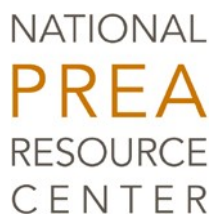


**PREA AUDIT REPORT    INTERIM    FINAL**

**ADULT PRISONS & JAILS**



<b>Auditor name:</b> Hubert L " Buddy" Kent			
<b>Address:</b> P.O. Box 515			
<b>Email:</b> auditorbuddykent@yahoo.com			
<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> April 11-13, 2017			
<b>Facility name:</b> Columbia Correctional Institution			
<b>Facility physical address:</b> 216 SE Corrections Way Lake City, FL 32025			
<b>Facility mailing address:</b> <i>(if different from above)</i> same as above			
<b>Facility telephone number:</b> (386) 754-7603			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Chris Hodgson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 534			
<b>Designed facility capacity:</b> Main Unit 908, Annex 1428, Work Camp 196 Lake City WR 150 Total for all 2682			
<b>Current population of facility:</b> Main Unit 986, Annex 1479, Work Camp 286, Lake City WR 151 Total for all units 2902			
<b>Facility security levels/inmate custody levels:</b> Close, Medium, Minimum and Community			
<b>Age range of the population:</b> 18-88 years of age			
<b>Name of PREA Compliance Manager:</b> Ronnie Woodall		<b>Title:</b>	Assistant Warden
<b>Email address:</b> Woodall.Ronnie@mail.dc.state.fl.us		<b>Telephone number:</b>	(386) 466-3030
<b>Name of agency:</b> Florida Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Florida			
<b>Physical address:</b> 501 South Calhoun Street, Tallahassee, Florida 32999			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 850-488-5021			
<b>Name:</b> Julie Jones		<b>Title:</b>	Secretary
<b>Email address:</b> jones.julie@mail.dc.state.fl.us		<b>Telephone number:</b>	(850)717-3030
<b>Name:</b> Kendra Prisk		<b>Title:</b>	PREA Coordinator
<b>Email address:</b> prisk.kendra@mail.dc.state.fl.us		<b>Telephone number:</b>	(850)717-3303

## AUDIT FINDINGS

### NARRATIVE

The audit team proceeded to the conference room in the Administration building. The team expressed their appreciation for the opportunity to be involved with the Columbia Correctional Institution in the PREA process. Following the entrance meeting with staff, the Warden led a tour of the Main Unit from 9:00 am to 11:00 pm April 11, 2017. The Annex was toured from 9:00 am to 11:30 pm on April 12, 2017. The Work Camp was toured from 4:00 pm to 6 pm on April 11, 2017. The contract work release center was toured from 4:00 pm to 6:00 pm on April 12, 2017. The auditor went back to certain areas in the institution on April 12-13, 2017. While touring several inmates and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available and their responsibilities. All staff and inmates informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment and/or retaliation for reporting. During the tour the auditor reviewed institutional operations, staffing; logs; physical plant; sight lines and tested the inmate phone system for reporting allegations. Following the tour, the auditor began the formal interviews, review of investigations, and random checks of inmate records, medical files and training records. There is a total of 48 buildings on the Main unit, Annex and Work Camp grounds. There is a total of five buildings at the Work Release Center. The areas toured at the Main Unit were a total of three multi occupancy cell housing unit, five open bay dormitory housing units and various departments within the secured perimeter. One cell unit is located directly behind medical/classification building and is utilized for general population inmates. This is Y dorm and houses 90 inmates. I dorm at the Annex is utilized for segregation housing. I dorm has a capacity of 240 beds. Segregation cells are double bunked. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

All inmates are received at the Annex. The Annex transfers to the Main Unit, Work Camp and work release center. There have been 825 inmates assigned to Columbia Correctional Institution during the previous twelve months for 72 hours or more. There were 624 inmates assigned for 30 days or more. The custody level of the inmate population is close to community. There is 534 staff positions assigned. There have been 227 staff hired during the past twelve months.

Prior to our arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, two segregated inmates, two inmates who reported sexual abuse or harassment, two inmates listed as non-heterosexual, and two inmate with limited English speaking proficiency (LEP) were selected for interviews. The LEP inmate was interviewed utilizing the language line. There are no youthful inmates assigned to the facilities. At the time of the audit there were 53 self reported gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to the facility. There are no LGBTI inmates assigned to the work release center. A total of 48 random inmate interviews were conducted. The iBAS identification system identified fourteen potential predators and two potential victims. There were no sight or hearing impaired inmates assigned to the facility. Sixteen random staff interviews were conducted and included staff from all work shifts, all inmate housing areas and all areas of the facilities. The Specialized Staff Interviews included 22 interviews for staff designated as: Intermediate/higher-Level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with fourteen staff and 63 inmates. There are 143 volunteers and 88 contractors approved to entry the facility on a daily basis.

There were 78 allegations of a sexual abuse and sexual harassment received at Columbia Correctional Institution during the previous 12 months months. They all were administrative investigations. Eighteen cases were closed. Majority of cases closed were from year 2015. Six cases from 2015 are still open. No forensic exams were completed in the previous twelve months.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Columbia Correctional Institution is located East of Lake City, Florida at 216 SE Corrections Way. The Main Unit has approximately 21 acres of property within the secured fence. Construction began in 1992. The design capacity is 908 with a lawful capacity of 1269 inmates. The count on the first day of the audit for the main unit was 986. The design capacity for the annex 1428 with lawful capacity of 1566. The count on the first day of the audit is 1489. The design capacity for the work camp is 196 with lawful capacity of 288. The count on the first day of the audit was 286.

There are a total of 51 buildings for all three units. There are 8 multi occupancy cell units and 9 dormitory housing units. There are no single cell housing units. There is a 252 bed segregation unit. The average length of stay at the facility is one year two months. There are 452 authorized positions. There were 120 new hires during the previous twelve months. There are 143 volunteers authorized for entry daily.

The Main Unit perimeter fences are twelve feet high, with two rolls of razor wire inside the inner fence and ten rolls of razor wire inside the outer fence. The fences have two types of fence alarms: one is a non-lethal stun fence attached to the inner perimeter fence; the second is a microwave system, located midway between the inner and outer fence, which detects movement. The Main Unit is divided into three sub-compounds areas. The areas are divided by a security fence that controls access to and from the areas. The front area consists of the visiting area, multipurpose worship chapel, laundry, health, classification, food service, vocational, education, library and protective management unit. The middle area consists of five open-bay housing unit and three cell housing unit, canteens, and property storage, and a barber shop. The rear area is the recreation/wellness section.

Main Unit housing consist of open bay and secure cell housing. The total capacity of A-dormitory is 188 inmates. A-dormitory is built in an "Open Bay" configuration and is separated into two quads. This dorm is used for general population inmates and four of the beds can accommodate handicapped persons. The total capacity of B-dormitory is 184 inmates. B-dormitory was built in an "Open Bay" configuration and is separated into two quads. This dorm is used for general population inmates. The total capacity of C-dorm is 144 inmates. C-Dormitory was built in an "Open Bay" configuration and is separated into two quads. This dorm is used for general population. The total capacity of D-dormitory is 144 inmates. D-dormitory was built in an "Open Bay" configuration and is separated into two equal quads. This dorm is used for general population inmates. The total capacity of E-dormitory is 144 inmates. E-dormitory was built in an "Open Bay" configuration and is separated into two equal quads. This dorm is used for general population inmates. The following units are cell housing units. Each unit is a double bunked cell unit. The total capacity of F-dormitory is 224 inmates. F-dormitory was built in a "Butterfly" configuration and is separated into four quads. Four of the cells can accommodate handicapped persons. This dorm houses general population inmates with housing levels of H04 or H05. The total capacity of G-dormitory is 220 inmates. G-dormitory was also built in a "Butterfly" configuration and is separated into four quads. This dorm houses general population inmates with housing levels of H04 or H05. The total capacity of H-dormitory is 254 inmates. H-dormitory was built in a "T shape" configuration and is separated into three quads. This dorm is used for administrative and disciplinary confinement status inmates. The total capacity of Y-dormitory is 90 inmates. Y-dormitory was built in an "L shape" configuration and is separated into two quads. This dorm is used for protective management inmates, both protective management confinement status and general population. Y Dorm is located directly behind the medical classification building.

Columbia Annex has approximately 20.5 acres of property behind the secured fence. The level five facility was built in 2004, with a total housing capacity of 1,644 inmates. The Annex is contracted through the Stewart Marchman Act to provide Re-Entry programming for HO4/HO5 level inmates, constituting for the only institution in the state offering those services.

The Annex is currently designated as the Immigration Release Center for Region II. One component of internal security is made up of a central tower, located in the middle of the compound; this tower has the responsibility of visual observation and electronic control of all internal and external gates. The tower staff controls movement into the institution via the sally port, the front entrance, and inside movement on the compound.

Perimeter security includes two armed vehicle rovers, which are operated on all three shifts. The fences are twelve feet high with one roll of razor wire inside the inner fence and twelve rolls of razor wire inside the outer fence. The fences have two types of fence alarms; one is a micro phonic stellar system attached to the inner perimeter fence which detects any climbing or cutting sensations on the fence fabric. The second is a microwave system, located midway between the inner and outer fences, which detects movement.

Annex housing consists of open bay and secure cell housing. O-R housing is designed as open bay housing. The total capacity of O-dormitory is 172 inmates. The total capacity of P-dormitory is 172 inmates. The total capacity of Q-dormitory is 172 inmates. The total capacity of R-dormitory is 172 inmates. Secure Cell Housing configuration and is separated into four quads. Housing unit S, T, and U are secure cell housing units housing open population inmates. The total capacity of S-dormitory is 240 inmates. Two of the cells can accommodate the housing of handicapped persons. The front two quads house 56 in each quad. The back two quads house 64 in each quad. The total capacity of T-dormitory is 240 inmates. T-dormitory is separated into four quads. Two of the cells can maintain the housing of handicapped persons. The total capacity of U-dormitory is 240 inmates. U-dormitory is separated into four quads. Two of the cells can maintain the housing of handicapped persons.

N-dormitory is a secure cell housing unit utilized as a Confinement or Segregation Unit. The unit houses disciplinary and administrative confinement inmates. The capacity of N dorm is 236 inmates. N-dormitory is separated into four quads.

The Work Camp provides twelve work squads to the community. Four squads are assigned to assist Columbia County. Two squads are assigned to the City of Lake City. Six squads are assigned to the Department of Transportation. One squad is assigned to the Columbia County school district. The Annex provides a total of twelve work squads to the city, county and Department of Transportation.

## **SUMMARY OF AUDIT FINDINGS**

115.13 Staffing is not adequate for the facility.

115.68 It is the practice of the department of corrections to place all inmates making a allegation of sexual abuse and harassment into administrative segregation. No programs, telephone calls or visitation is permitted while in administrative segregation.

115.14 No youthful inmates are housed at Columbia CI.

115.18 No new video equipment install during the audit period.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 2

Number of standards not applicable: 2

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. The department has an agency wide coordinator. 98 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers and 7 private facilities. The PREA Coordinator reports to the Director of Security Operations. The PREA Coordinator was very knowledgeable about the PREA requirements and is considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Assistant Warden for Programs. He reports to the Warden. The institutional PREA coordinates with all areas of the institution to achieve compliance with the standards. The organization chart was reviewed.

FDC 602.053 Prison Rape: Prevention, Detection and Response Page 2 Section 2

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has oversight of a community work release center. All contracts require meeting the requirements outlined in the PREA standards. Contracts were reviewed the PREA language was included in the contract. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA." Duty Wardens are on site at the work release center weekly. Central Office work release sections makes semi annual reviews on site to verify the contract compliance.

### Standard 115.13 Supervision and monitoring

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one Sergeant and one Officer per housing unit. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one Officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. COT's are not allowed to directly supervise inmates. Daily housing logs reflect shift supervisors making unannounced rounds on all shifts. Spot checks of the video confirm the unannounced rounds being made.

#### (1) SECURITY STAFFING LEVELS:

Level I posts are critical for the daily operation of a shift. Operating at Level I may include limiting certain activities such as recreation or work squads (The Duty Warden must grant her/his approval to eliminate or delay any of these daily activities). Level I posts will not be utilized for special assignments, extended special assignments, or loans to other departments on a routine basis.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The most common deviations were Unscheduled Absences, Medical trips to Outside Hospitals, Sick Leave.

### Standard 115.14 Youthful inmates

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Facility is an adult housing facility. No youthful inmates are housed here.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Columbia Correctional Institution is an adult male facility. Policy states shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances; and shall document all cross-gender strip searches and cross-gender visual body cavity searches. Based on documents reviewed and interviews of staff and inmates, Columbia Correctional Institution has not conducted cross-gender strip searches or cross-gender visual body cavity searches in the last twelve months. Departmental Policy states institutions shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status; and if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff is trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Through interviews of staff and inmates it was determined staff do not search or physically examine a transgender or intersex inmates for the sole purpose of determining the inmate's genital status, and only medical staff if needed would make that determination. Review of training records, lesson plans, and interviews of staff demonstrated staff had been trained to conduct how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom in some dorms. Secure cell open population dorms have the doors locked open during the day. Inmates do not have privacy while using the toilet when the doors are

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has established procedures to provide inmates with Limited English Proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed a Limited English Proficient inmate utilizing the Language Line. He indicated that staff has provided him information on PREA reporting. The auditor verified a staff translator list was available. The Department has a contract with Language Line for all languages. The Language Line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted next to the telephones. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised. Staff and inmate interviews all supported that inmates would not be relied on as translators. A inmate translator was not used in a PREA allegation during the previous twelve months.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8  
Procedure 604.101 Page 9-11

### Standard 115.17 Hiring and promotion decisions

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Departmental Policy for Background Investigation and Appointment of Certified Officers (208.049) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. There were 84 new hires in the previous twelve months. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. According to the interview of the Central Office Human Resource person that handles all requests for employees seeking employment any criminal history is reported to the prospective employing institution.

115.17(a)-1 208.049 Sections 4a, 4c & 4d Pages 6 & 7  
115.17(a)-1: 208.049 6b Page 11  
115.17(a)-1 208.049 7a & 7d Pages 11 & 12  
115.17(a)-1 208.049 8a2 & 8b Page 13

### Standard 115.18 Upgrades to facilities and technologies

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.



### Standard 115.21 Evidence protocol and forensic medical examinations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Office of the Inspector General shall conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment pursuant to section 944.31, F.S. Procedure 108.003, Investigative Process and Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations except when a Memorandum of Understanding is in place. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Department of Corrections has current agreement with Panhandle SART team to conduct forensic evaluations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co-pay for any PREA incident or follow-up. Mental health services are provided by Centurion staff. Centurion staff provides follow up counseling. The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse through Another Way, Lake City, Florida.

115.21 (a)-3: Procedure 108.015 Section 7b, 7e, 7g – 7i, 7l, 7r, & 7u Pages 5-6, 9b3 Page 7, 9b9 & 9b10 Page 8  
Procedure 602.053 Section 4a5, Page 10, 5 a-g Pages 11 & 12

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Interviews with Administrative staff and Investigative staff corroborate that all reports of sexual abuse or harassment are reported to the Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. A Management Incident Notification System document is completed on each incident and forwarded to the Inspector General's Office.

The agency ensures that an administrative and/or a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015.

During the past twelve months, the number of allegations of sexual abuse and sexual harassment that were received is 87. During the past twelve months, the number of allegations resulting in an administrative investigation is 81. During the past twelve months six allegations resulted in a criminal investigation.

Procedure 108.015 Page 7-8 Inspector Responsibilities

### Standard 115.31 Employee training

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility trains all employees who may have contact with inmates on the following matters Agency's zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; The right of inmates to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse. Each employee, regardless of his or her position, is trained as a first responder.

Each housing unit has a laminated poster in the officer station outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse. Training records, staff interviews and curriculum reviewed indicated that the staff is trained. In the past twelve months, 452 of 452 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Staff Training records are maintain in E-Train data base. Each staff receives an annual refresher course on PREA related topics.

### Standard 115.32 Volunteer and contractor training

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 170 volunteers and contractors who have been trained in the agency's policies. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

115.32 (a) 1: Procedure 602.057 Section 1g1 Page 5

### Standard 115.33 Inmate education

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires that all inmates receive PREA information upon arrival and PREA education as part of the Reception and Orientation process. During reception, inmates are provided information through a PREA pamphlet and inmate rule book (both available in English and Spanish) that explains the agencies zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents. During the intake process inmates view the PREA video and are given time to ask questions and staff stop the video and emphasize the points of zero tolerance and how to protect themselves from abuse and harassment. During orientation, they receive additional training which expands on the previous information provided in the pamphlet and handbook. Inmates acknowledge receiving the PREA information in writing. Posters and inmate handbooks are provided to inmates or posted in the housing units in formats accessible to all inmates. Information provided included: inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. During the tour and interviews most inmates acknowledged the information being provided upon arrival and orientation. They definitely knew the agency zero tolerance policy; the difference between sexual abuse and sexual harassment; and that they have the right to be free from retaliation for reporting such incidents. A random review of inmate records showed that inmates acknowledge through signature they have received and understood the training. During the last twelve months 3218 inmates were given this information at intake.

115.33 (c)-3: Procedure 601.210 Section 1a Page 2, 1c2 Page 3, 1d Page 3, 2c Page 3, 3 Page 4, 4a, 4b3, 4d Pages 4 & 5, 5b, 5c, 5g, 5h Pages 5 & 6

### Standard 115.34 Specialized training: Investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires the inspector's receive specialized training in addition to the general education provided to all employees. The Inspector completed the MOSS Group training. The MOSS Group special training curriculum for Inspectors was reviewed and found to cover all requirements. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The interview of the inspector demonstrated she understood how to conduct a sexual abuse investigation in a confinement setting and what her role was. The agency maintains documentation that the Inspector has received both the general and investigative PREA training. Interviews with the inspector verified his knowledge of conducting investigations.

115.34 Procedure 108.015 Page 10 & 11

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Medical and mental health practitioners who work regularly at Columbia Correctional Institution are trained. Interviews of medical and mental health staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility medical staff does not conduct forensic examinations. The number and percent of all medical and mental health care practitioners who work regularly at Columbia Correctional Institution and have received training by the agency policy are 79 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made.

There were 3218 inmates entering the facility whose length of stay in the facility was for 72 hours or n sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the fac inmate’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse that bears on the inmate’s risk of sexual victimization or abusiveness. Any PREA incident reported cr classification officers caseload to be completed in seven days. There have been 18 reassessments in

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*dasokpk*  
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This can't be right. There had to have b more than 18 reassessments. Based on the number of allegations there should have been close to 50.

### Standard 115.42 Use of screening information

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The auditor interviewed members of the security staff and classification staff to question them on how the IBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgendered and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Housing decisions are done on a case by case basis not on their external genital anatomy. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. There is no transgender/intersex inmates assigned to Columbia Correctional Institution. Staff interviewed acknowledged transgender/intersex inmates would be given an opportunity to shower separately.

FDC Procedure 602.053 Page 6 Section 2A2, 2A3, 2A6, 2A8; Page 7 Section 2A9-2A11

### Standard 115.43 Protective custody

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The administrative segregation unit is housed in segregation housing unit. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. Review shows there were no inmates placed in protective status during the intake process.

FAC 33-602.220 Page 1 Section 1A, 2A, 2B; Page 2 Section 3C; Page 3 Section 3C-3G, Page 4 Section 4D; Page 5 Section 5A-5G; Page 6 Section 5H-5P; Page 8 Section 8A-8C and 9A.

### Standard 115.51 Inmate reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Department of Corrections provides multiple ways for inmates to report sexual abuse, sexual harassment, and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment to include anonymously upon request. Inmates can call the department hotline. Inmates can also report to staff verbally or in writing. Departmental website provides for third party reporting. Interviews of inmates, staff and review of policies, inmate handbooks and information posted next to the inmate phones in the housing areas verified the inmates have multiple internal ways to report incidents of abuse or harassment. During the tour the phones were tested. Examples of inmate reporting through different means were reviewed when investigative cases were reviewed. Staff accepts reports made verbally, in writing, anonymously, and from third parties, and are promptly documented by incident report. Staff training covers the ways for staff to report sexual abuse and sexual harassment of inmates. During interviews some staff knew they could report sexual abuse and harassment of inmates to the Inspector General via the hot-line. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard. Department of Corrections does not house inmates solely for civil immigration.

FDC Procedure 602.053  
FAC 33-103.006 Filing a Formal Grievance

### Standard 115.52 Exhaustion of administrative remedies

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also, on form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been 21 grievances involving PREA related issues filed during the previous year. 21 grievances were responded to within 90 days. There were no emergency grievances filed during the previous twelve months.

FDC Procedure 602.053  
FAC 33-103.006 Page 2 Section 1C, 1E, Page 3 Section 1H, Section 1L

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse with a memorandum of understanding with Another Way of Lake City, Florida. Inmates are provided mailing addresses and telephone numbers. Facility is an adult prison and does not house individuals detained solely for civil immigration purposes. Inmates are provided reasonable communication between inmates and these organizations in as confidential a manner as possible. The Institution informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The institution informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality.

FDC 602.053

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department has third party reporting of sexual abuse or sexual harassment through the public website via third party grievances and the citizens complaint form. Inmate and staff acknowledged both during interviews. The third party grievance form is available online at [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html). The citizens complaint form can be found at <http://www.dc.state.fl.us/apps/igcomplaint.asp>. Information is also posted near the telephones that provide the inmates a telephone number to make third party reports, along with numbers to tell family and friends to make third party reports. Interview of inmates demonstrated they knew how third party reporting could be accomplished. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an offender has been sexually abused, sexually harassed or requires protection. Inmates interviewed were aware of this method of reporting.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

### Standard 115.61 Staff and agency reporting duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Department policies require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Inspector General via the MINS reporting system. Random interviews with staff revealed that staff is very aware of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the Inspector General. Facility does not house youthful inmates.

FS 944.35 Page 2 Section 2D Section 4A-4C  
Staff Training Curriculum PREA Pages. 3-4 Section 18, Section 19

### Standard 115.62 Agency protection duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires staff to take immediate action to protect any inmate they learn is subject to substantial risk. Interviews with staff demonstrate they know the steps to take to protect an inmate subject to risk of imminent sexual abuse. Security staff immediately employs protection measures as the information is passed to the Shift Supervisor, Chief of Security and Warden. In the past twelve months, 28 times the inmate was removed from population so the facility could determine that an inmate was subject to substantial risk of imminent sexual abuse. The facility made the determination immediately of learning of the threat. Interviews with the Warden and random staff confirmed staff awareness of the policy.

FAC 33-602.220 Page 1 Section 2A-2B; Page 2 Section 3C; Page 3 Section 3F-3G; Page 4 Section 4D  
FDC Procedure 602.053 Page 7/Section B5; Page 9 Section 3C; Page 9-10 Section 4A, Section 4A2



### Standard 115.63 Reporting to other confinement facilities

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental policy requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. In the previous twelve months, no allegations of sexual abuse or sexual harassment were reported to Columbia that occurred at another facility.

FDC Procedure 602.053 Page 10/Sec. 8

### Standard 115.64 Staff first responder duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past twelve months, there were 49 allegations that an inmate was sexually abused, of these allegations 40 times the first security staff member to respond to the report separated the alleged victim and abuser. In the past twelve months, there were five allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Of the allegations that an inmate was sexually abused made in the past twelve months, there were five reports made to non-security staff member as the first responder. Non Security staff respond the same as security staff.

FDC Proc. 108.015 Pg. 5-7/Sec. 7A-7L, 7R, 7U  
FDC Proc. 602.053 Pg. 10/Sec.4A4

### Standard 115.65 Coordinated response

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Columbia Correctional Institutions has a coordinator response in place. The plan outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, Inspectors, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about their individual and collaborative responsibilities.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The security agreement effective October 15, 2015 covers the discipline of staff on Page 13 article 7. The agreement does not prohibit discipline or termination for incidents of sexual abuse.

Collective Bargaining Agreement Pg. 14/Art. 7, Sec. 1A; Pg. 17/Art. 7, Sec. 2G  
FS 110.227 Pg. 1/Sec. 1; Pg. 2-3/Sec. 5B

### Standard 115.67 Agency protection against retaliation

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Departmental procedure describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse or sexual harassment. The Assistant Warden of Programs is the staff member charged to ensure compliance to this policy. Classification staff monitors the conduct or treatment of inmates who reported sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receives an appointment (IM05) to interview the inmate every 30 days. They conduct periodic checks up to 90 days but beyond if the Assistant Warden of Programs feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The Assistant Warden of Programs monitors staff by reviewing performance reviews or reassignments and shift changes.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 Section 4A7, Page 9-10 Section 4A page 9 Section 3C

### Standard 115.68 Post-allegation protective custody

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Standard 115.68 requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. This means if an inmate is kept in administrative confinement after reporting sexual abuse, there must be justification as to the safety of the inmate and why alternative housing was not utilized. Columbia C.I was not including a clear justification as to why the inmates were being kept in administrative confinement.

It is the practice of the department of corrections to place all general population inmates making a allegation of sexual abuse and harassment into administrative segregation. No programs, telephone calls or visitation is permitted while in administrative segregation.

## Standard 115.71 Criminal and administrative agency investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department of Corrections Office of Inspector General conducts investigations into allegations of sexual abuse and sexual harassment, it does so thoroughly, and objectively for all allegations, including third-party and anonymous reports. Third party and anonymous reports are treated no different than a first person report. The Senior Inspector conducts all investigations immediately on being notified of the allegation. Based on his interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. The inspector's training records and interview demonstrated the special training they received from the Moss Group and the department trainers. Inspectors are responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the preponderance of evidence appears to support criminal prosecution, the Office of the Inspector General conducts compelling interviews only after consulting with the state attorney as to whether compelling interviews may be an obstacle for subsequent criminal prosecution. A substantiated allegation of conduct that appears to be criminal is referred for prosecution. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations document in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

FS 944.31 Pg. 1

## Standard 115.72 Evidentiary standard for administrative investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Investigative Procedure indicates that only a preponderance of evidence is the standard when determining allegations of sexual abuse or sexual harassment is substantiated. During the interview with the Inspector she indicated that this is the threshold used by inspectors in their investigations.

FDC Procedure 108.003 page 3 Section 20, page 5 Section 39, page 6 Section 43-44, Page 7 Section 54-55, page 11 Section 5E, Page 16 Section 8  
FDC 108.015 Investigative Process

### Standard 115.73 Reporting to inmates

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The auditor reviewed 25% of the completed investigative files at Columbia Correctional Institution. There were 40 completed cases. In each case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. Policy states If there were any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the Inspector informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility.

FDC 602.053 page 14 Section 9  
FDC 108.015 Page 10 Section 11B, 11D

### Standard 115.76 Disciplinary sanctions for staff

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Staff is subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

Florida Statute 944.35 Page 2 Section 2B1-2B3 Section 3D, Section 4A-4B  
FAC 60L-36.005 (3) d-g

### Standard 115.77 Corrective action for contractors and volunteers

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The employee code of conduct policy but applies to contractors and volunteers. It requires contractors or volunteers who engaged in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Warden reported that there have been no allegations of sexual abuse by contractors or volunteers. Interviews with contractors and volunteers confirmed they were aware of the zero tolerance policy for engaging in sexual abuse or sexual harassment of inmates or staff. There have been no issues with any contractors or volunteers at Columbia Correctional Institution.

FDC 602.053 Prison Rape: Prevention, Detection, and Response  
FDC 205.002 Contract Administration and Management 205.002 Page 24 Section 15C4

### Standard 115.78 Disciplinary sanctions for inmates

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past twelve months there were no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past twelve months there were no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The department has posted a range of penalties for prohibited conduct. The disciplinary team has ten different levels or combination of levels to administer penalties. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the inmate is on medication for mental health reasons mental health services is contacted before moving forward with writing of disciplinary report.

The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Medical, Mental Health and the Warden all confirmed participation is not a condition of access to the program. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedure requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no longer than fourteen days after arrival. Any inmate received at and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. There were two that reported prior victimization during the intake process. In the past twelve months, there were no inmates who have previously perpetrated sexual abuse, as indicated during the screening. Medical and Mental Health staff get informed consent before reporting prior sex victimization, which took place not in an institutional setting. Mental health staff maintains DC forms and logs documenting compliance with Health Service Procedures. The information shared with other staff is strictly limited to informing security and management, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required Departmental Procedure.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12 Section 6A-6B

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Centurion Medical Services provides this service. If alleged sexual abuse occurred within 72 hours, security escorts the victim to medical department for medical staff to assess and stabilize while awaiting SART team arrival for a forensic exam. During normal working hours while waiting mental health staff conducts an evaluation for suicidal ideation and on-going counseling if after hours nursing staff follow established protocols to assess mental health suicidal ideation's. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There have been three inmates see by the SART team during the previous twelve months.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Pages 12-13 Section 6C-6F  
Health Services Bulletin 15.03.36  
FDC 401.010 Page 3 Section 1D9

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Columbia Correctional Institution through Centurion offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all known inmate victims as well. Treatment services are provided to the victim without financial cost. This practice was confirmed by interviews with staff and inmates; and medical and mental health documentation demonstrates there is on-going medical and mental health care for sexual abuse victims and abusers. Medical and mental health conducts follow-up care for sexual abuse incidents. There were two reporting sexual abuse during the intake process all were referred to mental health for treatment.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13 Section 6C, 6E-6F  
Health Services Bulletin 15.03.36

### Standard 115.86 Sexual abuse incident reviews

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. Departmental policy identifies the members of the review team, and covers the process for sexual abuse incident reviews to include a form the review team uses to conduct sexual abuse incident reviews. The incident review team is made up of the Assistant Warden of Programs, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, Inspectors, and medical or mental health practitioners. The auditor reviewed four incident reviews. The incident review was used determining causes and better policies and practices to better prevent, detect, or respond to sexual abuse. The Department has a PREA after action review form that addresses all elements of the standard. Incident review team members were interviewed and were very knowledgeable of the process. The facility may include agency staff in the discussion during the incident review. During the previous twelve months 38 incident reviews were completed.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 3-4 Section 17-18 page 14-18

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2 numbers were here. Were there 39 or 28 reviews?



### Standard 115.87 Data collection

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department of Corrections provided documents demonstrating data was being collected, aggregated and maintained. The Department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data is collected from a number of sources, but main source is Management Information Notification System (MINS). The MINS system includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The PREA Coordinator has access to information in MINS and gets other information upon requests to OIG. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2015 Corrective Action Plan for the facility.

### Standard 115.88 Data review for corrective action

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department of Corrections reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of Walton Correctional Institution's progress in addressing sexual abuse.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7 2015 Corrective Action Plan for the facility.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Department ensures that incident-based and aggregate data are securely retained. Departmental policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the Department removes all personal identifiers. The Department maintains sexual abuse data for at least ten years. Up to date survey information is submitted and verified by the PREA Coordinator. In addition to keeping the paper documents according to retention schedule a retention folder is located on the computer at cos201\PREA Retention.

FDC Procedure 602.053 Page 13 Section 7 Page 14 Section 10-11  
115.89 (b)-1 Survey of Sexual Violence Part B

**AUDITOR CERTIFICATION**

I certify that:

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

Hubert L. "Buddy" Kent

May 18, 2018

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date