

Corrective Action Taken: The facility submitted updated policy Chapter 15 Section 1 that confirms the facility implemented a practice that notifies all detainees, including when the allegation is determined to be unfounded, of the result of the investigation and any responsive action taken including notifying, if feasible, the detainee who is released from Agency custody. In addition, the facility submitted training rosters that confirm all applicable staff have been trained on the new practice. The facility submitted an email from the ERO PREA Field PSA Coordinator that confirms Chapter 15, Section 1 was reviewed and approved by the Agency. The facility submitted a memo to the Auditor that confirms "there have been no reported allegations of sexual abuse during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with standard 115.73.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policy." A review of P & P Chapter 8, Section 27 confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, P & P Chapter 8, Section 27 does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse

of a detainee by a staff member, contractor, or volunteer.” However, as termination is greater than removal from Federal Service, the Auditor finds P & P Chapter 8, Section 27 in substantial compliance with the wording required by subsection (b) of the standard. A review of P & P Chapter 8, Section 27 further confirms it does not contain the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. In an interview with the facility Chief and Captain, it was indicated that there was no staff resignation, termination, or discipline for violating the facility’s policy on sexual abuse during the audit period. In addition, the facility Chief indicated that staff would be removed, placed on administrative leave, and even terminated depending on the outcome of investigation. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. There were no allegations of sexual abuse reported at the CCNJJC during the audit period.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b)(c)(d) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. To make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. To make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. The facility must train all applicable staff on the updated P & P Chapter 8, Section 27 and document such training. The facility must submit the updated P & P Chapter 8, Section 27 to the Agency for review and approval. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a staff person as the alleged perpetrator to confirm compliance with subsections (b)(c)(d) of the standard.

Corrective Action Taken (b)(c)(d): The facility submitted updated policy Chapter 15 Section 1 which confirms it includes the requirements to report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal and to make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. In addition, the facility submitted training rosters that confirm all applicable staff have been trained on the updated P & P Chapter 15, Section 1. The facility submitted an email from the ERO FIELD PSA Coordinator that confirms Chapter 15, Section 1 was reviewed and approved by the Agency. The facility submitted a memo to Auditor which confirms “there have been no reported allegations of sexual abuse during the CAP period.” Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (b), (c), (d) of the standard.

§115.81 - Medical and mental health assessments; history of sexual abuse

Outcome: Does not Meet Standard

Notes:

(a)(b)(c): P & P Chapter 6.3, Section 27.8 (Untitled) states, “If the screening indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening.” In an interview with the HSA, it was indicated that if a detainee reports a history of sexual abuse, an urgent behavioral referral is automatically generated to mental health who would see the detainee within 24 hours. This was further confirmed in an interview with the Mental Health Director; however, the Auditor reviewed a medical record of a detainee processed through intake and confirmed that the urgent behavioral referral is only generated if the detainee had experienced an incident of sexual abuse within the last four days. In an interview with the HSA, it was indicated that if the reported history falls outside the four days, the detainee with a history of sexual abuse would be referred to mental health by the intake Sgt. In an interview with the Intake Sgt., it was confirmed that a referral is not always made if the reported history was not recent. The Auditor reviewed the Intake Screening Risk of Sexual Victimization/Abusiveness form and confirmed the form includes the question, “If yes to prior sexual victimization would you like to speak with someone from medical/mental health.” In addition, the Auditor reviewed the Nursing – Health Assessment Form and confirmed it states, “Have you ever been a victim of sexual assault...If yes educate patient on how to access mental health” and “have you ever perpetrated sexual assault, sexual abuse...If yes educate patient on how to access mental health” thereby putting the responsibility to contact mental health on the detainee.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. P & P Chapter 6.3, Section 27.8 states, "If the screening indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with medical or mental health practitioner within 14 days on the intake screening." In an interview with the HSA, it was indicated that if a detainee reports a history of sexual abuse, an urgent behavioral referral is automatically generated to mental health who would see the detainee within 24 hours. This was further confirmed in an interview with the Mental Health Director; however, the Auditor reviewed a medical record of a detainee processed through intake and confirmed that the urgent behavioral referral is only generated if the detainee had experienced an incident of sexual abuse within the last four days. In an interview with the HSA, it was indicated that if the reported history falls outside the four days the detainee with a history of sexual abuse would be referred to mental health by the intake Sgt. In an interview with the Intake Sgt., it was confirmed that a referral is not always made if the reported history was not recent. The Auditor reviewed the Intake Screening Risk of Sexual Victimization/Abusiveness form and confirmed the form includes the question, "If yes to prior sexual victimization would you like to speak with someone from medical/mental health." In addition, the Auditor reviewed the Nursing – Health Assessment Form and confirmed it states, "Have you ever been a victim of sexual assault...If yes educate patient on how to access mental health" and "have you ever perpetrated sexual assault, sexual abuse...If yes educate patient on how to access mental health" thereby putting the responsibility to contact mental health on the detainee. To become compliant, the facility must ensure that the detainee is referred to a qualified medical or mental health professional if the Intake Screening Risk of Sexual Victimization/Abusiveness form indicates a detainee has experienced sexual abuse or perpetrated sexual abuse. In addition, the facility must implement a practice that when the referral is for a medical follow-up, the detainee shall receive a health evaluation no later than two working days from the date of assessment and when a referral is for a mental health follow-up the detainee shall receive a mental health evaluation no later than 72 hours after the referral. The facility must train all intake, medical and mental health staff in the new practice and document such training. If applicable, the facility must submit to the Auditor all files of detainees who ever been a victim of sexual assault or perpetrated a sexual assault, and their corresponding medical and mental health files, to confirm the facility is in compliance with subsections (a), (b), and (c) of the standard.

Corrective Action Taken (a)(b)(c): The facility submitted updated policy Chapter 15 section 1 that mandates, "If during the screening process a detainee reports having been a victim of sexual abuse or has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff shall immediately refer the ICE detainee to the PREA Compliance Manager and Contract Medical/Mental Health Services for a medical and/or mental health follow up, as appropriate. When a referral for medical follow up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." The facility submitted documentation that confirms Armor Health Staff have been trained on ICE Detainee PREA; however, the facility did not provide documentation to confirm the training received by medical and mental health staff included the required elements of the standard. The facility submitted a memo to Auditor that confirms there were no detainees with a history or victimization or perpetrating sexual assault received at the facility during the CAP period. Upon review of all submitted documentation that does not include documentation that confirms medical and mental health staff have received training on the standards requirements the Auditor continues to find the facility does not meet subsections (a), (b), and (c) of the standard.

§115.86 - Sexual abuse incident reviews

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "An incident review shall be done within 30 days of a conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review team shall include Jail Command Staff with input from Lieutenants, Sergeants, Investigators, Medical/Mental Health practitioners and the PREA Coordinator." P & P Chapter 8, Section 27 further states, "The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Other factors to consider include: 1. Motivated by race, ethnicity, gender identity; etc.; 2. Gang affiliation; 3. Examine the area where allegation occurred, noting possible physical barriers; 4. Adequacy of staffing levels; 5. Monitoring technology" and "the review team will submit a final report of the findings including recommendations for improvement, to the Chief of Corrections and PREA Compliance Manager." In addition, P & P Chapter 8, Section 27 states, "The Collier County Sheriff's Office Jail Division shall implement the recommendations for improvement or shall document its reasons for not doing so." In an interview with the PREA Coordinator and PCM, it was indicated that the review team consists of upper-level management officials and allows for input from line-supervisors, investigators, and

medical and mental health practitioners. The PREA Coordinator further indicated that the facility would do an incident review on all substantiated and unsubstantiated cases within 30 days of the conclusion of the investigation as mandated by P & P Chapter 8, Section 27; however, an incident review is not completed on unfounded determinations. The Auditor reviewed the CCSO Jail Division (PREA) Sexual Abuse Incident Review form and confirmed it contained all elements required by subsection (b) of the standard; however, it does not require a copy be sent to the Agency PSA Coordinator as required by subsection (a) of the standard, which was further confirmed in an interview with the facility PSA Coordinator.

Does Not Meet (a): P & P Chapter 8, Section 27 states, "An incident review shall be done within 30 days of a 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 Chapter 8, Section 27 further states, "The review team will submit a final report of the findings including recommendations for improvement, to the Chief of Corrections and PREA Compliance Manager." In an interview, the PREA Coordinator indicated that an incident review is not completed on unfounded determinations. The Auditor reviewed the CCSO Jail Division (PREA) Sexual Abuse Incident Review form and confirmed it contained all elements required by subsection (b) of the standard, however, it does not require a copy be sent to the Agency PA Coordinator as required by subsection (a) of the standard, which was further confirmed in an interview with the facility PSA Coordinator. To become compliant, the facility must update their practice to include completing an incident review of all allegations of sexual abuse including those that are determined to be unfounded. In addition, the facility must update their practice to include submitting the sexual abuse incident review report and the response to the report, if any, to the Agency PSA Coordinator. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files, the corresponding incident review, and documentation that the incident review report and response to the report was submitted to the Agency PSA Coordinator to confirm compliance with subsection (a) of the standard.

Corrective action Taken (a): The facility submitted updated policy Chapter 15 Section 1 that confirms the facility practice was updated to include completing an incident review of all allegations of sexual abuse including those that are determined to be unfounded. In addition, updated Chapter 15 section 1 requires, "The review team will submit a final report of the findings including recommendations for improvement, to the Chief of Corrections and PREA Compliance Manager. The Collier County Sheriff's Office Jail Division shall implement the recommendations for improvement or shall document its reasons for not doing so. Both the report and response shall be forwarded to ICE/ERO for transmission to the ICE/ERO PSA Coordinator." The facility submitted to the Auditor a memo that confirms there were no allegations of sexual abuse during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

(c): P & P Chapter 8, Section 27 states, "All aggregated sexual abuse data should be made available to the public annually either via the agency's website or by personal request." A review of P & P Chapter 8, Section 27 confirms it does not require a negative report be generated if the facility has not had any reports of sexual abuse during the annual reporting period. In addition, P & P Chapter 8, Section 27 does not require the results and findings of the annual review be provided to the FOD or his or her designee, and the Agency PSA Coordinator. In an interview with the facility PSA Coordinator and the PCM, it was confirmed that the facility does not generate a negative report if the facility has not had any reports of sexual abuse during the annual reporting period nor does it forward the annual report to the FOD or Agency PSA Coordinator.

Does Not Meet (c): A review of P & P Chapter 8, Section 27 confirms it does not require a negative report be generated if the facility has not had any reports of sexual abuse during the annual reporting period. In addition, P & P Chapter 8, Section 27 does not require the results and findings of the annual review be provided to the FOD or his or her designee, and the Agency PSA Coordinator. In an interview with the facility PSA Coordinator and the PCM, it was confirmed that the facility does not generate a negative report if the facility has not had any reports of sexual abuse during the annual reporting period or does it forward the annual report to the FOD or Agency PSA Coordinator. To become compliant, the facility must provide the annual PREA report, or negative report, to the FOD or his or her designee and the Agency PSA Coordinator. The facility must provide the Auditor with documentation that the 2022 annual PREA report, or negative report, has been sent to the FOD or his or her designee and the Agency PSA Coordinator.

Corrective Action Taken (c): The facility submitted an email with routing to confirm that the Annual report has been submitted to the Agency PSA Coordinator. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

AUDITOR CERTIFICATION:

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

Sabina Kaplan

July 3, 2023

Auditor's Signature & Date

(b) (6), (b) (7)(C)

July 3, 2023

Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C)

July 5, 2023

Program Manager's Signature & Date

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report**



**Homeland
Security**

AUDIT DATES

From:	9/13/2022	To:	9/15/2022
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AUDITOR INFORMATION

Name of auditor:	Sabina Kaplan	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	914-474- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579- (b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	Miami Field Office
Field Office Director:	Garrett Ripa
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	865 SW 78th Ave, 1st Floor, Plantation, FL 33324
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Collier County Sheriff's Office Naples Jail Center
Physical address:	3347 Tamiami Trail E. Naples, FL 34112
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	239-252-9677
Facility type:	IGSA
PREA Incorporation Date:	2/6/2020

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Chief
Email address:	(b) (6), (b) (7)(C)	Telephone number:	239-252- (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Corporal
Email address:	(b) (6), (b) (7)(C)	Telephone number:	239-252- (b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Collier County Naples Jail Center (CCNJC) was conducted on September 13, 2022 – September 15, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor/Assistant Program Manager (APM) (b) (6), (b) (7)(C), employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager, (PM) (b) (6), (b) (7)(C), also a DOJ and DHS certified PREA Auditor. The PM's role is to provide oversight to the ICE PREA audit process and liaison with ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The CCNJC is a county owned facility and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are awaiting transport to other ICE facilities for pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at CCNJC are from Guatemala, Mexico, and Honduras. The facility does not house juveniles or family detainees. The purpose of the audit was to assess compliance with the DHS PREA Standards. This was the first DHS PREA audit for the CCNJC and included a review of the audit period from February 6, 2020 – September 15, 2022. As there were no allegations of sexual abuse reported at the CCNJC for the prior 12-month period, the audit period was extended to capture closed investigations that occurred since the facility's PREA Incorporation date; however, there were none.

Approximately three weeks prior to the audit, ERAU Team Lead (b) (6), (b) (7)(C) provided the Auditor with the facility's PAQ, Agency policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and within folders for ease of auditing. The main policy that governs CCNJC PREA program is Collier County Policy and Procedure Manual (P & P) Chapter 8, Section 27 Sexual Abuse/Assault Prevention, and Intervention (SAAPI). All the documentation, policies, and PAQ were reviewed by the Auditor. The Auditor was accompanied to the audit by ERAU Section Chief (SC), (b) (6), (b) (7)(C). The Auditor communicated with the ERAU SC requesting further documentation for clarification and review during the on-site audit. Most responses to the requests were provided by facility staff.

The entry briefing was held in CCNJC Conference Room at 8:15 am on Tuesday, September 13, 2022. In attendance were:

(b) (6), (b) (7)(C), ICE/OPR, SC
(b) (6), (b) (7)(C), Chief, CCNJC
(b) (6), (b) (7)(C), Director, CCNJC
(b) (6), (b) (7)(C), Captain, CCNJC
(b) (6), (b) (7)(C), Captain, CCNJC
(b) (6), (b) (7)(C), Lieutenant (Lt.), CCNJC
(b) (6), (b) (7)(C), Sergeant (Sgt.), PREA Coordinator, CCNJC
(b) (6), (b) (7)(C), Sgt., CCNJC
(b) (6), (b) (7)(C), Human Resource Manager (HRM), CCNJC
(b) (6), (b) (7)(C), Food Service Director, CCNJS
(b) (6), (b) (7)(C), ICE/ERO, Supervisory Deportation and Detention Officer (SDDO)
(b) (6), (b) (7)(C), Health Services Administrator, (HSA), Armor Medical Health Services (AMHS)
(b) (6), (b) (7)(C), Director of Nursing, (DON), AMHS
(b) (6), (b) (7)(C), Chaplain's Office, St. Matthews
Sabina Kaplan, Assistant Program Manager (APM)/Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on a review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews. It was shared that no correspondence was received from any detainee, outside individual, or staff member.

The facility provided the requested information to be used for the random selection of detainees and staff to be interviewed (random and specific categories) including an alpha and housing listing of all detainees housed at the facility, both random, and from specific categories. Lists of staff by duty position and shifts was also provided. Shifts are 0600-1800 and 1800-0600. There were zero volunteers at the facility for the Auditor to interview during the on-site audit.

A facility tour was completed by the Auditor with key staff from CCNJ and ICE. All housing units were toured, as well as, program areas, control centers, booking/intake, recreation areas, and medical areas. All areas of the facility where detainees are afforded the opportunity to go or provided services were observed by the Auditor. During the tour, the Auditor made visual observations of the housing units including bathrooms, officer's post sight lines, and camera locations. Sight lines were closely examined, as was the potential for blind spots, throughout the areas where the detainees are housed or have accessibility. The Auditor spoke to random staff and detainees regarding PREA education and facility practices during the tour. A review of the housing unit logbooks was conducted to verify staff rounds for security staff and supervisors. The facility is a multiple story building and has a design capacity of 1194. On the first day of the audit, the facility count was 607 and consisted of 18 male detainees and 1 female detainee, with the remainder being pre-sentenced and sentenced county inmates. The custody level is Low, Medium, and High with the detainee population co-mingling with the county inmates. According to the facility chief, the facility receives detainees to hold for transport and another segment are sentenced inmates who complete their county sentence and are then placed in ICE custody. The average detainee population for the last twelve months was five consisting of four males and one female. The average time in custody is three days. On the first day of the audit all 19 detainees were scheduled to leave CCNJ with destinations to other ICE detention centers for processing, and therefore, were not available to be interviewed.

The physical plant consists of one building with an administrative area, booking area, and 17 housing units where detainees can be housed, consisting of both cells and dorms, located on three separate floors. The 17 housing units include two medical and mental health stepdown units, a male closed custody unit, a 52 bed Administrative Segregation and Protection Unit, a disciplinary confinement unit, a male program unit for Project Recovery, a closed high custody unit, a female intake unit, a female medical housing unit, a 26-bed infirmary, 5 male general housing units, and 2 female general housing units. Detainees comeingle with inmates and are restricted to the booking area and housing units. All housing units except for the medical units are operated by a control center. The control centers allow for inmate/detainee monitoring by staff and are supplemented by additional detention staff members being assigned to the floor levels. The Auditor was able to view all control centers and confirmed that all had clear sight of the bed areas.

Within each housing unit there are cameras, telephones, televisions, a toilet, shower area, and PREA information posted on bulletin boards. (b) (7)(E)

(b) (7)(E) During the onsite visit, the Auditor observed (b) (7)(E) (b) (7)(E). In addition, the facility Captain advised that the control units assigned to each area were also staffed with same gender staff only. The facility Captain further indicated that cross gender supervisors could make rounds in the area, however, they are always announced prior to entering and they only enter in exigent circumstances or when conducting routine jail checks. In addition, the Auditor observed that staff assigned to the main control center could view all areas of the facility at any time. (b) (7)(E)

(b) (7)(E) PREA information, posters/brochures, posted on the bulletin boards included the ICE Zero-Tolerance posters, contact information including addresses and phone numbers, how to report outside the facility, foreign consulates with addresses and phone numbers, victim services information, and the notification of audit, which was posted in English, Spanish, Portuguese, French, Haitian Creole, Bengali, Russian, and Vietnamese.

There were two formal detainee interviews conducted during the on-site audit. Both detainees arrived day two of the on-site audit, were limited English proficient (LEP), and therefore, interviewed using Language Services Associates (LSA), a contract language interpretative service provided through Creative Corrections, LLC. A total of 22 staff and 3 contract employees were formally interviewed. The staff interviewed included 12 random staff consisting of deputies (3) and corporals (6), security supervisors (3), and specialized staff, including the facility Chief, PREA Coordinator, PCM, Grievance Coordinator (GC), Classification Supervisor, HRM, facility lead Investigator, Training Supervisor, and Intake staff (2). Contract employees interviewed included the HSA, DON, and the Director of Mental Health all employed by AMHS. According to the SDDO who attended the entrance briefing there are no ICE employees permanently assigned to CCNJ. The Auditor requested to interview a volunteer; however, none were made available during the on-site audit.

The facility uses all deputies, corporals, security supervisors, the PREA Coordinator, and the PCM to complete investigations into allegations of sexual abuse. There were no sexual abuse allegations reported at CCNJ during the audit period.

On September 15, 2022, an exit briefing was conducted by the Lead Auditor in the Conference Room. In attendance were:

(b) (6), (b) (7)(C), Chief, CCNJ

(b) (6), (b) (7)(C), Director, CCNJ

(b) (6), (b) (7)(C), Captain, CCNJ

(b) (6), (b) (7)(C), Captain, CCNJC
(b) (6), (b) (7)(C), Lt., CCNJC
(b) (6), (b) (7)(C), Sgt., PREA Coordinator, CCNJC
(b) (6), (b) (7)(C), Sgt., CCNJC
(b) (6), (b) (7)(C), HRM, CCNJC
(b) (6), (b) (7)(C), Food Service Director, CCNJS
(b) (6), (b) (7)(C), SDDO, ICE
(b) (6), (b) (7)(C), HSA, AMHS
(b) (6), (b) (7)(C), DON, AMHS
(b) (6), (b) (7)(C), Chaplain's Office, St. Matthews
Sabina Kaplan, APM/Certified Auditor, Creative Corrections, LLC

The Auditor spoke briefly about the staff and detainee knowledge of the CCNJC PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that she would need to review all submitted documentation and interview notes conducted with staff and detainees. The Auditor explained the audit report process, timeframes, and thanked all present for their cooperation.

SUMMARY OF AUDIT FINDINGS

Directions: Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 15

§115.18 Upgrades to facilities and technologies

§115.51 Detainee reporting

§115.53 Detainee access to outside confidential support services

§115.54 Third-party reporting

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.64 Responder duties

§115.66 Protection of detainees from contact with alleged abusers

§115.72 Evidentiary standard for administrative investigations

§115.77 Corrective action for contractors and volunteers

§115.78 Disciplinary sanctions for detainees

§115.82 Access to emergency medical and mental health services

§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

§115.87 Data collection

§115.201 Scope of audits.

Number of Standards Not Met: 25

§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

§115.13 Detainee supervision and monitoring

§115.15 Limits to cross-gender viewing and searches

§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient

§115.17 Hiring and promotion decisions

§115.21 Evidence protocols and forensic medical examinations

§115.22 Policies to ensure investigation of allegations and appropriate agency oversight

§115.31 Staff training

§115.32 Other training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and Mental Health care

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.43 Protective custody

§115.52 Grievances

§115.61 Staff reporting duties

§115.65 Coordinated response

§115.67 Agency protection against retaliation

§115.68 Post-allegation protective custody

§115.71 Criminal and administrative investigations

§115.73 Reporting to detainees

§115.76 Disciplinary sanctions for staff

§115.81 Medical and mental health assessments; history of sexual abuse

§115.86 Sexual abuse incident reviews

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, 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 the standard. These recommendations must be included in the Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(c): The facility follows CCNJ written P & P Chapter 8, Section 27, Sexual Abuse/Assault Prevention, and Intervention (SAAPI), mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. P & P Chapter 8, Section 27 outlines the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment and provides definitions of sexual abuse and general PREA definitions. The zero-tolerance policy is publicly posted on the CCNJ website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act.) In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 had not been submitted for review and approval to the Agency as required by the standard. During the facility tour the Auditor observed on housing unit bulletin boards, and in other locations throughout the facility, signage that included the ICE Zero-Tolerance posters. Formal and informal interviews with staff, and detainees, further confirmed CCNJ's commitment to zero-tolerance of sexual abuse.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must provide documentation that confirms that the facility has submitted P & P Chapter 8, Section 27 to the Agency for review and approval as required by subsection (c) of the standard.

Recommendation (c): A review of P & P Chapter 8, Section 27 identified the term inmates is used instead of detainees and the Auditor is making a general recommendation to update the P & P Chapter 8, Section 27 throughout to reflect detainees.

(d): CCNJ employs both a PREA Coordinator (Lt.), and a PREA Compliance Manager (PCM) (corporal). The facility's Chief appointed both the PREA Coordinator and the PCM at the supervisory level. Interviews with the PREA Coordinator and PCM confirm that they work together managing the facility's SAAPI program and that they have sufficient time and authority to oversee facility efforts to comply with Chapter 8, Section 27; however, the interviews could not confirm that the PCM serves as the contact for the Agency PREA Coordinator.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Interviews with the facility PREA Coordinator and PCM could not confirm that the PCM serves as the contact for the Agency PREA Coordinator. To become compliant, the facility must document correspondence with the Agency PREA Coordinator. Such correspondence can be in the form of an email, including but not limited to, forwarding the facility yearend report, or negative report, to the Agency PREA Coordinator for review.

§115.13 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(c): P & P Chapter 8, Section 27 states, "The Naples Jail Center...shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse." P & P Chapter 8, Section 27 further states, "In calculating adequate staffing levels and to determine the need for video monitoring, facilities shall take into consideration (not limited to) the following: 1. Accepted detention and correctional practices; 2. Any judicial findings of inadequacy; 3. All components of the facility's physical plant; 4. The composition of the inmate population; 5. The number and placement of supervisory staff; 6. Any applicable State or local laws, regulations, or standards; 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 8. Any other relevant factors." A review of P & P Chapter 8, Section 27 confirmed it requires the consideration of the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. A review of the facility PAQ indicated CCNJ has a total of 267 security staff, consisting of 195 males and 72 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration and maintenance. The facility also employs 39 medical and 2 mental health contract/personnel employed by AMHS. During the audit period, CCNJ line staff were working two 12-hour shifts. The Auditor's interview with the facility Chief, and review of the staffing plan assessment for 2022, confirmed the PREA staffing plan assessment took into account when determining adequate staffing levels, and the need for video monitoring, generally accepted detention and correctional practices, any judicial finding of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, however it did not consider the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. The Auditor observed staffing levels during the on-site audit and determined they were adequate. (b) (7)(E)

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does require the consideration of the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. In addition, the Auditor reviewed the staffing plan assessment for 2022, and confirmed the PREA staffing plan assessment took into account when determining adequate staffing levels, and the need for video monitoring, generally accepted detention and correctional practices, any judicial finding of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, however, it did not consider the findings and recommendations of sexual abuse incident review reports and the length of time detainees spend in Agency custody. To become compliant, the facility must submit documentation to support their staffing plan assessment contained all elements of subsection (c) of the standard.

(b)(d): P & P Chapter 8, Section 27 states, "Supervisors (rank of Sergeant and above) shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds shall be conducted on each shift and shall be conducted without staff alerting other staff members of occurrence. Documentation of unannounced rounds shall be made by the supervisor on the housing post log." A review of P & P Chapter 8, Section 27 confirms it includes the requirement that the supervision guidelines be reviewed annually. The Auditor interviewed three security supervisors, who indicated they conduct their rounds during their shift as required. The Auditor reviewed a sample of housing unit logs for a five-day period and confirmed that unannounced PREA rounds are conducted on each shift as required by subsection (d) of the standard. The facility submitted to the Auditor three supervision guidelines that were reviewed in September 2022, however, in an interview with the facility Captain it was confirmed that the facility has the majority of their supervision guidelines remaining to be reviewed for 2022, and therefore, the annual review of the guidelines has not been completed.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The facility submitted to the Auditor three supervision guidelines that were reviewed in September 2022, however, in an interview with the facility Captain it was confirmed that the facility has not completed its review of the supervision guidelines for 2022. To become compliant, the facility must submit to the Auditor 10 supervision guidelines approved for the year 2022/2023. In addition, the facility must submit to the Auditor a memo stating that all supervision guidelines have been reviewed and approved.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): CCNJJC does not house juvenile and family detainees. A review of the PAQ, and interviews with the facility Chief and Captain confirmed the facility does not house juveniles or family detainee units.

§115.15 - Limits to cross-gender viewing and searches.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(c)(d): According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides direction regarding cross-gender pat down searches. However, the facility did not provide a copy of P & P 8.4 to the Auditor, and therefore, it's compliance could not be confirmed. Despite the Auditor's inability to confirm P & P compliance, all security staff, and security supervisors interviewed indicated that cross-gender pat-down searches are not conducted on the detainees at CCNJJC. They further indicated that they had not conducted, or were aware of, any cross-gender pat-down searches conducted during the audit period. This was further supported by a memo to file and the PAQ. During the on-site audit, the Auditor observed pat-down searches of two detainees by a security staff member of the same gender. Interviews with two detainees confirmed they received a pat-down search by a security staff member of the same gender. In addition, the Auditor informally interviewed a female detainee, who indicated that she received a pat-down search by a female security staff member.

(e)(f): According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides direction regarding cross-gender strip and body cavity searches. However, the facility did not provide a copy P & P 8.4 to the Auditor, and therefore, it's compliance could not be confirmed. Interviews with security staff, and security supervisors, indicated staff are aware that they cannot perform a cross-gender search except for exigent circumstances, or if it's conducted by a medical practitioner and if they were to conduct a cross-gender strip or body-cavity search, it must be approved by a supervisor, and documented on an incident report. During the audit period, no cross-gender strip or body-cavity searches were conducted. This was confirmed through interviews with security staff, and security supervisors, and supported by a memo to file and the PAQ. The facility does not house juvenile detainees.

(g): P & P Chapter 8, Section 27 states, "Inmates shall be able to shower, perform necessary bodily functions, and change clothing without staff members of the opposite gender viewing such actions, except in exigent circumstances (responding to an emergency) or if such viewing is incidental to routine jail checks." P & P Chapter 8, Section 27 further states, "If a staff member is assigned to work in a housing area of the opposite gender, an announcement at the beginning of shift informing inmates that a staff member of opposite gender will be working the housing area must be made and documented on the Post Log" and "prior to a staff member entering a housing area of the opposite gender (male entering female housing area or female entering male housing area) they must announce his/her presence prior to entering the housing area. Documentation of announcement shall be made on the Post Log."

During the onsite visit, (b) (7)(E)

[REDACTED] The facility Captain further indicated that cross-gender supervisors could make rounds in the area; however, they are always announced prior to entering and they only enter in exigent circumstances or when conducting routine jail checks. During the on-site audit, the Auditor observed that staff assigned to the main control center could view all areas of the facility at any time. The Auditor discussed (b) (7)(E)

[REDACTED] During the interviews, all staff indicated they are announced by the housing unit control center when entering a living area and announcements being made were observed by the Auditor. The Auditor interviewed two detainees who arrived during the on-site audit. Neither detainee was housed at the facility long enough to confirm cross-gender announcements were being made.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site audit, the Auditor observed that staff assigned to the main control center could view all areas of the facility at any time. (b) (7)(E)

[REDACTED] To become compliant, the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender assigned to the main control center, except in exigent circumstances or when such viewing is incidental to routine jail checks.

(h): CCNJC is not designated as a Family Residential Center; therefore, provision (h) is not applicable.

(i): According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides direction regarding the requirement to not search or physically examine a detainee for the sole purpose of determining the detainee’s genital characteristics. However, the facility did not provide a copy of the P & P 8.4 to the Auditor, and therefore, it’s compliance could not be confirmed. Despite the Auditor not being able to confirm P & P compliance, all security staff, and security supervisors, interviewed indicated that they would not search or physically examine a detainee for the sole purpose of determining the detainee’s genital characteristics. In addition, all security staff, and security supervisors interviewed indicated that a detainee’s genital characteristics would be determined by the medical staff during a routine examination. No searches, for the sole purpose of determining a detainee’s genital status, have occurred during the audit period per memo submitted with the PAQ and interviews with security staff, security supervisors, and the HSA.

(j): According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, the facility did not provide a copy of the P & P 8.4 to the Auditor, and therefore, it’s compliance could not be confirmed. A review of CCNJC’s training curriculum, training records, and an interview with the facility Captain, who oversees training, confirmed that security staff receive training in proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, interviews with nine security staff confirmed all but two indicated that transgender detainees receive a pat-down search with a female staff person doing a pat-down search of the female extremities and a male staff person doing a pat-down search of the male extremities. The other two security staff interviewed indicated they would conduct a pat-down search in consideration of the transgender detainee’s preference; however, according to the facility Captain, the facility policy is to have a security staff person the same gender as the transgender or intersex detainee conduct the pat-down search.

Does Not Meet (j): The facility is not in compliance with subsection (j) of the standard. According to the PREA Pre-Audit Policy and Document Request DHS Immigration and Detention Facilities, the facility identified P & P 8.4, pages 2 – 6, as the policy which provides the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. However, the facility did not provide a copy of the P & P 8.4 to the Auditor, and therefore, it’s compliance could not be confirmed. Interviews with nine security staff confirmed all but two indicated that transgender detainees receive a pat-down search with a female staff person doing a pat-down search of the female extremities and a male staff person doing a pat-down search of the male extremities. The other two security staff indicated they would conduct a pat-down search in consideration of the transgender detainee’s preference; however, according to the facility Captain, the facility policy is to have a security staff person the same gender as the transgender detainee conduct the pat-down search. To become compliant, the facility must re-train all security staff regarding the proper procedures for conducting pat-down searches, including cross-gender searches of transgender and intersex detainees, to conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety. In addition, the facility must provide the Auditor with staff training records to confirm re-training took place during the Corrective Action Period (CAP).

§115.16 – Accommodating detainees with disabilities and detainees who are limited English proficient.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "During the intake/booking process, all inmates shall receive information explaining the CCSO's zero-tolerance regarding sexual abuse and sexual harassment to include: 1. How inmates can protect themselves from becoming victims while incarcerated; 2. Treatment options (counseling, programs, etc.) available to victims of sexual assault; and 3. Methods of reporting incidents of sexual abuse/assault." P & P Chapter 8, Section 27 further states, "Appropriate steps shall be taken to ensure that inmates with disabilities (hearing, vision or intellectually impaired) or language differences have an equal opportunity to participate in or benefit from all aspects of CCSO Jail Division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Appropriate steps shall include providing access to interpreters and/or written materials." During the on-site audit, the Auditor was able to observe the intake of a limited English speaking (LEP) male detainee. The Auditor observed the intake process from start to finish and was able to confirm the detainee did not receive any PREA information including, but not limited to, the ICE National Detainee Handbook, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, or the Collier County Sheriff's Office (CCSO) Inmate Information pamphlet (available in English, Spanish, and Haitian Creole). This was further confirmed in interviews of two LEP detainees. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE National Detainee Handbook onto the facility housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site visit, the Auditor reviewed the information on the kiosk and confirmed that the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit; however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were uploaded in all 14 languages. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed through direct observation of a detainee intake and through interviews with two detainees who had arrived during the on-site visit. There were no DHS-prescribed SAA Information pamphlets on-site, however, the Auditor was able to confirm that they were available on the housing unit kiosks in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, but not available in the added languages of Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. In interviews with two Intake staff, it was confirmed that they were unaware of how the PREA information would be provided to detainees who were deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no documentation to confirm the practice. The Auditor observed during the on-site audit a Teletypewriter in the intake area. The Auditor reviewed 10 randomly chosen detainee files, none of which confirmed the detainee received written materials related to sexual abuse during the intake process.

Does Not Meet (a)(b): The facility does not meet subsections (a)(b) of the standard. The Auditor observed the intake process of a male detainee from start to finish and confirmed that the detainee did not receive any PREA information including, but not limited to, the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO Inmate Information pamphlet available in English, Spanish, and Haitian Creole. This was further confirmed in interviews of two detainees. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the housing unit kiosks and confirmed the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit; however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were uploaded in all 14 languages. The Auditor was able to confirm that the DHS-prescribed SAA Information pamphlets were available on the housing unit kiosks in English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, but not available in the added languages of Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed in interviews with two detainees. In addition, Intake staff could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they would understand. To become compliant, the facility must adapt the practice of providing PREA information to LEP detainees in a language they understand. In addition, the facility must develop a practice that allows detainees with disabilities to receive the PREA information in a format they understand. Once developed, all Intake staff must receive documented training on the new procedures and the facility must present the Auditor with 10 detainee files that includes detainees who speak languages, other than English, Spanish, and Haitian Creole, to confirm that detainees are getting the information in a language they understand. In addition, if applicable, the facility must provide the Auditor with 10 detainee files consisting of detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills to confirm they are getting the PREA information in a format they understand.

(c): P & P Chapter 8, Section 27 states, "Staff shall not rely on inmate interpreters or inmate assistants except in exigent or emergency circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety or an investigation." In interviews with security staff, and security supervisors, it was indicated that all but one would never use another

detainee to interpret for a detainee victim of sexual abuse. The other interviewee indicated he would use another detainee only in an emergency. All but one security staff interviewed stated they would use Language Line Solutions, or a staff person. One interviewee stated he would use Google Translation. There were no allegations of sexual abuse reported at CCNJJC during the audit period.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with security staff and security supervisors, it was indicated that all but one staff would never use another detainee to interpret for a detainee victim of sexual abuse. The other interviewee indicated he would use another detainee only in an emergency. To become compliant, the facility must implement the practice of allowing the use of another detainee in matters related to sexual abuse should the detainee express a preference for another detainee to provide interpretation and the Agency determines that such interpretation is appropriate and consistent with DHS policy. In addition, the facility must train all security staff and security supervisors on the updated practice and provide training records to confirm the training was conducted during the CAP.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity 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 any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJJC. The CCSO Operations Manual Chapter P-3, Section 2 (Selection Process) states, "Pre-employment screening shall be done... and "the community resource screening process shall be supervised by the Jail Division Commander, or designee, and shall include the following: Criminal history record checks (NCIC/FCIC), state computer check for outstanding warrants, and credentials." A review of CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27, confirms that neither the P & P or procedure manual requires that the facility not hire, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the CCSO Background Screening Disclosure Affidavit and confirmed that although it requires the applicant to disclose any convictions for rape and sexual abuse of a child or minor, it does not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. A review of the CCSO Background Screening Disclosure Affidavit further confirms it includes the verbiage, "Information obtained is not an automatic barrier to appointment to a position." The Auditor reviewed CCSO P & P Manual Chapter 5, Section 2 (Certified Position Promotional Process), and confirmed it does not require the facility directly ask staff being considered for promotion, who may have direct contact with detainees, about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with six security corporals. The Auditor reviewed CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 and confirmed that neither the P & P nor Operations Manual impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse or the requirement to provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work unless prohibited by law. In an interview with the HRM, it was confirmed that CCNJJC does not have a continuing affirmative duty to report any misconduct involving sexual abuse. The HRM indicated that it was the responsibility of the Professional Responsibility Bureau (PRB) to report to the facility if any staff is convicted of misconduct, including sexual abuse. She further indicated that the PRB would only report substantiated outcomes, however, if an employee was arrested, they would receive a notification form NCIC from the employee's fingerprints on file. The HRM further indicated that the facility would provide, unless prohibited by law, information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Auditor reviewed the employment application for the CCSO and confirmed it requires the applicant to sign and acknowledge "Any Omission, falsification, misstatement, or misrepresentation on the application form will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office." During the on-site visit, the Auditor requested to review three contractor files and two volunteer files to confirm compliance with subsection (a) of the standard. The facility did not produce the files, and therefore, the Auditor could not confirm compliance.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 confirm that neither the P & P nor Operations Manual require that the facility not hire, promote, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the CCSO Background Screening Disclosure Affidavit and confirmed, although it requires the applicant to disclose any convictions for rape and sexual abuse of a child or minor, it does not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. In addition, a review of the CCSO Background Screening Disclosure Affidavit confirms it includes the verbiage, "Information obtained is not an automatic barrier to appointment to a position." The Auditor reviewed CCSO Operations Manual Chapter P-3, Section 2 and P & P Chapter 8, Section 27 and confirmed that neither the P & P nor Operations Manual impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse, which was further confirmed during an interview with the HRM. The Auditor reviewed CCSO P & P Manual Chapter 5, Section 2, and confirmed it does not require the facility directly ask staff, who may have contact with detainees, who are being considered for promotion about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with six security corporals. To become compliant, the facility must implement a practice that requires the facility not hire, promote, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement a practice that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse. The facility must also implement a practice that requires the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. The facility must provide the Auditor with five contractor and five volunteer files to confirm the contractor or volunteer did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population. If applicable, the facility must provide the Auditor with any staff, who may have contact with detainees, who were promoted during the CAP period to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

(c)(d): During a training session in November 2021, and through review of the training documentation available on SharePoint, the Unit Chief of OPR PSO explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJJC. The CCSO Operations Manual Chapter P-3, Section 2 states, "Pre-employment screening shall be done..." and "the background investigation shall verify each applicants qualifying credentials and shall be completed by a CCSO member trained in collecting the required information." The CCSO Operations Manual Chapter P-3, Section 2 further states, "The investigation shall include at least the following, Criminal History check, Driver's License inquiry, Military Records inquiry, and Fingerprints..." In addition, The CCSO Operations Manual Chapter P-3, Section 2 states, "The Background Investigations Section will conduct all required background screenings on contract employees accessing the buildings, properties, databases, or documents of the Sheriff." CCSO Operations Manual Chapter P-3, Section 2 further states, "The community resource screening process shall be supervised by the Jail Division Commander, or designee, and shall include the following: Criminal history record checks (NCIC/FCIC), state computer check for outstanding warrants, and credentials." The Auditor conducted a random check on 10 CCNJJC employees and confirmed that all initial and 5-year background checks were compliant with the standard. In an interview with the HRM it was indicated that the facility conducts background checks on all contractors, however, during the on-site audit, the Auditor requested to review the files of five contractors to confirm background checks were conducted in accordance with subsection (d) of the standard, and the files were not produced. Therefore, the Auditor could not confirm compliance.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. A review of the CCSO Background Screening Disclosure Affidavit confirms that it is required for prospective members and volunteers, however, it does not include contractors. In an interview with the HRM it was indicated that the facility does conduct background checks on all contractors, however, during the on-site audit, the Auditor requested to review the files of five contractors to confirm background checks were conducted in accordance with subsection (d) of the standard, and the files were not produced. To become compliant, the facility must provide the Auditor with five contractor files to confirm initial background checks were conducted.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): A review of CCSO P & P Chapter 8, Section 27 confirms it does require that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facility take into consideration the effect of the design, acquisition expansion or modification upon their ability to protect a detainee from sexual abuse. In an interview with the facility chief, it was indicated that there have been no acquisitions, expansions, or modifications to any areas in the facility where detainees are allowed to enter, and therefore, subpart (a) of the standard is not applicable. According to the PAQ the facility updated the video monitoring system and added new cameras with a completion date of January 2022. The facility provided a copy of the staffing plan assessment for 2022, which confirmed the facility considered, when they installed and updated their video monitoring system, how such

technology would enhance their ability to protect detainees from sexual abuse by painstakingly testing, reviewing, and reconfiguring to achieve a strategic positional advantage to ensure safety and security of detainees while protecting their privacy.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. P & P Chapter 8, Section 27 states, "Collier County Sheriff's Office shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." P & P Chapter 8, Section 27 further states, "Inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by providing 'charge free speed dial' telephone numbers to PREA Hotline – Project Help and for persons detained solely for civil immigration purposes, immigrant services agencies" and "providing all victims of sexual abuse access to forensic medical examinations and counseling. These forensic medical examinations are confidential and shall be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) and are no cost to the victim." In addition, P & P Chapter 8, Section 27 states, "Incidents involving criminal conduct will be investigated by [Sheriff's Office Criminal Investigation Division] CID." A review of P & P Chapter 8, Section 27 confirms that the evidence protocol maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, however, in interviews with the facility Chief, and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been developed in coordination with DHS. In an interview with the lead Investigator, it was confirmed that the CCSO, in which he is an employee, is responsible for conducting administrative and criminal sexual abuse investigations. He further confirmed that the facility would investigate using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and if it is determined that the reported allegation is criminal in nature and doesn't involve a staff member, it would be referred to the Sheriff's Office CID. If the allegation was criminal in nature, and involved an employee, it would be referred to the PRB. The lead Investigator also confirmed both entities are part of the CCSO; and therefore, are required to follow the requirements of subsection (a - d) of the standard. CCNJJC has a Memo of Understanding (MOU) with Project Help (PH). The agreement in the MOU is for PH to provide amongst other services, emotional support, SANE nurses, and certified sexual assault advocates/counsel for a sexual assault response and/or exam. The MOU was signed on July 29, 2022, and expires December 31, 2022, with annual renewal options. In an interview with the facility HSA, it was indicated that should a detainee be a victim of sexual abuse he/she would be transported to Naples Community Hospital or Physician's Regional Medical Center and would be afforded a SANE nurse and advocate provided by PH. The HSA at CCNJJC also indicated detainees would never be charged for medical services related to being a victim of sexual abuse. During the on-site visit, the Auditor contacted staff, via telephone, at PH and was able to confirm the center will provide SANE services, crisis intervention and counseling, and an advocate during a forensic exam and investigatory interviews, as required by the standard. The facility does not house juvenile detainees.

Does Not Meet (a): The facility is not in compliance with subsection (b) of the standard. In interviews with the facility Chief, and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been developed in coordination with DHS. To become compliant, the facility must provide documentation that P & P Chapter 8, Section 27 was submitted to the Agency for review and approval.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." P & P Chapter 8, Section 27 states, "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" and "the protocol shall be developmentally appropriate for youth where applicable, 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 Chapter 8, Section 27 further states, "All allegations including third party and anonymous reports shall be investigated promptly, thoroughly and objectively." In addition, P & P Chapter 8, Section 27 states, "Incidents involving criminal conduct will be investigated by CID" and "all data collected shall be kept in a secure manner and retained for a minimum of 10 years after the date of initial collection, unless

Federal, State, or local law requires otherwise.” The Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does not detail the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. In addition, it does not require when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR, DHS OIG, and the appropriate ICE FOD, or when a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse the incident is promptly report to the JIC, the ICE OPR, DHS OIG, and the appropriate ICE FOD. In an interview with the lead Investigator, it was indicated that every allegation of sexual abuse is investigated. The lead Investigator further indicated that an administrative investigation is conducted on all allegations of sexual abuse; however, he could not confirm that the investigative office within DHS is consulted. In interviews with the facility Chief, and Captain, it was indicated all sexual abuse allegations are reported to an ICE Project Manager, and not to the JIC, DHS OIG, or the appropriate ICE FOD. In an interview with the PREA Coordinator and PCM, it was indicated that all reports and referrals of allegations of sexual abuse are retained in accordance with the standard. There were no allegations of sexual abuse reported at CCNJC during the audit period.

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. The facility has not established the required protocol to ensure that each allegation of sexual abuse is investigated by the facility or referred to an appropriate investigative authority as required in subsection (a) of the standard. As the facility does not have a protocol, the requirements of subsections (b), (d), (e), and (f) that require what is included in the protocol is also non-compliant. To become compliant, the facility must develop a protocol that includes all elements of subsections (b), (d), (e), and (f) of the standard. In addition, the facility must document that all applicable staff have received training regarding the protocol’s content.

(c): During the Auditor’s review of the CCNJC website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act), it was confirmed that the website does not include P & P Chapter 8, Section 27, or a dedicated investigative protocol. The Auditor also reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol.

Does Not Meet (c): The facility is not compliant with subsection (c) of the standard. P & P Chapter 8, Section 27, or a dedicated investigative protocol, is not posted on the CCNJC website. To become compliant, the facility must place an updated P & P Chapter 8, 27, that contains all elements of standard 115.22, or develop an investigative protocol that contains all elements of standard 115.22 and place it on its website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act)

§115.31 - Staff training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27 states, “All staff shall be trained to: 1. Understand the agency’s zero-tolerance for sexual abuse and sexual harassment; 2. Recognize the physical, behavioral, and emotional signs of sexual assault; 3. Understand the identification and referral process when an alleged sexual assault occurs; 4. Have a basic understanding of sexual assault prevention and response techniques; 5. Understand the responsibility of prevention, detection, reporting, and response to sexual abuse and sexual harassment; 6. Know that inmates have the right to be free from sexual abuse and sexual harassment; 7. Comply with relevant laws related to mandatory reporting of sexual abuse; 8. Inmates and staff have the right to be free from retaliation for reporting sexual abuse and sexual harassment; 9. Know the dynamics of sexual abuse and sexual harassment in confinement; 10. Know how to avoid inappropriate relationships with inmates; and 11. Know how to communicate effectively and professionally with inmates to include lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.” P & P Chapter 8, Section 27 further states, “All staff will receive annual refresher training to include: 1. Inmate sexual abuse/assault awareness, prevention, response, and reporting procedures; and 2. Inmate sexual abuse/assault confidentiality requirements.” A review of P & P Chapter 8, Section 27 confirms it does not require staff to be trained on definitions and examples of prohibited and illegal sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrence, or the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes. In addition, a review of P & P Chapter 8, Section 27 confirms it does not require completed training be documented. During the onsite audit, the Auditor requested a copy of the CCNJC training curriculum for review; however, there were multiple curriculums made available and the facility was unsure as to which curriculum was currently being used to provide staff training. Therefore, the Auditor could not determine that the curriculum was compliant with the requirements of subsection (a) of the standard. In an interview with the facility Captain, who serves as the Training Supervisor, it was indicated staff receives the required PREA training every two years as required by the standard although P & P Chapter 8, Section 27 requires refresher training to be given annually. The facility provided staff training records that confirmed the training was documented electronically. The Auditor randomly selected 10 staff training files and reviewed staff training documentation for proof of completion. Of the 10 staff training records reviewed, all but 4 employees had received PREA training within the last two years. According to the SDDO who attended the entrance briefing, there are no ICE employees permanently assigned to CCNJC.

Does Not Meet (a): A review of P & P Chapter 8, Section 27 confirms it does not require staff to be trained on definitions and examples of prohibited and illegal sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrence, or the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes. In addition, during the onsite audit, the Auditor requested a copy of the CCNJC training curriculum for review, however, there were multiple curriculums available, and the facility was unsure as to which curriculum was currently being used to provide staff training. Therefore, the Auditor could not determine that the curriculum was compliant with the requirements of subsection (a) of the standard. To become compliant,

the facility must provide the Auditor with a copy of the employee training curriculum for PREA to confirm its compliance with subsection (a) of the standard. If the current curriculum does not meet the requirements of subsection (a), the facility must update the curriculum prior to submitting a copy to the Auditor. In addition, should the curriculum require updating the facility must provide training records that occurred during the CAP of 20 employees to confirm staff are being trained on the new curriculum.

Recommendation (b): The Auditor recommends that the facility provide refresher training annually as required by facility P & P Chapter 8, Section 27.

§115.32 - Other training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): Although the Auditor reviewed P & P Chapter 8, Section 27 and confirmed it does not require training of contractors and volunteers, the Auditor also reviewed the contractor/volunteer training curriculum and confirmed that it requires contractors and volunteers to receive PREA training that includes the Agency's and facility's zero-tolerance policies regarding sexual abuse and are informed on how to report such incidents. However, the Auditor further reviewed training sign-in sheets for volunteers and contractors and confirmed that there were contractors and volunteers who had not attended PREA training based on the lack of signatures on the sign in sheets. In an interview with the facility Captain, it was indicated that if a contractor or volunteer did not complete the training, they would be denied access into the facility; however, there was no procedure in place to deny such access.

Does Not Meet (a)(b)(c): The facility is not compliant with subsections (a), (b), and (c) of the standard. The Auditor reviewed training sign-in sheets for volunteers and contractors and confirmed that there were contractors and volunteers who had not attended PREA training based on the lack of signatures on the sign in sheets. In an interview with the facility Captain, it was indicated that if a contractor or volunteer did not complete the training, they would be denied access into the facility; however, there was no procedure in place to deny such access. To become compliant, the facility must implement a practice that requires all contractors and volunteers who may have contact with detainees receive training on the Agency's and facility's zero-tolerance policies regarding sexual abuse and how to report such incidents. In addition, the facility must train all applicable staff on the new practice. The facility must also submit documented PREA training of all contractors and volunteers who presently enter the facility.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): P & P Chapter 8, Section 27 states, "During the intake/booking process, all inmates shall receive information explaining the CCSO's zero-tolerance regarding sexual abuse and sexual harassment to include: 1. How inmates can protect themselves from becoming victims while incarcerated; 2. Treatment options (counseling, programs, etc.) available to victims of sexual assault; 3. Methods of reporting incidents of sexual abuse/assault; B. Within 30 days of intake / booking process, all inmates shall receive a more comprehensive education via the inmate orientation video, on their rights to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, and the agency's policy for responding to such incidents." P & P Chapter 8, Section 27 further states, "Inmate education shall be provided continuously and readily available through: 1. Inmate Handbook; 2. Inmate Orientation; 3. Informational Posters/Pamphlets; and 4. Kiosk" and "appropriate steps shall be taken to ensure that inmates with disabilities (hearing, vision or intellectually impaired) or language differences have an equal opportunity to participate in or benefit from all aspects of CCSO Jail Division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." In addition, P & P Chapter 8, Section 27 states, "Appropriate steps shall include providing access to interpreters and/or written materials." During the on-site visit, the Auditor observed in each housing unit the ICE Zero-Tolerance poster, in Spanish and English, with the name and direct reporting line telephone number of the PCM and the contact information for PH, also in English and Spanish. The Auditor observed a detainee intake and confirmed the detainee's preferred language was Spanish. He was guided through the intake process by a Spanish speaking deputy. He was advised during the intake process to read facility form "Prison Rape Elimination Act 2003 (PREA)." The form contained the facility's zero-tolerance policy, how to report an incident of sexual abuse at the facility and through PH, and that PH is available to provide counseling services if needed. A few seconds later the deputy asked the detainee if he understood what he read and directed him to sign the form. The detainee did not get a copy of the form even though it provided information on the facility zero-tolerance policy, how to report an incident of sexual abuse, and the contact information for PH. The detainee did not receive the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO's Inmate Information pamphlet. This was further confirmed in interviews of two LEP detainees. The Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information about reporting sexual abuse. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the kiosks and confirmed that the ICE National Detainee Handbooks were only available in English, Spanish, and Haitian Creole. Prior to the exit briefing, the Auditor was informed that the ICE National Detainee Handbooks were uploaded during the on-site visit, however, when the Auditor attempted to confirm the handbooks were uploaded, the kiosks were shut down for the facility count, and therefore, the Auditor could not confirm that the handbooks were now available in all 14 languages. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how to access it. This was further confirmed through direct observation of a detainee intake and through interviews with two detainees who had arrived during the on-site audit. There were no DHS-prescribed SAA Information pamphlets on-site. The Auditor was able to confirm that they were available on the housing unit kiosks in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi, however they were not

available in the newest languages, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese nor were they distributed during the orientation process as required by subsection (e) of the standard. In interviews with two Intake staff, it was confirmed that they were unaware of how the PREA information would be provided to detainees who were deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no documentation to confirm the practice. The Auditor did observe during the on-site audit a Teletypewriter in the intake area. In interviews with Intake staff, it was indicated that detainees view a video as part of the orientation. The Auditor reviewed the orientation video and confirmed it was available in English and Spanish and contained all elements of the standard except for DHS OIG and JIC contact information; however, the video was not played for the two detainees upon intake. According to Intake staff, the video is played on a loop from the main control center once in the morning and once in the late afternoon throughout the facility. Interviews with the Intake staff further confirmed they were unable to control when the video would be played; and therefore, could not play the video for incoming detainees during Intake processing. As the video could not be played, the Auditor could not confirm it was closed-captioned. The Auditor reviewed the CCSO's Inmate Information pamphlet and confirmed it contained all elements of the standard except the contact information for the JIC; however, the pamphlet was not provided to either detainee upon intake. The Auditor reviewed 10 detainee files and confirmed that although they included documentation of detainee participation in orientation, it was provided while the detainees were classified as inmates and not during the intake process. In an interview with the facility Captain, it was indicated that there are detainees housed at CCNJC that transition from inmates to the custody of ICE after completing their county sentence. The facility Captain further indicated that once the detainee transitions into the custody of ICE, the facility does not provide the detainee with any additional information.

Does Not Meet (a)(b)(c)(e)(f): The facility is not in compliance with subsections (a), (b), (c), (e), and (f) of the standard. The Auditor observed a detainee intake and confirmed the detainee did not get a copy of the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, or the CCSO's Inmate Information pamphlet. This was further confirmed in interviews of two detainees. The Auditor reviewed the orientation video, provided in English and Spanish, and confirmed it contained all elements of the standard except for the DHS OIG and JIC contact information; however, the video was not shown to the two detainees being processed during the on-site visit. There were no DHS-prescribed SAA Information pamphlets on-site. The Auditor was able to confirm that they were available on the housing unit kiosks in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi; however, they were not available in the newest languages, Bengali, Romanian, Russian, Turkish, Ukrainian, Vietnamese nor were they distributed as required by subsection (e) of the standard. The Intake staff indicated that they would use staff or Language Line Solutions to interpret for a detainee who was LEP; however, there was no documentation to confirm the practice. In an interview with the facility Chief and Captain, it was indicated that the facility uploaded the ICE National Detainee Handbook onto the housing unit kiosks in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. However, during the on-site audit, the Auditor reviewed the information on the kiosks and confirmed that the ICE National Detainee handbooks were only available in English, Spanish, and Haitian Creole. In interviews with Intake staff, it was indicated that detainees were not advised that the information was available on the kiosks or how or how to access it. In addition, Intake staff also could not articulate how a detainee who was deaf or hard of hearing, was blind or had low vision, or had speech, intellectual, psychiatric difficulties would receive the PREA information in a format they would understand. The Auditor reviewed 10 detainee files and confirmed that although they contained documentation of detainee participation in orientation, it was provided to detainees while they were classified as inmates and not during the intake process. In an interview with the facility Captain, it was indicated that there are detainees housed at CCNJC that transition from inmates to the custody of ICE after completing their county sentence. The facility Captain further indicated that once the detainee transitions into the custody of ICE the facility does not provide the detainee with any additional information. To become compliant, the facility must implement an orientation program for incoming detainees, including inmates who have transitioned into the custody of ICE, which includes all elements of subsection (a) of the standard. In addition, the facility must distribute the DHS-prescribed SAA Information pamphlet in the detainee's preferred language as required by subsection (e) of the standard. The facility must provide documentation that confirms that the 14 most prevalent languages encountered by ICE and the new languages available in the DHS-prescribed SAA Information pamphlet have been uploaded to the housing unit kiosks. Once uploaded, the facility must provide documentation that all detainees are notified upon intake that the kiosks include the ICE Detainee National Handbook and the DHS-prescribed SAA Information pamphlet and how to access it. Once implemented, the facility must train all Intake staff on the new orientation program and document such training. The facility must present the Auditor with 10 detainee files that include detainees who speak languages, other than English, Spanish, and Haitian Creole, to confirm the detainees are receiving orientation in a manner they understand during the intake process and when transitioning to the custody of ICE upon completing their county sentence. If applicable, the facility must provide the Auditor with 10 detainee files that include detainees who are deaf or hard of hearing, blind or have limited sight, who have intellectual, psychiatric, or speech disabilities, or have limited reading skills.

§115.34 – Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "Detectives conducting these types of investigations shall receive specialized training to include: 1. Techniques for interviewing sexual abuse victims; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection in confinement settings; and 4. Criteria and evidence required to substantiate a case for administrative action or prosecution referral." P & P Chapter 8, Section 27 further states, "The Training Bureau shall maintain all training documentation, to include curriculum, attendance, and any subsequent training conducted for PREA compliance purposes." A review of P & P Chapter 8, Section 27 confirms it does not require training in effective cross-agency coordination as required by subsection (a) of the standard. The Agency policy

11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. In interviews with the PREA Coordinator and PCM, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts., none of whom are specially trained to conduct sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM further indicated that the completed investigation is submitted to them for review and follow-up if needed, however, they also are not specially trained. The facility submitted one training certificate documenting completion of Investigating Sexual Abuse in Confinement Settings: Train the Trainer for Correctional Investigations, Florida Department of Corrections and the Florida Sheriff's Association presented by the Moss Group. The facility did not provide the training curriculum for Auditor review.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In interviews with the PREA Coordinator and PCM, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts none of whom are specially trained to conduct sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM further indicated that the completed investigation is submitted to them for review and follow-up if needed; however, they also are not specially trained. To become compliant, the facility must specially train all facility investigators who conduct sexual abuse allegation investigations and document such training. In addition, the facility must submit a training curriculum to confirm it contains training on sexual abuse and effective cross-agency coordination. The facility must submit training records for all staff who conduct sexual abuse allegation investigations to confirm completion of the required specialized training.

§115.35 – Specialized training: Medical and mental health care.

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, subsection (a) of the standard is not applicable.

(b)(c): P & P Chapter 8, Section 27 states, "All contract Medical and Mental Health practitioners working in CCSO jail facilities must be trained to 1. Detect and assess the signs of sexual abuse and harassment; 2. Preserve physical evidence of sexual abuse; 3. Report allegations or suspicions of sexual abuse and sexual harassment; and 4. How to respond effectively and professionally to victims of sexual abuse and sexual harassment, however, in interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. In interviews with the HSA, DON, and Director of Mental Health, it was indicated that medical and mental health staff received the training as required by subsection (b) of the standard. The Auditor reviewed the training curriculum "Armor Annual Response to Sexual Abuse PREA" and confirmed it contained all elements of subsection (b) of the standard. In addition, the facility provided all training records of both medical and mental health staff which confirmed the training was completed as required.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. In interviews with the facility Chief and Captain it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant the facility must provide documentation that P & P Chapter 8, Section 27, has been referred to the Agency for review and approval.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "The PREA Intake Screening/Risk Assessment Form must be completed on all inmates entering the Naples or Immokalee Jail Facilities. The information collected during the initial screening will be used to determine the inmate's risk of victimization or abusiveness and to ensure the safety of each inmate in the facility. The PREA Intake Screening/Risk Assessment Form shall be conducted by Contract Medical Staff and the Booking Supervisor (or designee)." P & P Chapter 8, Section 27 further states, "The PREA Intake Screening/Risk Assessment shall consider at a minimum: 1. Previously experienced sexual victimization; 2. Inmates own perception of vulnerability; 3. Prior convictions for sex offenses against an adult or child; 4. Criminal history is exclusively nonviolent 5. If gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 6. Previous incarceration; 7. Mental, physical or developmental disability; 8. Age of and physical build of inmate; and 9. If detained solely for immigration purposes," and "additionally, Correctional (booking) Staff shall assess the inmate for risk of being sexually abused or sexually abusive by reviewing: 1. Prior acts of sexual abuse; 2. Prior convictions for violent offenses; and 3. History of prior institution violence or sexual abuse." A review of P & P Chapter 8, Section 27 confirms it does not require the initial classification process and initial housing assignment be completed within 12 hours of admission to the facility. The screening process involves the use of the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form. Medical staff complete the top half which includes physical build, mental, physical, or developmental disability, how the detainee perceives his or herself, prior sexual abuse history, and the detainee's perception of vulnerability. The bottom half of the form is then completed by the Intake Sgt., which includes all

elements of the detainee's criminal history except prior institutional violence or sexual abuse, as known to the facility. In an interview with the Intake Sgt., it was further confirmed that the facility does not consider prior institutional violence or sexual abuse, as known to the facility. During the on-site visit, the Auditor observed the medical intake screening of a detainee whose preferred language was Spanish. The medical staff person initially asked the detainee if he needed the use of the language line. The detainee indicated he did not. The medical staff person asked the detainee the questions required by the Intake Screening Risk of Sexual Victimization/Abusiveness form. The Auditor observed the detainee having difficulty understanding the questions especially whether the detainee self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. When it became clear the detainee did not understand the question, the medical staff person asked the detainee, "do you like women" to which the detainee responded "yes." In interviews with Intake staff, it was indicated that detainees are initially housed within 12 hours as required by the standard; however, all newly arrived detainees are comingled with the inmate population in one of two step-down units pending completion of their initial classification. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed in all cases initial classification occurred in two to three days. In an interview with the Classification Supervisor, it was confirmed that detainees are comingled with inmates in an administrative stepdown unit until classification can review their records. The classification supervisor further confirmed that this process is completed within 72 hours of the detainee's arrival.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (d) of the standard. In interviews with Intake staff, it was indicated that detainees are initially housed within 12 hours as required by the standard, however, all newly arrived detainees are comingled with the inmate population in one of two step-down units pending completion of their initial classification. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed in all cases initial classification occurred in two to three days of admission. In an interview with the Classification Supervisor, it was confirmed that detainees are comingled with inmates in an administrative stepdown unit until classification can review their records. The Classification Supervisor further confirmed that the initial classification process is completed within 72 hours of the detainee's arrival. The Intake Sgt. completes the bottom half of the Intake Screening Risk of Sexual Victimization/Abusiveness form, which includes all elements of the detainee's criminal history except prior institutional violence or sexual abuse, as known to the facility. In an interview with the Intake Sgt., it was confirmed that the facility does not consider prior institutional violence or sexual abuse, as known to the facility. To become compliant, the facility must update the Intake Screening Risk of Sexual Victimization/Abusiveness form to include prior institutional violence or sexual abuse, as known to the facility. The facility must develop a practice that requires all detainees be separated from general population until they are initially classified and that the initial classification is completed within 12 hours of admission. The facility must train all applicable staff on the new practice and document such training. The facility must provide the Auditor with 10 detainee files to confirm that the Intake Screening Risk of Sexual Victimization/Abusiveness form/process has been updated, the detainees were kept separated from the general population until initially classified, and the initial classification was completed within 12 hours.

Recommendation (a): The Auditor recommends that facility staff utilize Language Line Solutions for all detainees based on the preferred language noted in their records.

(f)(g): P & P Chapter 8, Section 27 states "Inmates refusing to answer, unable to answer, or not disclose complete information during the screening process may not be disciplined. Documentation of a refusal to disclose information shall be noted on the PREA Intake Screening/Risk Assessment Form and a JGIM report." A review of P & P Chapter 8, Section 27 confirms it does not include the requirement that the facility implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or inmates. In interviews with the PREA Coordinator and PCM, it was indicated that the facility utilizes an Inmate Management System (IMS) that is password protected to disseminate information gathered from the PREA Intake Screening/Risk Assessment Form. During the on-site visit, the Auditor observed the IMS system and confirmed its compliance with subsection (g) of the standard. In interviews with the facility Captain and PREA Coordinator, it was indicated that the facility would not discipline a detainee who refused to disclose information during the intake screening process. In an interview with the PREA Coordinator, it was indicated that there have been no detainees who refused to disclose information during the intake screening process.

Recommendation (g): The Auditor recommends that the facility updated P & P Chapter 8, Section 27 to include the verbiage, "The facility shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to standard in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or inmates."

(e): P & P Chapter 8, Section 27 requires, "Within 30 days from an inmate's incarceration, the PREA Compliance Manager or Classification Supervisor will reassess the inmate's risk of victimization or abusiveness based on additional relevant information that may have been received since the initial intake screening" and "an inmate's risk level shall be reassessed when warranted due to a request, referral, or incident of sexual abuse or additional information that would affect the inmate's risk of sexual victimization or abusiveness." In an interview with the Classification Supervisor, it was confirmed that staff would reassess a detainee within 30 days from the detainee's admission to the facility as required by P & P Chapter 8, Section 27. During the on-site visit, the Auditor reviewed 10 detainee files and confirmed that none of the files reviewed required a reassessment due to their short stay at CCNJ. There were no allegations of sexual abuse reported at CCNJ during the audit period.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. Per P & P Chapter 8, Section 27, "reassessments are completed within 30 days from an inmate's incarceration." In an interview with The Classification Supervisor, it was confirmed that staff would reassess a detainee within 30 days from the detainee's admission to the facility as required by P & P

Chapter 8, Section 27. To become compliant, the facility must implement a practice that requires a detainee's risk of victimization or abusiveness be reassessed between 60 and 90 days from the date of the initial assessment. Once implemented, the facility must train all classification staff on the new practice and document such training. In addition, if applicable the facility must submit 10 detainee files that confirm that the reassessments were completed between 60 and 90 days as required by the subsection (e) of the standard.

§115.42 - Use of assessment information.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): P & P Chapter 8, Section 27 states, "Information obtained during the initial screening will be used by Classification to determine the housing assignment of each inmate as well as programs participation. Inmates identified as a high risk of being sexually victimized will be evaluated on a case-by-case basis to ensure the safety of each inmate throughout his/her incarceration." In an interview with the PREA Coordinator it was indicated that detainees may be allowed to participate in a facility substance abuse program entitled "Project Recovery" that requires detainees comingle with inmates on housing unit 21B. In an interview with the Classification Supervisor, it was indicated that the facility would consider the detainee's criminal history, disciplinary history, their build, age, and how they carried themselves in population in determining housing, recreation and other activities and voluntary work. The Classification Supervisor further indicated that classification staff would review the information gathered from the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form within 24 hours of the detainee being placed in the administrative step-down unit, however prior to completion of the review, the detainee has already received his/her initial housing assignment. During the on-site visit, the Auditor reviewed 10 detainee files. None of the files contained documentation to confirm the facility utilized the information received from the intake risk assessment to determine housing, recreation and other activities, and voluntary work.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. In an interview with the PREA Coordinator, it was indicated that detainees may be allowed to participate in a facility substance abuse program entitled "Project Recovery" that requires detainees comingle with inmates on housing unit 21B. In an interview with the Classification Supervisor, it was indicated that the facility would consider the detainees criminal history, disciplinary history, their build, age, and how they carried themselves in population in determining housing, recreation and other activities and voluntary work. The Classification Supervisor further indicated that classification staff would review the information gathered from the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form within 24 hours of the detainee being placed in the administrative step-down unit, however prior to completion of the review, the detainee has already received his/her initial housing assignment. During the on-site visit, the Auditor reviewed 10 detainee files. None of the files contained documentation to confirm the facility utilized the information received from the PREA Intake Screening Risk of Sexual Victimization/Abusiveness form to determine housing, recreation and other activities, and voluntary work. To become compliant, the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form must be utilized when determining initial housing, recreation, volunteer, programming, and other activities. In addition, all classification staff must be trained in the proper use of the CCNJ PREA Intake Screening Risk of Sexual Victimization/Abusiveness form when determining the elements of the standard. The facility must also provide 10 detainee files that document that the information from the risk screening is utilized when determining initial housing, recreation and other activities, and voluntary work assignments including placement in Project Recovery.

(b): P & P Chapter 8, Section 27 states "Inmates identified as a high risk of being sexually victimized will be evaluated on a case-by-case basis to ensure the safety of each inmate throughout his/her incarceration. The case-by-case evaluation process shall also be utilized for transgender or intersex inmates in determining housing assignment and program participation. Such placement must ensure the inmate's health and safety as well as consideration for additional management or security concerns. All inmates receive a classification review every 60 days." P & P Chapter 8, Section 27 further states, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration," and "the agency shall not place lesbian, gay, bi-sexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgement for the purpose of protecting such inmates." A review of P & P Chapter 8, Section 27 confirms it does not include the requirement to consult a medical or mental health professional as soon as practicable on the assessment. In an interview with the facility HSA, it was indicated that security was responsible in determining housing and that medical did not play a role. In an interview with the Mental Health Director, it was indicated that mental health would play a role in determining housing for transgender or intersex detainees. In an interview with the Intake Sgt., it was indicated that mental health is not involved in determining housing for transgender or intersex detainees and that security would consult medical. Based on the three conflicting interviews, the Auditor could not confirm compliance with subsection (b) of the standard. In a memo submitted with the PAQ it was indicated that CCNJ did not process any transgender or intersex detainees into the facility during the audit period.

Does Note Meet (b): The facility is not in compliance with subsection (b) of the standard. In an interview with the facility HSA, it was indicated that security was responsible in determining housing and that medical did not play a role. In an interview with the Mental Health Director, it was indicated that mental health would play a role in determining housing for transgender or intersex detainees. In an interview with the Intake Sgt., it was indicated that mental health is not involved in determining housing for transgender or intersex detainees and that security would consult medical. Based on the three conflicting interviews, the Auditor could not confirm compliance with subsection (b) of the standard. To become compliant the facility must implement a practice that requires the facility to consult with a medical or mental health staff professional when making assessment and housing decisions for a transgender or intersex detainee. In addition, the facility must train all medical, mental health, and Intake staff on the new practice.

If applicable, the facility must submit the detention, mental health, and medical files of any transgender or intersex detainee that went through Intake processing during the CAP to confirm the new practice was implemented.

(c): P & P Chapter 8, Section 27 states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." In interviews with security staff and security supervisors it was indicated that the facility would allow any transgender or intersex detainee the opportunity to shower separately during the facility count.

§115.43 - Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(e): P & P Chapter 10, Section 5 (Administrative Segregation) states, "Inmates requiring special housing to ensure their safety, the safety and security of the facility or the safety of inmates in general population will be housed in administrative segregation" and "inmates are admitted to protective custody status when there is documentation that protective custody is warranted, and no reasonable alternative are available." P & P Chapter 10, Section 5 further states, "Administrative Segregation will be used only when there are no reasonable alternatives available" and "administrative segregation is the status of confinement which may result in a loss of some privileges assigned to the general population." In addition, P & P Chapter 10, Section 5 states, "All incidents shall be fully documented including reason(s), date, and time the inmate is placed in Administrative Segregation." P & P Chapter 8, Section 27 states, "Upon reviewing the information obtained from the PREA Intake Screening, inmates that are considered at a high risk for sexual victimization shall only be placed in involuntary segregation (Protective Custody) if there is no alternative housing available. Such placement should not exceed a period of 30 days; PREA Compliance Manager or Classification Supervisor must clearly document the need to exceed 30 days and reason for no alternative housing available." A review of both P & P's confirmed that neither P & P include the requirement to notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 10, Section 5 and P & P Chapter 8, Section 27 have not been developed in consultation with the ICE FOD having jurisdiction over CCNJ. In addition, the facility Chief and Captain indicated that all detainees who are vulnerable to sexual abuse are placed in administrative segregation until their records can be reviewed by the PREA Coordinator which is usually within 24 hours, or 72 hours, if the placement occurred over the weekend. The facility Chief and Captain both confirmed they would report to an ICE Project Manager, whenever a detainee was placed in administrative segregation due to being vulnerable to sexual abuse and not the ICE FOD having jurisdiction over the facility. The officer assigned to segregation confirmed that should a detainee be placed in administrative segregation for protective custody he/she may not have access to all programs available to the general population. The Auditor confirmed through interviews and documentation submitted with the PAQ that no detainees identified as at risk for sexual abuse and assault were placed in segregation for protection during the audit period. There were no detainees identified as at risk for sexual abuse and assault housed in segregation for protection during the on-site visit.

Does Not Meet (a)(c)(e): The facility is not in compliance with subsections (a), (c), and (e) of the standard. Per P & P Chapter 10, Section 5, administrative segregation is the status of confinement which may result in a loss of some privileges assigned to the general population. In an interview with the facility Chief and Captain it was confirmed that P & P Chapter 10, Section 5 and P & P Chapter 8, Section 27 have not been developed in consultation with the ICE FOD having jurisdiction over CCNJ. In addition, in an interview with the officer assigned to segregation it was confirmed that should a detainee be placed in administrative segregation for protective custody he/she may not have access to all programs available to the general population. The facility Chief and Captain both confirmed they would report to an ICE Project Manager, whenever a detainee was placed in administrative segregation due to being vulnerable to sexual abuse and not the ICE FOD having jurisdiction over the facility. To become compliant, the facility must update P & P Chapter 10, Section 5 to include the verbiage, "Vulnerable detainees in administrative segregation for protective custody shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible." In addition, P & P Chapter 10, Section 5 must be updated to include the verbiage, "Facilities shall notify the appropriate ICE FOD no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The facility must submit the updated P & P Chapter 10, Section 5 to the Agency for review and approval. In addition, the facility must implement a practice to allow vulnerable detainees in administrative segregation for protective custody access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible. If applicable, the facility must provide the Auditor with any files of detainees placed in administrative segregation to confirm the appropriate ICE FOD was notified no later than 72 hours after the initial placement and that the detainee was afforded access to programs, visitation, counsel, and other services available to the general population to the maximum extent possible.

(d): P & P Chapter 10, Section 5 states, "Initial action ordering an inmate to be segregated for the protection of the inmate or others shall be reviewed by the Classification Supervisor and the Jail Administrator, or designee within 72 hours." P & P Chapter 10, Section 5 further states, "Classification shall review the case of each inmate housed in administrative segregation on a weekly basis. The review shall occur every seven days of the two months and every 30 days thereafter." In an interview, the facility Chief and Captain indicated that when a detainee who is vulnerable to sexual abuse is placed in administrative segregation, the placement is reviewed by the PREA Coordinator usually within 24 hours but no later than 72 hours. In an interview with the Classification Supervisor the subsequent review timelines required by P & P Chapter 10, Section 5 are strictly adhered to. The Auditor confirmed through interviews and documentation submitted with the PAQ that no detainees identified as a risk for sexual abuse and assault were placed in segregation for protection during the audit period. There were no detainees identified as at risk for sexual abuse and assault housed in segregation for protection during the on-site visit.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Per P & P Chapter 10, Section 5. "Classification shall review the case of each inmate housed in administrative segregation on a weekly basis and the subsequent review shall occur every seven days of the two months and every 30 days thereafter." In an interview with the Classification Supervisor, the subsequent review timeline was confirmed. To become compliant, the facility must update P & P Chapter 10, Section 5 to include the verbiage, "A supervisory staff member shall conduct, at a minimum, a review of all detainees identified as a risk for sexual abuse and assault placed in segregation for protection after a detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter." The facility must submit the updated P & P Chapter 10, Section 5 to the Agency for review and approval. The facility must train all applicable staff on the new procedure and document such training. If applicable, the facility must provide the Auditor with any files of detainees placed in administrative segregation due to being vulnerable to sexual abuse to confirm the subsequent reviews were conducted as required by subsection (e) of the standard.

§115.51 - Detainee reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27 states, "Inmates shall be provided with multiple internal ways to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff, staff neglect or violation of responsibilities that may have contributed to such incidents," and "agency staff shall accept reports or sexual abuse or sexual harassment regardless of the manner reported, verbally, in writing, anonymously and third party." P & P Chapter 8, Section 27 further states, "Inmates will also be provided with at least one way of reporting sexual abuse or sexual harassment using an external entity (i.e., Project Help)." During the on-site visit, the Auditor observed on housing unit kiosks information that advised detainee's how to contact their consular official, the DHS OIG, and other appropriately designated offices to confidentially and if desired anonymously report an incident of sexual abuse. In addition, the Auditor observed the facility posted numerous ways for detainees to dial toll-free numbers to report an incident of sexual abuse including the Consular Office, the DHS OIG, and PH. In interviews with security staff, security supervisors, and the PCM, it was indicated that all detainees at CCNJ are provided multiple ways to report sexual abuse, retaliation and any staff neglect of their responsibilities that may have contributed to an incident of sexual abuse. During the on-site audit, the Auditor contacted PH staff, via telephone, and confirmed they would take a report of sexual abuse made verbally and anonymously with no charge to the detainee. In addition, the Auditor tested the toll-free number to the DHS OIG and confirmed it was in working order.

§115.52 - Grievances.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): P & P Chapter 8, Section 27 states, "Emergency grievances regarding an allegation of sexual abuse, or that an inmate is subject to a substantial risk of imminent sexual abuse will be given immediate attention. The staff member will ensure the inmate is safe and will notify their supervisor immediately." CCSO's Inmate Information pamphlet states, "Grievance forms may be obtained from the kiosk or deputy. A written response will be returned within 14 business days. If dissatisfied with the response, file an appeal to the Jail Administrator within 15 days by using the inmate grievance form." A review of P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet confirms neither include the standard requirements: 1) Allowing a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; 2) The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse; 3) Facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 4) The facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days; 5) Facilities shall send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process; or 6) A detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. The Auditor interviewed the PREA Coordinator who serves as the Grievance Coordinator. The PREA Coordinator confirmed that grievances are handled in accordance with P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet. A review of the CCSO's Inmate Information pamphlet confirms it is not compliant with subsections (a), (b), (d), (e), and (f) of the standard. There were no reported sexual abuse allegations made through the grievance system during the audit period.

Does Not Meet (a)(b)(d)(e)(f): The facility is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. In an interview with the facility PREA Coordinator, who serves as the Grievance Coordinator, it was confirmed that facility grievances are handled in accordance with P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet. A review of P & P Chapter 8, Section 27 and the CCSO's Inmate Information pamphlet confirms neither include the standard requirements: 1. allowing a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; 2. the facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse; 3. facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 4. the facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days; 5) facilities shall send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process; or 6) a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. In addition, the Auditor reviewed the CCSO's Inmate Information pamphlet and confirmed it is not in compliance with subsections (a), (b), (d), (e), and (f) of the standard. To become compliant, the facility must implement a practice that allows a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. In addition, the implemented practice must not impose a time limit on when a detainee may submit a grievance regarding an allegation sexual abuse and that the facility issue a decision on the grievance within five

days of receipt and respond to an appeal of the grievance decision within 30 days. The implemented practice must also require facility staff bring medical emergencies to the immediate attention of proper medical personnel for further assessment and must allow a detainee to obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representative. In addition, the implemented practice must require the facility send all grievance responses to sexual abuse and the facility decision with respect to such grievance to the appropriate ICE FOD and the end of the grievance process. The facility must train all applicable staff on the implemented practice and document such training. If applicable, the facility must submit any grievance files that include an allegation of sexual abuse, and the corresponding sexual abuse allegation investigation file, that occurred during the CAP, to confirm that the facility has implemented the new practice.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by providing 'charge free speed dial' telephone numbers to PREA Hotline – Project Help" and "the facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." P & P Chapter 8, Section 27 further states, "The facility shall inform inmates prior to giving them access to outside support services, the extent to which such communications will be monitored." A review of the CCSO's Inmate Information pamphlet confirmed it contained the contact information for PH; however, the Auditor confirmed through direct observation that the CCSO's Inmate Information pamphlet was not provided to two detainees upon intake. Documentation submitted with the PAQ confirmed CCNJ has an MOU with PH to provide support in areas of crisis intervention, counseling, and support during the investigation and prosecution. The MOU was signed on July 29, 2022, and expires December 31, 2022, with annual renewal options. During the on-site visit, the Auditor observed signage near the telephones advising the detainee that all phone calls may be monitored. In addition, the Auditor observed signage, in English and Spanish, that contained information pertaining to PH prominently posted in the housing units. The posted signage included the PH address and telephone number, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. While onsite, the Auditor contacted the staff at PH and confirmed that they would provide services in the areas of crisis intervention, counseling, and support during the investigation and any prosecution.

Recommendation (c): The Auditor recommends that the facility provide the CCSO's Inmate Information pamphlet to all detainees upon intake.

§115.54 - Third-party reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

P & P Chapter 8, Section 27 states, "Informational posters and brochures, which provide detailed information on how to report sexual abuse and sexual harassment on behalf of an inmate, are posted in the Naples Jail lobby, Visitation Center, and the Immokalee Jail lobby. Additionally, the CCSO has an established website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act) that also provides detailed information for members of the public to report sexual abuse and sexual harassment on behalf of an inmate." The Auditor reviewed the ICE website, www.ice.gov/prea, and the facility website (www.colliersheriff.org/my-ccso/corrections-department/prison-rape-elimination-act) and confirmed the information regarding third party reporting was posted on both. A review of the CCSO's Inmate Information pamphlet confirmed that it contained information on how to report through external confidential reporting resources such as the DHS OIG. The Auditor observed the intake process of a detainee who entered the facility during the on-site audit and confirmed that the detainee did not get a copy of the any PREA information that would have given them detailed information on how to file a report of sexual abuse through a third party; however, the Auditor observed postings, in English and Spanish, in all housing units that provided the information. During the on-site audit, the Auditor attempted a test report to the Detainee Reporting Information Line (DRIL) noted on the ICE website. The Auditor could not complete the test report due to the form not accepting the Auditor's email addresses. The Auditor was, however, able to make a successful test report to the JIC.

§115.61 - Staff reporting duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Staff members are required to immediately report to their supervisor, any knowledge, suspicion, or information regarding an incident of: 1. Sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, including third-party and anonymous reports; 2. Retaliation against inmates or staff who reported such an incident; and 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." P & P Chapter 8, Section 27 further states, "Staff may privately report sexual abuse and sexual harassment of inmates to their chain of command, PRB, tips line, or the Project Help hotline." In addition, P & P Chapter 8, Section 27 states, "Information concerning the identity of an inmate victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the inmate-victim's welfare and for law enforcement/investigative purposes." A review of P & P Chapter 8, Section 27 confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In interviews with security staff and security supervisors, it was confirmed that information obtained in a report of sexual abuse is to remain confidential, except when disclosing to a supervisor or during the investigation to an investigator. Interviews with security staff, and security supervisors further confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their

immediate supervisor. Interviews with security staff and security supervisors further confirmed that they are aware of their ability to make a report outside the chain of command to the PRB, tips line, or the Project Help hotline. In an interview with the PREA Coordinator and the PCM, the facility's policy regarding the reporting of an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute could not be confirmed. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. CCNJ does not house juvenile detainees.

Does Not Meet (a)(d): The facility is not in compliance with subsections (a) and (d) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not require the facility to report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. In an interview with the PREA Coordinator and the PCM, the facility's policy regarding the reporting of an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute could not be confirmed. In interviews with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirement the facility report an allegation of sexual abuse made by a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to the Agency so the Agency can report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility must train all applicable staff on the reporting requirement for vulnerable adult victims of an alleged sexual abuse. If applicable, the facility must submit all sexual abuse investigation files that include a detainee considered to be a vulnerable adult under a State or local vulnerable persons statute to confirm the new practice has been implemented. In addition, the facility must submit documentation that P & P Chapter 8, Section 27 has been submitted to the Agency for review and approval.

§115.62 - Protection duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

P & P Chapter 8, Section 27 states, "Upon receiving information that an inmate is subject to a substantial risk of imminent sexual abuse, the Collier County Sheriff's Office shall take immediate action to protect the inmate." In interviews with security staff and security supervisors, it was confirmed if they become aware a detainee is at substantial risk of sexual abuse, their first response would be the safety of the detainee at risk; and therefore, their first course of action would be to seek out the detainee, separate him/her, and notify their supervisor. In an interview with the facility Chief, it was indicated that detainee safety would be his paramount concern. He confirmed his options would depend on the situation, but he would make sure the detainee is placed in the least restrictive housing available and would immediately ensure an investigation was conducted. There were no reported allegations of sexual abuse during the audit period.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Inmates or designee that report allegations of sexual abuse while confined at another facility, the Chief of Corrections will notify the appropriate agency official where the alleged abuse occurred within 72 hours of receiving the allegation. Documentation of such notification must be kept on file." A review of P & P Chapter 8, Section 27 confirms it does not require that the agency or facility official that receives such notification, to the extent the facility is covered by this subpart, ensure that the allegations are referred for investigation in accordance with this standard and reported to the appropriate ICE FOD. In an interview with the facility Chief and Captain, it was indicated that the Chief would notify the appropriate agency official where the alleged abuse occurred within 72 hours of receiving the allegation; however, the Chief indicated he would notify an ICE Project Manager who would notify the appropriate ICE FOD. In an interview with the PREA Coordinator, it was indicated that if the facility received notice that a detainee was sexually abused while housed at another facility, they would ensure that the allegation is investigated immediately. There were no occurrences where a detainee, transferred from another facility, reported an incident of sexual abuse to the staff at CCNJ or were there any sexual abuse allegations reported that occurred at CCNJ during the audit period.

Recommendation (d): The Auditor recommends that the facility update P & P Chapter 8, Section 27 to include the verbiage, "The agency of facility office that receives such notification, to the extent the facility is covered by this subpart, shall ensure that the allegations are referred for investigation in accordance with this standard and reported to the appropriate ICE FOD."

§115.64 – Responder duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): CCNJ Sexual Abuse PREA Flow Chart – Decision Tree outlines the facilities first responder duties. CCNJ Sexual Abuse PREA Flow Chart – Decision Tree states, "Upon receiving an allegation of inmate sexual abuse, staff must follow: 1. Separate the alleged victim and abuser and notify a supervisor immediately; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 3. Do not allow the alleged victim or alleged abuser to take any actions that could destroy physical evidence, including as appropriate, showering, brushing teeth, changing clothes, using the bathroom, drinking or eating." In addition, the CCNJ Sexual Abuse PREA Flow Chart – Decision Tree requires first responders who are non-security staff separate the detainee and notify a supervisor. In interviews with security staff and security supervisors, it was confirmed that all interviewees were knowledgeable in their duties as a first responder. Interviews with security staff and security supervisors further indicated if a detainee reported an

allegation of sexual abuse to them, they would separate the detainee, request the detainee victim and alleged abuser not take any actions that could destroy physical evidence, preserve the crime scene and their immediate supervisor. The Auditor interviewed one contractor and confirmed the contractor would separate the detainee and notify their immediate supervisor. There were no reported allegations of sexual abuse at CCNJ during the audit period.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): CCNJ Sexual Abuse PREA Flow Chart – Decision Tree coordinates actions taken by staff first responders, medical, and mental health practitioner’s, investigators, and facility leadership in response to an incident of sexual abuse. The Auditor reviewed the CCNJ Sexual Abuse PREA Flow Chart – Decision Tree and confirmed it outlines a coordinated, multidisciplinary team approach to responding to sexual abuse. In interviews with the PREA Coordinator, PCM, medical and mental health staff, the facility Investigator, and security staff and security supervisors; all staff interviewed clearly described their responsibilities when responding to incidents of sexual abuse. (c)(d): A review of the confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, “If a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise,” which is not covered in the CCNJ Sexual Abuse PREA Flow Chart – Decision Tree. In an interview with the facility Chief, it was indicated that prior to any sexual assault victim being transferred, the medical staff would contact the receiving facility and provide both medical and mental health information as necessary even if the detainee is transferred to a facility not covered by paragraph (c) and requests otherwise.

Does Not Meet (c)(d): The CCNJ Sexual Abuse PREA Flow Chart – Decision Tree confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes, “if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise,” which is not covered in the plan. In an interview with the facility Chief, he indicated that prior to any sexual assault victim being transferred, the healthcare staff would contact the receiving facility and provide both medical and mental health information as necessary even if the detainee is transferred to a facility not covered by paragraph (c) and requests otherwise. To become compliant, the facility must train all medical personnel on the requirement of subsection (d) of the standard that states, “If a victim of Sexual Abuse is transferred to a non-DHS Facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.” In addition, the facility must document that all applicable medical staff have received the required training. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard to confirm compliance with subsection (d) of the standard.

§115.66 - Protection of detainees from contact with alleged abusers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

A review of P & P Chapter 8, Section 27 confirms it does not include the requirement to remove any staff, contractor, or volunteer suspected of perpetuating sexual abuse from all duties requiring detainee contact pending the outcome of an investigation. Despite the lack of policy, in an interview the facility Chief and Captain, it was indicated that any staff person suspected of perpetuating sexual abuse would be placed on administrative leave pending the outcome of the investigation. In addition, the facility Chief indicated that any contractor or volunteer suspected of perpetuating sexual abuse would be removed from the facility pending the outcome of the investigation. There were no reported sexual abuse allegations at CCNJ during the audit period.

Recommendation: The Auditor recommends that P & P Chapter 8, Section 27 be updated to include the verbiage, “Staff, contractors, or volunteers suspected of perpetuating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation.”

§115.67 - Agency protection against retaliation.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27 states, “Inmates and staff have the right to be free from retaliation for reporting sexual abuse and sexual harassment. All inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of such conduct will be afforded protection from retaliation by other inmates or staff members. The PREA Compliance Manager will monitor retaliation for a minimum of 90 days following a report unless the allegation was unfounded. Instances of staff retaliation shall be reported to Jail Administration for action.” A review of P & P Chapter 8, Section 27 does not require that the facility employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. In an interview with the PREA Coordinator, it was confirmed that he is responsible for the monitoring of any retaliation of staff or

detainees. The PREA Coordinator indicated that monitoring begins the day the allegation is made and continues for a period of 90 days or longer if monitoring for retaliation is required and or needed unless the allegation is determined to be unfounded. In addition, the PREA Coordinator indicated that monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and that every contact is documented and maintained in the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review. The Auditor reviewed the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review and confirmed it requires that the detainee is reviewed after 30-60-90-days, thus not beginning at the time the allegation is made. In addition, a review of the form does not confirm that the PREA Coordinator takes into consideration detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff as required by subsection (c) of the standard. A review of the form further confirms that it does not include the monitoring of staff. There were no allegations of sexual abuse reported at CCNJC during the audit period.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. P & P Chapter 8, Section 27 states, "The PREA Compliance Manager will monitor retaliation for a minimum of 90 days following a report unless the allegation was unfounded." In addition, a review of P & P Chapter 8, Section 27 confirms that it does not require that the facility employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. The Auditor reviewed the CCSO Jail Division (PREA) Retaliation 30-60-90-Day Review and confirmed it requires that the detainee is reviewed after 30-60-90-days thus not beginning at the time the allegation is made. In addition, a review of the form does not confirm that the PREA Coordinator takes into consideration detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff as required by subsection (b) of the standard. A review of the form further confirms that it does not include the monitoring of staff. To become compliant, the facility must update their practice to monitor the detainee victim of sexual abuse beginning at the time of the allegation through at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff regardless of the final determination. In addition, the facility must consider detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and provide multiply protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. The facility must implement a practice that includes staff. The facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse in the new practice and document such training. The facility must also provide the Auditor with copies of all detainee's sexual abuse allegation investigation files and corresponding monitoring documentation to confirm compliance with the standard.

§115.68 - Post-allegation protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Collier County Sheriff's Office shall ensure protection measures are offered for all inmates (victim, witnesses, or aggressor) involved in a sexual abuse/assault or sexual harassment incident. Protection measures shall include...Administrative Confinement and/or Protective Custody." P & P Chapter 10, Section 5 states, "Administrative segregation will be used only when there are no reasonable alternatives available." P & P Chapter 10, Section 5 further states, "No limits will be imposed on an assignment to administrative investigation." In addition, P & P Chapter 10, Section 5 states, "Before inmates are released from administrative segregation, a full review of the inmate's file shall be conducted by the Classification Supervisor to determine if the aforementioned factors warrant the inmates release from administrative segregation." A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P include the requirement to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43. In addition, a review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P require that detainee victims of sexual abuse not be held in any type of administrative segregation, except in highly unusual circumstances. A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 further confirm that neither P & P include the requirement that the facility notifies the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In an interview with the facility Chief and Captain, it was indicated that the facility would place a victim of sexual abuse in protective custody to guarantee their safety; however, the protective custody unit at CCNJC does not meet the requirements set forth in standard 115.43. The facility Captain also indicated that if a detainee was placed in administrative segregation, they would notify an ICE Project Manager and not the appropriate ICE FOD. In an interview with the PREA Coordinator, it was indicated that the facility would review the placement every 30 days to determine if placement was still warranted. There were no allegations of sexual abuse reported a CCNJC during the audit period.

Does Not Meet (a)(b)(d): The facility is not in compliance with subsections (a), (b), and (c). P & P Chapter 10, Section 5 states, "No limits will be imposed on an assignment to administrative investigation." A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P include the requirement to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43. In addition, a review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 confirm that neither P & P require that detainee victims of sexual abuse not be held in any type of administrative segregation, except in highly unusual circumstances. A review of P & P Chapter 8, Section 27 and P & P Chapter 10, Section 5 further confirm that neither P & P include the requirement that the facility notifies the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In an interview with the facility Chief and Captain, it was indicated that the facility would place a victim of sexual abuse in protective custody to guarantee their safety; however, protective custody does not meet the requirement of standard 115.43 as required by

subsection (a) of the standard. The facility Captain also indicated that if a detainee was placed in administrative segregation, they would notify an ICE Project Manager and not the appropriate ICE FOD. In an interview with the PREA Coordinator it was indicated that the facility would review the placement every 30 days to determine if placement is still warranted. To become compliant, the facility must implement a practice that includes the requirements: 1. To place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e. g. Protective custody), subject to the requirements of 115.43; 2. Not to hold detainee victims of sexual abuse in any type of administrative segregation, except in highly unusual circumstances; and 3. To notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours. In addition, the facility must train all applicable staff on the new practice and document such training. If applicable, the facility must submit any allegation of sexual abuse investigations that include the detainee being placed in protective custody due to an allegation of sexual abuse, and the corresponding detainee's detention file, that occur during the CAP to confirm the new practice has been implemented.

§115.71 - Criminal and administrative investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(e): P & P Chapter 8, Section 27 states, "Allegations including third party and anonymous reports shall be investigated promptly, thoroughly, and objectively. An investigator must: 1. Gather all facts and preserve evidence to include direct and circumstantial evidence, physical and DNA evidence, and electronic monitoring data; 2. Review prior complaints/reports of sexual abuse involving the alleged perpetrator; and 3. Interview alleged victim(s), alleged perpetrator, and witnesses" and "detectives conducting these types of investigations shall receive specialized training to include: 1. Techniques for interviewing sexual abuse victims; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection in confinement settings; and 4. Criteria and evidence required to substantiate a case for administrative action or prosecution referral." P & P Chapter 8, Section 27 further states, "The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation." In addition, P & P Chapter 8, Section 27 states, "All administrative investigations involving CCSO members shall be conducted by the PRB" and "administrative investigations not involving CCSO members shall: 1. Determine whether staff actions (or failure to act) contributed to the abuse; 2. Document description of the physical and testimonial evidence; 3. Document reasoning behind credibility assessments; and 4. Facts and findings of the investigation" and "all data collected shall be kept in a secure manner and retained for a minimum of 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. In an interview with the lead Investigator, it was confirmed that sexual abuse allegation investigations are completed by all deputies, corporals, Sgts., and Lts., none of which received training in conducting sexual abuse investigations in a confinement setting. The interview with the PREA Coordinator and PCM indicated that the completed investigation is submitted to them for review and follow-up if needed; however, they also were not specially trained. In an interview with the lead Investigator, it was indicated that if a criminal investigation is substantiated the facility would conduct an administrative investigation, however, the interview could not confirm that the facility would conduct an administrative investigation if a criminal case was unsubstantiated. In addition, in an interview with the lead Investigator he could not confirm that the investigation would continue if the alleged abuser or victim left the facility. There have been no sexual abuse allegations reported at CCNJJC during the audit period.

Does Not Meet (a)(b)(c)(e): The facility is not in compliance with subsections (a), (b), (c), and (e) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, and administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. In an interview with the lead Investigator, it was confirmed that none of the deputies, corporals, Sgts., or Lts., that conduct sexual abuse allegation investigations are specially trained as required by the standard, including himself. In addition, in an interview with the lead Investigator it was indicated that if a criminal investigation is substantiated the facility would conduct an administrative investigation; however, the interview could not confirm that the facility would conduct an administrative investigation if a criminal case was unsubstantiated or that the investigation would continue if the alleged abuser or victim left the facility. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirements: 1. Upon conclusion of a criminal investigation where the allegation was substantiated, and administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated the facility shall review any available completed criminal investigation reports to determine whether

an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity; 2. Written procedures for administrative investigations shall govern the coordination and sequencing of criminal and administrative investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation; and 3. The departure of the alleged abuser or victim from the employment or control of the facility of agency shall not provide a basis for terminating an investigation. The facility must train all applicable staff in the updated P & P Chapter 8, Section 27 and document such training. In addition, the facility must specially train all staff who conduct sexual abuse allegation investigations and document such training. The facility must provide the Auditor with a copy of the training curriculum to confirm it includes all required training elements as set forth in standard 115.34. The facility must submit to the Auditor all sexual abuse allegation files that occurred during the CAP to confirm the updated practice has been implemented and that all investigators completing the investigations have been specially trained.

(f): P & P Chapter 8, Section 27 states, "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." In an interview with the lead Investigator, it was indicated if a sexual abuse allegation case was criminal in nature and involved CCSO staff the PRB would be responsible for conducting the investigation. The lead Investigator further indicated that in sexual abuse allegation cases that were criminal in nature and did not involve staff the CCSO CID Sex Crimes Unit (SCU) would be responsible for conducting the investigation. The lead Investigator confirmed in both instances the facility would cooperate with both divisions during the investigation and would endeavor to remain informed about the progress of the investigation.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

P & P Chapter 8, Section 27 states, "Evidentiary standard for administrative investigations shall impose no higher standard than a preponderance of the evidence. Substantiated allegations that appear to be criminal shall be referred for prosecution." In an interview with the lead Investigator, it was indicated the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. There were no sexual abuse allegations reported at CCNJ during the audit period.

§115.73 - Reporting to detainees.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

P & P Chapter 8, Section 27 states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1. The staff member is no longer posted within the inmate'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. P & P Chapter 8, Section 27 further states, "Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1. The agency learns that the alleged abuse has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the facility." In addition, P & P Chapter 8, Section 27 states, "The agency's obligatory mandate to report under this standard shall terminate if the inmate is released from the agency's custody." In interviews with the PREA Coordinator and PCM, it was indicated that the facility would notify the detainee victim of an allegation of sexual abuse as required by P & P Chapter 8, Section 27. There were no sexual abuse allegations reported at CCNJ during the audit period.

Does Not Meet: The facility is not in compliance with the standard. P & P Chapter 8, Section 27 states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1. The staff member is no longer posted within the inmate'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." P & P Chapter 8, Section 27 further states, "Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1. The agency learns that the alleged abuse has been indicted on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the facility." In addition, P & P Chapter 8, Section 27 states, "The agency's obligatory mandate to report under this standard shall terminate if the inmate is released from the agency's custody." In interviews with the PREA Coordinator and PCM, it was indicated that the facility would notify the detainee victim of an allegation of sexual abuse as required by P & P Chapter 8, Section 27. To become compliant, the facility must implement a practice that notifies all detainees, including when the allegation is determined to be unfounded, of the result of the investigation and any responsive action taken. In addition, the Agency must implement a practice that notifies the detainee who is released from Agency custody the result of the investigation and any responsive action taken, if feasible. The facility must train all applicable staff on the new practice and document such training. If applicable, the facility must submit to the Auditor all closed sexual abuse allegation investigation files, included cases that were determined to be unfounded, that occurred during the CAP to confirm the detainees were notified of the result of the investigation and any responsive action taken.

§115.76 - Disciplinary sanctions for staff.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): P & P Chapter 8, Section 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policy." A review of P & P Chapter 8, Section 27 confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, P & P Chapter 8, Section 27 does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, as termination is greater than removal from Federal Service, the Auditor finds P & P Chapter 8, Section 27 in substantial compliance with the wording required by subsection (b) of the standard. A review of P & P Chapter 8, Section 27 further confirms it does not contain the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. In an interview with the facility Chief and Captain, it was indicated that there was no staff resignation, termination, or discipline for violating the facility's policy on sexual abuse during the audit period. In addition, the facility Chief indicated that staff would be removed, placed on administrative leave, and even terminated depending on the outcome of investigation. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. There were no allegations of sexual abuse reported at the CCNJ during the audit period.

Does Not Meet (b)(c)(d): The facility is not in compliance with subsections (b)(c)(d) of the standard. A review of P & P Chapter 8, Section 27 confirms it does not contain the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. To make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. In an interview with the facility Chief and Captain, it was confirmed that P & P Chapter 8, Section 27 has not been submitted to the Agency for review and approval. To become compliant, the facility must update P & P Chapter 8, Section 27 to include the requirements: 1. To report all removals or resignations in lieu of removals for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal; and 2. To make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extend known. The facility must train all applicable staff on the updated P & P Chapter 8, Section 27 and document such training. The facility must submit the updated P & P Chapter 8, Section 27 to the Agency for review and approval. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files that include a staff person as the alleged perpetrator to confirm compliance with subsections (b)(c)(d) of the standard.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27, states, "Contract or volunteer staff that commit a violation of the agency's sexual abuse or sexual harassment policy shall be subject to corrective action up to credentials being revoked and access denied to CCSO facilities." A review of P & P Chapter 8 confirms it does not contain the requirement that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In an interview with the facility Chief, it was indicated that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact, and that if the allegation was substantiated, the incident would be reported to the contractor's employer, and any other relative licensing bodies. There were no allegations of sexual abuse reported at CCNJ during the audit period.

Recommendation (a): The Auditor recommends that P & P Chapter 8, Section 27 be updated to include the verbiage, "Any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): P & P Chapter 10, Section 3 (Disciplinary Process/Hearing/Action) states, "Criteria such as the severity of the incident (injuries, property damage, etc.), attitude of the inmate (remorse, etc.), disciplinary history, and such will be considered in the sentence determination, for violations with a tiered system. Usually, the sentence is enhanced upon repeated convictions. P & P Chapter 10, Section 3 further states, "All decisions of the Disciplinary Hearing Officer or Disciplinary Hearing Committee may be appealed to the Jail Administrator or designee within 30 days of the decision." In addition, P & P Chapter 10, Section 3 states, "The Disciplinary Hearing Officer or Disciplinary Hearing Committee and the Director of Mental Health should discuss disciplinary measures

regarding inmates diagnosed as having a mental illness." A review of P & P Chapter 10, Section 3 confirms a detainee would be subject to disciplinary sanctions following an administrative or criminal finding that the detainee engaged in sexual acts with activities associated with sexual intercourse, making sexual proposals, gestures, or threats to anyone, or for indecent exposure. A review of P & P Chapter 10, Section 3 confirms it does not contain the requirements that the facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact or if a report of sexual abuse is made in good faith based on reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient enough to substantiate the allegation. In interviews with the facility Chief and Captain, it was indicated that the facility would not discipline any detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact or would not discipline a detainee for falsely reporting an incident or lying if he/she made a report of sexual abuse in good faith based on reasonable belief that the alleged conduct occurred. There were no sexual abuse allegations reported at CCNJ during the audit period.

Recommendation (e)(f): The Auditor recommends that P & P Chapter 10, Section 3 be updated to contain the verbiage, "The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact" and "if a report of sexual abuse is made in good faith based on reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient enough to substantiate the allegation."

§115.81 - Medical and mental health assessments; history of sexual abuse.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): P & P Chapter 6.3, Section 27.8 (Untitled) states, "If the screening indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening." In an interview with the HSA, it was indicated that if a detainee reports a history of sexual abuse, an urgent behavioral referral is automatically generated to mental health who would see the detainee within 24 hours. This was further confirmed in an interview with the Mental Health Director; however, the Auditor reviewed a medical record of a detainee processed through intake and confirmed that the urgent behavioral referral is only generated if the detainee had experienced an incident of sexual abuse within the last four days. In an interview with the HSA, it was indicated that if the reported history falls outside the four days, the detainee with a history of sexual abuse would be referred to mental health by the intake Sgt. In an interview with the Intake Sgt., it was confirmed that a referral is not always made if the reported history was not recent. The Auditor reviewed the Intake Screening Risk of Sexual Victimization/Abusiveness form and confirmed the form includes the question, "If yes to prior sexual victimization would you like to speak with someone from medical/mental health." In addition, the Auditor reviewed the Nursing – Health Assessment Form and confirmed it states, "Have you ever been a victim of sexual assault...If yes educate patient on how to access mental health" and "have you ever perpetrated sexual assault, sexual abuse...If yes educate patient on how to access mental health" thereby putting the responsibility to contact mental health on the detainee.

Does Not Meet (a)(b)(c): The facility is not in compliance with subsections (a), (b), and (c) of the standard. P & P Chapter 6.3, Section 27.8 states, "If the screening indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with medical or mental health practitioner within 14 days on the intake screening." In an interview with the HSA, it was indicated that if a detainee reports a history of sexual abuse, an urgent behavioral referral is automatically generated to mental health who would see the detainee within 24 hours. This was further confirmed in an interview with the Mental Health Director; however, the Auditor reviewed a medical record of a detainee processed through intake and confirmed that the urgent behavioral referral is only generated if the detainee had experienced an incident of sexual abuse within the last four days. In an interview with the HSA, it was indicated that if the reported history falls outside the four days the detainee with a history of sexual abuse would be referred to mental health by the intake Sgt. In an interview with the Intake Sgt., it was confirmed that a referral is not always made if the reported history was not recent. The Auditor reviewed the Intake Screening Risk of Sexual Victimization/Abusiveness form and confirmed the form includes the question, "If yes to prior sexual victimization would you like to speak with someone from medical/mental health." In addition, the Auditor reviewed the Nursing – Health Assessment Form and confirmed it states, "Have you ever been a victim of sexual assault...If yes educate patient on how to access mental health" and "have you ever perpetrated sexual assault, sexual abuse...If yes educate patient on how to access mental health" thereby putting the responsibility to contact mental health on the detainee. To become compliant, the facility must ensure that the detainee is referred to a qualified medical or mental health professional if the Intake Screening Risk of Sexual Victimization/Abusiveness form indicates a detainee has experienced sexual abuse or perpetrated sexual abuse. In addition, the facility must implement a practice that when the referral is for a medical follow-up, the detainee shall receive a health evaluation no later than two working days from the date of assessment and when a referral is for a mental health follow-up the detainee shall receive a mental health evaluation no later than 72 hours after the referral. The facility must train all intake, medical and mental health staff in the new practice and document such training. If applicable, the facility must submit to the Auditor all files of detainees who ever been a victim of sexual assault or perpetrated a sexual assault, and their corresponding medical and mental health files, to confirm the facility is in compliance with subsections (a), (b), and (c) of the standard.

§115.82 - Access to emergency medical and mental health services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "Inmate 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 judgement" and "inmate 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." P & P Chapter 8, Section 27 further states, "Emergency medical and mental health 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." In an interview with the HSA, it was indicated that detainees would receive timely and unimpeded access to emergency medical treatment at either Naples Community Hospital or Physician's Regional Medical Center and crisis intervention services through PH. In addition, she stated that detainees would 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 and that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the on-site visit, the Auditor contacted PH staff, via telephone, and confirmed they would provide crisis intervention services to any detainee victim of sexual abuse the requested such services. There were no allegations of sexual abuse reported at CCNJ during the audit period.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): P & P Chapter 8, Section 27 states, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility" and "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. The facility shall provide such victims with medical and mental health services consistent with the community level of care." In an interview with the HSA, she confirmed detainees would receive timely emergency access to medical and mental treatment that includes 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 in accordance with professionally accepted standards of care. This was further confirmed in an interview with the Mental Health Director. There were no allegations of sexual abuse reported at the CCNJ during the audit period

(d)(e)(f)(g): P & P Chapter 8, Section 27 states, "P & P Chapter 8, Section 27 states, "Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph 9 (d.) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services" and "inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate." In addition, P & P Chapter 8, Section 27 states, "Continuity of care services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." A review of P & P Chapter 8, Section 27 confirms it does not include the requirement that the facility attempt to conduct a mental health evaluation of all known detainee on detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. In an interview with the HSA, and the Mental Health Director, it was confirmed detainee perpetrators of sexual abuse will be referred to Mental Health for an evaluation within learning of such abuse history. There were no sexual abuse allegations reported at CCNJ during the audit period. In addition, in a memo submitted with the PAQ, there were no detainee-on-detainee abusers that warranted a mental health referral during the audit period.

Recommendation (g): The Auditor recommends that the facility update P & P Chapter 8, Section 27 to include the verbiage, "The facility shall attempt to conduct a mental health evaluation of all known detainee on detainee abusers within in 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): P & P Chapter 8, Section 27 states, "An incident review shall be done within 30 days of a conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review team shall include Jail Command Staff with input from Lieutenants, Sergeants, Investigators, Medical/Mental Health practitioners and the PREA Coordinator." P & P Chapter 8, Section 27 further states, "The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Other factors to consider include: 1. Motivated by race, ethnicity, gender identity; etc.; 2. Gang affiliation; 3. Examine the area where allegation occurred, noting possible physical barriers; 4. Adequacy of staffing levels; 5. Monitoring technology" and "the review team will submit a final report of the findings including recommendations for improvement, to the Chief of Corrections and PREA Compliance Manager." In addition, P & P Chapter 8, Section 27 states, "The Collier County Sheriff's Office Jail Division shall implement the recommendations for improvement or shall document its reasons for not doing so." In an interview with the PREA Coordinator and PCM, it was indicated that the review team consists of upper-level management officials and allows for input from line-supervisors, investigators, and medical and mental health practitioners. The PREA Coordinator further indicated that the facility would do an incident review on all substantiated and unsubstantiated cases within 30 days of the conclusion of the investigation as mandated by P & P Chapter 8, Section 27; however, an incident review is not completed on unfounded determinations. The Auditor reviewed the CCSO Jail Division (PREA) Sexual Abuse Incident Review form and confirmed it contained all elements required by subsection (b) of

the standard; however, it does not require a copy be sent to the Agency PSA Coordinator as required by subsection (a) of the standard, which was further confirmed in an interview with the facility PSA Coordinator.

Does Not Meet (a): P & P Chapter 8, Section 27 states, "An incident review shall be done within 30 days of a 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 Chapter 8, Section 27 further states, "The review team will submit a final report of the findings including recommendations for improvement, to the Chief of Corrections and PREA Compliance Manager." In an interview, the PREA Coordinator indicated that an incident review is not completed on unfounded determinations. The Auditor reviewed the CCSO Jail Division (PREA) Sexual Abuse Incident Review form and confirmed it contained all elements required by subsection (b) of the standard, however, it does not require a copy be sent to the Agency PSA Coordinator as required by subsection (a) of the standard, which was further confirmed in an interview with the facility PSA Coordinator. To become compliant, the facility must update their practice to include completing an incident review of all allegations of sexual abuse including those that are determined to be unfounded. In addition, the facility must update their practice to include submitting the sexual abuse incident review report and the response to the report, if any, to the Agency PSA Coordinator. If applicable, the facility must submit to the Auditor all sexual abuse allegation investigation files, the corresponding incident review, and documentation that the incident review report and response to the report was submitted to the Agency PSA Coordinator to confirm compliance with subsection (a) of the standard.

(c): P & P Chapter 8, Section 27 states, "All aggregated sexual abuse data should be made available to the public annually either via the agency's website or by personal request." A review of P & P Chapter 8, Section 27 confirms it does not require a negative report be generated if the facility has not had any reports of sexual abuse during the annual reporting period. In addition, P & P Chapter 8, Section 27 does not require the results and findings of the annual review be provided to the FOD or his or her designee, and the Agency PSA Coordinator. In an interview with the facility PSA Coordinator and the PCM, it was confirmed that the facility does not generate a negative report if the facility has not had any reports of sexual abuse during the annual reporting period nor does it forward the annual report to the FOD or Agency PSA Coordinator.

Does Not Meet (c): A review of P & P Chapter 8, Section 27 confirms it does not require a negative report be generated if the facility has not had any reports of sexual abuse during the annual reporting period. In addition, P & P Chapter 8, Section 27 does not require the results and findings of the annual review be provided to the FOD or his or her designee, and the Agency PSA Coordinator. In an interview with the facility PSA Coordinator and the PCM, it was confirmed that the facility does not generate a negative report if the facility has not had any reports of sexual abuse during the annual reporting period or does it forward the annual report to the FOD or Agency PSA Coordinator. To become compliant, the facility must provide the annual PREA report, or negative report, to the FOD or his or her designee and the Agency PSA Coordinator. The facility must provide the Auditor with documentation that the 2022 annual PREA report, or negative report, has been sent to the FOD or his or her designee and the Agency PSA Coordinator.

§115.87 - Data collection.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

a): P & P Chapter 8, Section 27 states, "All data collected shall be kept in a secure manner..." In an interview with the facility PREA Coordinator and the PCM, it was indicated that the facility maintains all case records associated with allegations of sexual abuse in a secure filing area under their control. During the on-site visit, the Auditor observed the storage of records and determined the facility complies with the standard.

§115.201 - Scope of audits.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(d)(e)(i)(j): During all stages of the audit including the on-site visit, the Auditor was able to review available policies, memos, and other documents required to make assessments on PREA compliance. Interviews with detainees were conducted in private on-site and remained confidential. The Auditor observed the notification of audit posted throughout the facility. No detainee, outside entity, or staff correspondence was received prior to the on-site visit.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	15
Number of standards not met:	25
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

Sabina Kaplan

11/8/2022

Auditor's Signature & Date

(b) (6), (b) (7)(C)

11/8/2022

Program Manager's Signature & Date

(b) (6), (b) (7)(C)

11/8/2022

Assistant Program Manager's Signature & Date