

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 21, 2019

Auditor Information

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Telephone: (517) 303-4081	Date of Facility Visit: December 18-20, 2018

Agency Information

Name of Agency: Florida Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Florida	
Physical Address: 501 S. Calhoun Street		City, State, Zip: Tallahassee, FL 32399	
Mailing Address:		City, State, Zip:	
Telephone: (850) 488-5021		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Provide a continuum of services to meet the needs of those entrusted to our care, creating a safe and professional environment with the outcome of reduced victimization, safer communities and an emphasis on the premium of life.			
Agency Website with PREA Information: http://www/dc/state/fl/us/oth/PREA/index			

Agency Chief Executive Officer

Name: Julie Jones	Title: Secretary
Email: Julie.Jones@fdc.myflorida.com	Telephone: (850) 488-5021

Agency-Wide PREA Coordinator

Name: Judy Cardinez	Title: PREA Coordinator
Email: Judy.Cardinez@fdc.myflorida.com	Telephone: (850) 717-3252.

PREA Coordinator Reports to: Wes Kirkland, Director of Institutions	Number of Compliance Managers who report to the PREA Coordinator 49
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Facility Information

Name of Facility: Hamilton Correctional Institution

Physical Address: 10650 S. W. 46th Street, Jasper, FL 32052

Mailing Address (if different than above): [Click or tap here to enter text.](#)

Telephone Number (386) 792-5151

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: Provide a continuum of services to meet the needs of those entrusted to our care, creating a safe and professional environment with the outcome of reduced victimization, safer communities and an emphasis on the premium of life.

Facility Website with PREA Information: : <http://www/dc/state/fl/us/oth/PREA/index>

Warden/Superintendent

Name: Glenn Young	Title: Warden
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Email Glenn.Young@fdc.myflorida.com	Telephone: (386) 792-5100
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Facility PREA Compliance Manager

Name: Dalphus A. Johnson	Title: Assistant Warden
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Email: Dalphus.Johnson@fdc.myflorida.com	Telephone: (386) 792-5804
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Facility Health Service Administrator

Name: Terri Gaylord	Title Health Administrator
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Email: tgaylord@centurionoffl.com	Telephone: (386) 792-6001
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Facility Characteristics

Designated Facility Capacity: 1779	Current Population of Facility: 2455
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Number of inmates admitted to facility during the past 12 months	2745
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1110
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1656	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		20	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-80	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		5 years	
Facility security level/inmate custody levels:		5/4	
Number of staff currently employed by the facility who may have contact with inmates:		423	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		128	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		11	
Physical Plant			
Number of Buildings: 51		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		15	
Number of Segregation Cells (Administrative and Disciplinary):		228	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are 273 cameras strategically located that monitor operations at the facility.			
Medical			
Type of Medical Facility:		Medical clinic, medical unit 24 hour staffing	
Forensic sexual assault medical exams are conducted at:		Hamilton CI medical emergency area (on-site)	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		126	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		120	

Audit Findings

Audit Narrative On December 17-20, 2018, an audit was conducted at the Hamilton Correctional Institution, Florida Department of Corrections, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The auditor was present at the facility on Monday from 4:00pm to 6:00pm, Tuesday 8:00am to 9:30pm, Wednesday 8:00am to 6:30pm and Thursday 7:30am to 3:30pm. The facility was previously audited in August 2015. At that time, three standards were found to be non-compliant: 115.13, 115.53, and 115.63. The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on November 1, 2018. Documents reviewed for this audit received two weeks prior to the audit through the OAS included the Pre-audit questionnaire and policies and/or documents required for uploading by the PAQ. While on-site, additional random documents were requested or reviewed and are noted throughout the report. Camera monitoring operations were also examined.

A tentative schedule was sent to the facility three calendar days prior to the audit. A brief formal meeting was held with the Warden, Associate Warden/PREA Manager, and PREA staff Monday evening. Rosters of staff and inmates were provided. On Tuesday morning, tentative schedules were developed regarding the tour, interviews and review of additional documentation. It was noted that interviews need to be in a private setting. The auditor provided the list of inmates who were selected for interviews. A list of staff rosters was provided to the auditor; however, staff was randomly selected during the tour and the audit based on where they were working. A complete tour of the Annex and Work Camp was conducted on Tuesday, December 18, 2018. The following areas and operations were visited and observed: inmate living areas, medical operations, intake operations/holding cells, laundry services, library/education areas, chapel, programming areas, visiting room, and food service operations. A tour of the Main Unit was conducted on Wednesday, December 18, 2018. The following areas and operations were visited and observed: inmate living areas, medical operations, intake operations/holding cells, laundry services, library/education areas, chapel, programming areas, vocational trades areas, visiting room, and food service operations. All areas of the facility were visited that have inmate access.

Formal interviews were conducted with the following: Warden, PREA Coordinator, PREA Compliance Manager, medical staff (Health Services Administrator, Mental Health Director, nurse – contractual staff), Human Resources Consultant, 10 corrections officers from all areas of the facility and each shift (7:00am-7:00pm, 7:00pm to 7:00am, to include two from the confinement units) two Officer's in Charge (Captains) one investigator, two classification staff (who complete risk assessments/intake, 30 days follow up assessments and monitor for retaliation), the training sergeant, and the Classification Director (who serves on the PREA incident review committee).

A total of 51 inmates were selected to be interviewed from different housing units throughout the facility. No youthful offenders are housed at this facility. Targeted inmate interviews included the following:

- three with limited English, one required use of the Language Line
- three self-admitted as homosexual
- three self-identified as transgender
- three who initiated a sexual harassment complaint
- three who self-reported as having prior victimization
- three inmates who had physical disabilities
- three inmates who are on the mental health caseload
- one cognitively impaired (interview was attempted)
- four inmates who were in confinement

Inmate interviews were held in the private interview rooms.

Investigations are conducted by the Office of the Inspector General who report to the Secretary of Corrections. Twenty six PREA investigations were reviewed from the previous twelve (12) months. The following is a synopsis of the investigations:

- Eighteen (18) were inmate on inmate sexual abuse allegations
- Six (6) were staff on inmate sexual abuse allegations
- Two (2) were inmate on inmate sexual harassment allegations

Review of the investigations revealed the use of multiple reporting measures such as third party, anonymous, TIPS line, use of grievance process, verbal and written allegations. Incidents were immediately reported and entered into the management system thereby alerting investigators of the allegations. Investigations also demonstrated proper use of *Miranda* warnings. Post allegation use of confinement appeared warranted when used.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility in every housing unit announcing the audit. Two letters were received in response to the postings. No prison advocacy group was reported as having been actively involved with this facility. The auditor verified this through random interviews with staff and inmates.

Facility Characteristics Hamilton Correctional Institution is composed of three secure compounds. The Main Unit was established in 1987, thereafter, a Work Camp in 1990, and an Annex with in 1995. Hamilton C.I is the second largest employer in Hamilton County with over 600 employees. All operations are in proximity of each other.

MAIN UNIT: Hamilton Correctional Institution Main Unit has nine housing units for inmates in open population. Eight of the housing units are open bay dormitories (Dorms A, B, C, D, E, F, G and H) and one housing unit is a secure cell unit (I Dormitory). Y-Dormitory is administrative

and disciplinary confinement. Inmates can attend school and vocational training programs (masonry and cabinet making). There is a chapel and library. Inmate count is on average 1025.

ANNEX: The Hamilton Annex is the reception and medical portion of the facility. The Annex includes a nine bed inpatient infirmary. The Annex has seven housing units for inmates in open population. Dorms A, B, C, D and E housing units are open bay and two housing units are secure cell units Dorms F and G. H-Dormitory is administrative and disciplinary confinement. There is a chapel and a programming building for education and other programs. Inmate count is on average 1200.

WORK CAMP: Consists of an administration building with a control room, classification department, multipurpose building, food service operation, two open-bay dormitories and a recreation area. Inmates either work on the compound or work at a Farm Program or a Work Squad Program. Inmate count is on average 288.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 45

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator §115.12 - Contracting with other entities for the confinement of inmates §115.13 – Supervision and Monitoring §115.14 – Youthful Inmates §115.15 – Limits to Cross-Gender Viewing and Searches §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient §115.17 – Hiring and Promotion Decisions §115.18 – Upgrades to Facilities and Technology §115.21 – Evidence Protocol and Forensic Medical Examinations §115.22 – Policies to Ensure Referrals of Allegations for Investigations §115.31 – Employee Training §115.32 – Volunteer and Contractor Training §115.33 – Inmate Education §115.34 – Specialized Training: Investigations §115.35 – Specialized training: Medical and mental health care §115.41 – Screening for Risk of Victimization and Abusiveness §115.42 – Use of Screening Information §115.43 – Protective Custody §115.51 – Inmate Reporting §115.52 – Exhaustion of Administrative Remedies §115.53 – Inmate Access to Outside Confidential Support Services §115.54 – Third-Party Reporting §115.61 – Staff and Agency Reporting Duties §115.62 – Agency Protection Duties §115.63 – Reporting to Other Confinement Facilities §115.64 – Staff First Responder Duties §115.65 – Coordinated Response §115.66 – Preservation of ability to protect inmates from contact with abusers §115.67 – Agency protection against retaliation §115.68 – Post-Allegation Protective Custody §115.71 – Criminal and Administrative Agency Investigations §115.72 – Evidentiary Standard for Administrative Investigations §115.73 – Reporting to Inmate §115.76 – Disciplinary sanctions for staff §115.77 – Corrective action for contractors and volunteers §115.78 – Disciplinary sanctions for inmates §115.81 – Medical and mental health screenings; history of sexual abuse §115.82 – Access to emergency medical and mental health services §115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers §115.86 – Sexual abuse incident reviews §115.87 – Data

Collection §115.88 – Data Review for Corrective Action §115.89 – Data Storage, Publication, and Destruction §115.401 – Frequency & Scope of Audits §115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any) None

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

(a) Florida Department of Corrections Procedure 602.053 Prison Rape-Prevention, Detection and Response supports that the Department will have a zero-tolerance for sexual abuse, sexual battery, staff sexual misconduct and staff sexual harassment. It establishes the implementation to detect, prevent, eliminate and punish those committing sexual abuse, sexual battery, and sexual harassment against incarcerated inmates.

(b) Florida Department of Corrections Procedure 602.053 Prison Rape-Prevention, Detection and Response establishes the position of PREA Coordinator and Compliance Managers who are responsible for the administration of the PREA compliance program. The responsibilities of the PREA Coordinator and Compliance Manager are established in this policy. The Florida Department of Corrections has an established PREA Coordinator who oversees all aspects of the PREA standards. She has two correctional consultants (one vacant) to help assist with the application of the standards at each facility. The PREA Coordinator was available throughout the audit to assist the auditor with gathering information and interviews requested. The PREA Coordinator was interviewed on December 19, 2018. The agency PREA coordinator reports to the Director of Institutions as concluded by organizational charts and interview with the PREA Coordinator. She indicated she has the time and authority to ensure compliance with the PREA standards at the agency level.

(c) Florida Department of Corrections Procedure 602.053 Prison Rape-Prevention, Detection and Response states that the Compliance Manager will coordinate the program at the facility under the advice of the PREA Coordinator, ensuring that compliance with the standards at each facility. The Assistant Warden of Programs has been appointed as the Compliance Manager, who reports directly to the Warden. He has auxiliary staff that assists him with ensuring the standards have been implemented. He indicates he has the time and authority to ensure compliance with the standards at the facility level.

In May 2018, James Currington, certified PREA auditor, interviewed Julie Jones as the Agency Head of the Florida Department of Correction. During her interview she described how she has committed the Department to providing a safe environment for staff and inmates to live and work by insuring the PREA Standards remain a top priority for her and her staff. She informed the auditor that any expansion or major facility modifications would continue to take into account the PREA Standards when considering design modifications and installing additional video equipment.

Finding of compliance based on the following: Based on review of the policy which outlines prevention, detection and response, observations during the entire audit process, interviews with the Secretary of Corrections, the PREA Coordinator and PREA Manager, the auditor finds this facility to be compliant all aspects of this standard.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b) This facility has no private operations under their control. Seven private prisons in Florida are supervised by the Department of Management Services, not the Department of Corrections. However, as determined by the interview with the PREA Coordinator, her office has oversight over compliance with PREA standards. Many facilities in the Florida Department of Corrections have private satellite camps under their supervision. This facility does not. The agency is in compliance with this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response Section (b) Staff: states the following: In conjunction with each institution the Office of Institutions will develop a particularized staffing plan for each institution that provides adequate staffing levels, and where applicable, video monitoring, to protect inmates against sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. This plan shall be reviewed at least once per year to assess, determine and document whether adjustments are necessary, both by the Warden of the institution and by the PREA Coordinator. The facility has a 6 page, detailed staffing plan, dated 2/13/2018 that addresses all aspects required by the standard. The annual review consists of 27 pages again noting in detail all aspects required by the standard.

(b) Detailed incident reports are completed when staff levels fall below critical coverage.

(c) The interview with the Warden supports that he will use this information to look at funds available and make adjustments to areas, including the possibility of adding cameras to areas in the facility to help enhance staff and inmate safety.

(d) Shift supervisor post orders (restricted), require daily unannounced rounds and security inspections of all inmate housing and activity areas. Rounds are documented on the Daily Log of events completed by each unit as well as the control room log. Interviews with supervisory staff support that this is occurring. Five inmates were randomly asked regarding supervisory rounds and if they thought the officer was notified. They confirmed that supervisor does make frequent rounds and they do not believe the officer is notified. Interviews with five randomly selected staff confirm that they are aware they are not to alert other staff and have not been alerted when the supervisor is making rounds.

Finding of compliance based on the following:

The auditor requested and received shift rosters for the 5th of each month starting in July 2018. Review of the staffing roster demonstrates compliance with the staffing plan regarding placement of staff in housing, custody and program areas. As stated, the staffing plan is very detailed, addressing (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors with specificity and detail. Interview with shift supervisors' support they are making daily rounds, each shift, which are unannounced rounds. The auditor randomly reviewed logbooks during the tour and found documentation of supervisory rounds.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Procedure 601.211 Designation of Youthful Offenders, Young Adult Offenders, and Youthful Offender Facilities supports that youthful offenders, (those 17 years and younger) are housed at Sumpter Correctional Institution and Suwannee Correctional Institution. They are not housed at this facility. The auditor found no evidence to dispute that no youths are housed at this facility during the audit process.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 33-602.204 Searches of inmates requires that strip searches of inmates shall be conducted only by Corrections Officers of the same sex as the inmate, except in emergency circumstances. Internal examination of the body orifices when required will be made by medical personnel only. Body cavity searches will be made only by appropriate Health Services staff.

(b) Not applicable

(c) Searches made pursuant to exigent circumstances are documented on a DC6-210 per 602.018 Contraband and Searches of Inmates. The facility reports no exigent circumstance opposite gender strip search has been conducted. During the audit process, the auditor found no reason to dispute this.

(d) 602.036 Gender Specific Security Positions, Shifts, Posts and Assignments specifies that inmates will not be supervised by officers of the opposite gender while showering, using the toilet unless an appropriate privacy screening is provided. If viewing is more intrusive, it will be done by officers of the same gender, except in emergency situations. Each housing unit has one position designated as gender specific. All posts in special housing are gender specific to the gender of the population of the facility. Inmates on constant watch status will only be observed by an officer of the same gender. The auditor reviewed a restricted policy which requires opposite gender announcements at the beginning of each shift and anytime required during the course of the shift. Housing unit log of events records when a staff member of the opposite gender is assigned and was announced. Approximately 75% of the

inmate interviews confirmed that this is occurring. Staff interviews confirmed that this occurs. The auditor was announced when entering the housing units.

(e) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 ensures staff will not search or physically examine potential GD inmates, transgender inmate or intersex inmate for the sole purpose of determining the inmate's genital status. Staff and supervisory interviews support that they are aware of this requirement, and it has not or would not happen at this facility. All staff interviews indicated they are aware of this requirement and stated this has not occurred. During the audit process with staff and inmate interviews, the auditor found no reason to dispute that this is not occurring as required by the standard.

(f) Recently, added to the training curriculum was the Bureau of Professional Development and Training –PREA which addresses how to conduct cross-gender searches states pat-down searches of GNC (gender non-conforming) including transgender and intersex in a professional and respectful manner consistent with security. Female staff conducts clothed searches of transgender/intersex inmates. Males will if it is an emergency situation. Males will conduct strip searches of transgender inmates housed at a male facility. 602.018 Contraband and Searches of Inmates further states that unclothed searches will not be conducted in areas that are under video surveillance or where opposite gender can observe. A rank of sergeant or higher will supervise any unclothed search of inmates.

Finding of compliance based on the following:

Randomly questioned staff and inmates indicate that cross-gender strip searches have not occurred. All inmates and staff interviewed confirmed that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The auditor confirmed this during her observations of the housing units. Review of the monitoring stations for the cameras supports that they are not covering the shower/toilet/urinal area. Policy, interviews, housing unit logs and observations all support a finding of compliance with this standard.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection, and Response dated 7/31/2018 states the facility will use closed captioning, large print, or a staff member to read the information. 604.101 Americans with Disabilities Act Provisions for Inmates 11/20/2016 ensure that inmates with disabilities will not be discriminated against and reasonable steps will be taken ensure that the rights of inmates with documented disabilities are addressed in a manner consistent with legitimate correctional interests. This includes hearing impaired which includes provision for hearing aids and sign language interpreters; visually impaired (audio support cassettes and/ or Braille), developmentally disabled. The PREA video is in English and Spanish, others are translated via a Language Line with a signed acknowledgment (DC6-134C).

(b) 602.053 Prison Rape: Prevention, Detection, and Response dated 7/31/2018 ensures that inmates who are limited English are provided education in their primary language. This occurs through the use of the Language Line; PREA translator list maintained state-wide, and Sexual Abuse posters and sexual abuse awareness brochures. These brochures are available in the following languages: Chinese, Creole, French, German, Portuguese, Russian and Spanish.

(c) 602.053 Prison Rape: Prevention, Detection, and Response dated 7/31/2018 states that inmates will not be used as interpreters or readers except in exigent circumstances. All staff interviews support that staff are aware of this requirement and have options for translation by not using an inmate such as bilingual staff and Language Line.

Finding of compliance based on the following: The auditor used the Language Line to interview one limited-English speaking inmate. Other interviews with Limited English inmates support that they are able to communicate and receive information effectively.

The PREA Manager is also the ADA Coordinator. The PAQ indicates that another inmate has not been used to interpret for a situation regarding the inmate's safety. The auditor found no reason to dispute this during the audit process. Staff interviews support that they are knowledgeable regarding how to get assistance with inmates who have disabilities or are limited-English speaking and further that they would not use an inmate to interpret during a PREA related incident.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) Procedure 208.049 Background Investigation and Appointment of Certified Officers supports that potential officers will be subject to a Moral Character Review which addresses each applicant individually but includes offense noted in 435.04 Section 2.

Chapter 435 employment Screening, All employees required by law to be screened pursuant to this section must undergo background screening as a condition of employment and continued employment which includes, but need not be limited to, employment history checks and statewide criminal correspondence checks through the Department of Law Enforcement, and a check of the Dru Sjodin National Sex Offender Public Website and may include local criminal records checks through local law enforcement agencies. This includes staff, contractual staff and volunteers.

435.04 Level 2 screening standards states, (1)(a) All employees required by law to be screened pursuant to this section must undergo security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide

criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies. (2) The security background investigations under this section must ensure that no persons subject to the provisions of this section have been arrested for and are awaiting final disposition of, have been found guilty of, regardless of adjudication or entered a pleas of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of state law or similar law of another jurisdiction.

- relating to sexual misconduct with certain developmentally disabled clients, mental health patients, and reporting of such sexual misconduct

- relating to sexual battery

- relating to sexual activity with certain minors

- relating to lewd and lascivious behavior, lewdness and indecent exposure

- relating to voyeurism, video voyeurism if the offense is a felony

- relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct

- relating to sexual misconduct in juvenile justice programs

(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence whether such act was committed in this state or in another jurisdiction.

FDC 208.049 Background Investigations and Appointment of Certified Officers describe the process for background checks for staff.

(b) Correctional Officer Supplemental Application and Willingness Questionnaire specifically address the following: Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment? At this point, the employee can be considered or screened out of the process.

(c) Chapter 435 employment Screening, All employees required by law to be screened pursuant to this section must undergo background screening as a condition of employment and continued employment which includes, but need not be limited to, employment history checks and statewide criminal correspondence checks through the Department of Law Enforcement, and a check of the Dru Sjodin National Sex Offender Public Website and may include local criminal records checks through local law enforcement agencies.

The auditor reviewed recent applications with the Facility Recruiter and facility Human Resource Consultant. Review of documents at hand and the interview supported that prior employers are contacted as well as background checks completed before an officer of employment. Dialogue included having checked on three candidates where applicants had prior corrections experience. Releases are signed and contact is made with prior correctional employers.

Florida Criminal Information Center II/National Crime Information Center computerized database of Florida and national criminal histories is utilized for conducting background checks. The recruiter does the following:

- Obtain FCIC/NCIC criminal history

- Review FDLE management system for pending or prior officer discipline, prior employment with a criminal justice agency

- Conduct local law enforcement check for all cities and counties in which applicant has resided or worked in past 10 years

- Contact employers for the past five years using the Employment Verification DC2-827, including all criminal justice agencies

(d) 33-601.202 Non-department supervisors submit annually to NCIC/FCIC background check which is forwarded to the Warden for re-evaluation of eligibility to supervise.

(e) The state utilizes a Live Scan system in which any time an employee is arrested and fingerprinted, the Florida Department of Law Enforcement are notified. All staff who works inside the correctional facility is fingerprinted prior to employment. All new employees sign for the Rules, Procedures, and Policies which state, "I understand that my fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Department of Corrections."

(f) Previous misconduct is requested on the application process. Staff is informed of the continuing duty to report misconducts at orientation on the first day of employment.

Employee handbook 33-208.002 Rules of Conduct Each employee shall make a full written report of any of the following within 24 hours or upon reporting to work for his net assigned shift to include criminal charge, arrest or receipt of a Notice to Appear, knowledge of any violation of the law, rules, directives or procedures of the Department. Employees sign electronically for receipt of the handbook.

(g) FDC 208.049 Background Investigation and Appointment of Certified Officers states if inconsistencies are discovered in the background check, discrepancy interview with the applicant will be scheduled. The candidate signs the following on the application process: "By submission of this electronic form, I hereby certify there are no misrepresentations, omissions, or falsification in the foregoing responses. I am aware that should an investigation disclose any misrepresentation, omissions, or falsifications, my application will be rejected and I will be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal."

(h) Per the PREA guide, "Requests for information on substantiated allegations of sexual abuse or sexual harassment checks for previous FDC employees by companies such as Accurint, Career Builder, CoreCivic, GEO group, MTC and/or any correctional agency (list is not all inclusive) will be sent to the PREA Coordinator for completion."

Finding of compliance based on the following:

The agency has a detailed, comprehensive plan for ensuring that on-coming staff meets the requirements set forth by this standard as well as ensuring that current staff is monitored.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Procedure 604.102 Maintenance indicates that the process for renovation or construction will ensure that the work has been reviewed to ensure PREA compliance. No renovation or construction has occurred since the last PREA audit.

Finding of compliance based on the following:

Policy, interview with the Warden and review of the staffing plan support that technology is considered to enhance the facility's ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) In the 2018 Florida Statutes, 944.31 describe the authority of the Inspector general, inspectors, power and duties. The OIG is responsible for prison investigations, internal affairs investigations. It further states that the inspector general and inspectors shall be responsible for criminal and administrative investigation of matters relating to the Department of Corrections. The secretary may designate persons within the office of inspector general as law enforcement officers to conduct any criminal investigation that occurs on property where the department of corrections has jurisdiction. Administrative investigations may be handled internally after review by the Office of Inspector General. 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 supports that the Office of Inspector General will conduct all investigations of sexual abuse, sexual battery, staff sexual misconduct and sexual harassment. They follow regulation 944.31 F.S., Investigative Process, Procedure 108.003, and Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure 108.015.

The crime scene will be secured, and evidence preserved as noted in this policy.

(b) Florida State Police Forensic Assault Examination Adult/Adolescent is the protocol used for investigations.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 supports that the victim of sexual abuse or sexual battery shall be given information regarding his right to have a crisis intervention exam and have a victim advocate present during the exam and or investigative interview. This is documented on form DC6-210. SANE exam conducted on sight unless no one available. It also supports that the exam will performed at no cost to the inmate. Panhandle Forensic Nurse Specialist, Inc. Scope of Practice supports that certified SANE nurses will be provided, PREA will be followed and advocacy services will be provided. They perform the exam on-site at the facility. In addition, two staff at central office are qualified as victim services practitioners.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 supports that the victim of sexual abuse or sexual battery shall be given information regarding his right to have a crisis intervention exam and have a victim advocate present during the exam and or investigative interview. This is documented on form DC6-210.

An MOU has been obtained with the agency Another Way, Inc. to provide a certified victim advocate to accompany victims during sexual assault forensic exams and the investigator interviews within 8 hours of notification.

(e) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 supports that the victim of sexual abuse or sexual battery shall be given information regarding his right to have a crisis intervention exam and have a victim advocate present during the exam and or investigative interview. This is documented on form DC6-210.

Finding of compliance based on the following: Policy, MOUs, interview with the investigator, and a brief conversation with the staff at the advocacy agency when testing the inmate lines all support a finding of compliance with this standard. The PAQ indicates that no SANE exams have been conducted at this facility in the previous 12 months. A review of the investigations supports that finding.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

(a) 108.003 Investigative Process indicates that OIG is responsible for investigation of civil, criminal, and administrative matters relating to the Department. 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 an allegation may be returned to the facility, who will then be responsible for conducting a PREA administrative security investigation using PREA Investigative Report DC6-2079.

(b) (c) 108.003 Investigative Process OIG is responsible for investigation of civil, criminal, and administrative matters relating to the Department. It is posted on the PREA website.

Finding of compliance based on the following: Incident reports are entered into a management system which provides alerts to the investigators. Review of the investigations support that they are being notified immediately. Interviews with the investigator, PREA Manager and PREA staff support that all allegations are channeled to the investigators for review and determination of how it will be processed. The Inspector initiates a Sexual Assault Response Team (SART) based on review of the details.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires all staff be trained on these topics every two years. At this facility, all staff is trained annually. One year is considered a refresher course while the opposite year is considered the complete course. This was

supported by training records, staff interviews and interviews with the training Sergeant. A review of the training curriculums supports that it addresses all aspects required by the standard.

(b) There are separate training curriculums for staff supervising male offenders and staff supervising female offenders. The facility was asked if any staff had transferred from a female facility in the previous 12 months. They indicated there had not. The auditor found no reason during the audit process to dispute this statement.

(c) PREA training and annual refresher training has been provided since the implementation of the standards, approximately four years ago. All have staff received the training.

(d) Staff must pass a quiz before being considered to have completed the course, therefore demonstrating an understanding of the materials presented.

Finding of compliance based on the following: The auditor went to the training location and randomly pulled training documents for review during the past training year. All demonstrated compliance.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 ensures all contractors and volunteers who have contact are trained on their responsibilities under this and related policies. They sign an affidavit stating, "I confirm that I have read and understand the contents of the Prison Rape Elimination Act Training for Interns, Volunteers and Contractors" and they are provided

the PREA Brochure for Interns, Volunteers, and Contractors, NI1-125. Training/updates are provided or reviewed annually.

Finding of compliance based on the following: Review of the policy and documentation regarding contractors and volunteers support a finding of compliance.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) FDC Procedure 601.210 Inmate Orientation August 17, 2018, states that upon arrival at initial orientation via an approved video presentation that addresses PREAs' zero tolerance and how to report incidents, which includes suspicions inmates are educated regarding PREA and are provided the Sexual Abuse Awareness Brochure NI1-120.

(b) FDC Procedure 601.210 Inmate Orientation August 17, 2018 Within five working days of arrival, or prior to transfer, new commits will receive a copy of the Inmate Orientation Handbook and comprehensive orientation relating to the requirements and opportunities during the remainder of incarceration which includes PREA. The video and posters around the facility reinforce that inmates have a right to be free from retaliation for reporting such incidents. All inmate interviews indicated they are aware of this aspect of their rights under the law.

(c) As this practice has been in place since their prior audit, all inmates have been trained. Furthermore, this information is documented through an inmate management system.

(d) In addition to findings regarding 115.16, FDC Procedure 601.210 Inmate Orientation August 17, 2018 ensures that orientation material is provided in English and Spanish. Also, all efforts will be made to provide the orientation in the inmate's native language. This will include use of a Language Line or qualified Sign Language Interpreter

(e) FDC Procedure 601.210 Inmate Orientation August 17, 2018 states the inmate will sign the DC6-134C upon completing orientation. The auditor requested and received documentation supporting that the first 15 inmates received in August 2018. They sign for PREA education at the intake process and then during orientation during the first week.

(f) PREA Posters were visible throughout the facility. Inmate interviews commented about their knowledge of PREA being due to the posters and the video. Inmate Handbooks are provided to each inmate at the intake process which provides detailed information about PREA, their rights, and how to file a complaint. PREA Brochures are provided at intake as well.

Finding of compliance based on the following:

Review of the policy, interviews with the classification officers who conduct part of the intake process, inmate interviews and the randomly requested documents all support a finding of compliance.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that in addition to the general training provided to all employees pursuant to 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that specialized training shall include 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.

(c) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Finding of compliance is based on the following: The auditor reviewed the training curriculum and the documentation demonstrating that the Inspectors have been trained. Interview with the Inspectors/investigators support they are highly qualified to conduct the investigations in the confinement setting.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) H.S.B. 15.03.36 Post Sexual Battery Medical Action indicates that all medical and mental health care practitioners will be trained in 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. Training certificates were requested and received verifying that all staff have received the training in 2018. Interview with the medical and mental health staff as well as the training sergeant support that medical and mental health staff receive the basic training in addition to training in the additional area required by the standard. The auditor reviewed the training curriculum provided by Centurion (the contractor who provides medical and mental health services) and confirmed that it addresses the following: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) Not applicable, another agency provides this service.

(c) Documentation was provided to the auditor demonstrating that all medical/mental health staff have received the training both through the company Centurion and at the facility.

(d) Medical and mental health staff receives training through both the facility training sergeant and through their company, Centurion, which is accessed through the computer.

Finding of compliance is based on the following: The auditor reviewed the training curriculum, reviewed training documentation from both Centurion and the facility. Interviews with medical and mental health

staff support that the training is taken annually. Medical/mental health staff monitor training status in the same manner that they monitor licenses and CPR certificates.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) FDC Procedure 601.209 Reception Process Initial Classification includes mental and physical vulnerabilities in accordance with PREA, and will take place within 72 hours of intake. The assessment is conducted by a Classification officer. 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 also stipulates that classification will take place within 72 hours of intake.

Characteristics such as age, criminal record, and prior identified history of victimization or sexual aggression will be assessed. Potential victims or abusers will have appropriate housing, bed and work assignments. The auditor observed the intake process. Classification Officers question each inmate individually and verbally requests information from them regarding their sexual orientation, gender identity, prior history of sexual abuse or perpetrating sexual abuse. In addition, these staff completes a section on their observations during the interview. Before placement in housing is made, staff compares the information with the inmate and the other inmate whom they may be housed with or near to ensure compatibility. In addition, the computer system will alert staff if a victim is attempted to be housed with or near a predator.

(b) Intake occurs immediately upon arrival, unless the inmate arrives after regular hours, then immediately the next business day.

(c) The intake assessment is a standardized tool used throughout the Department of Corrections.

(d) Bureau of Classification Management has a form in which the assessor verbally asks the inmates regarding gender orientation and gender identify specifying that the information is only sought to assist the department in helping to properly assess placement, housing, bed assignments and work and programming needs for safety.

602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires the intake screen to consider the inmate's age, criminal record, prior history of sexual victimization or sexual abuse. The auditor reviewed the management system information. All requirements of the screening are implemented in the intake process.

(e) FDC Procedure 601.209 Reception Process Initial Classification requires that all arrest history information be reviewed and additional information requested regarding sexual offenses.

(f) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 MINS generates a 30 day appointment. If the inmate is still housed at the facility, a follow up screening is conducted.

(g) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the risk level will be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of additional information. This is reinforced in the PREA Guide. All inmates are reassessed after involvement with a PREA investigation.

(h) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the inmate will not be disciplined for not disclosing complete information in the response to the questions. Eight inmates were randomly asked if they felt they would be punished if they did not answer the question. All indicated that they not.

(i) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 indicates that confidentiality of records will be maintained regarding risk screening information. Staff report and demonstrated that the information is computerized; access to this information is controlled, providing staff a need to know. This includes classification officers and staff as well as security staff of the rank of captain or above.

Finding of compliance is based on the following: Based on policy, interviews with staff and inmates as well as review of the first 15 assessment completed in the month of August, the auditor finds this facility compliant with all aspects of the standard. This documentation demonstrated the risk assessment had been conducted, along with signed orientation sheets and follow up medical review was requested and reviewed and demonstrated compliance with the initial risk assessment, the follow up risk assessment, signed documentation for orientation occurring typically within a week of arrival, and signed documentation regarding medical intake.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b) A computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk. Potential cell mates are compared side by side to assess compatibility with these codes as well as age, physical build and other unique needs.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states the following: Housing for potential GD or transgender/intersex inmates will be determined on a case by case basis, taking into consideration the inmate's safety as required by Identification and Management of Transgender inmates and Inmates Diagnosed with Gender Dysphoria Procedure 403.012.

(d)(e) GD, transgender, and intersex inmates will be assessed biannually by classification, to evaluate housing, program and work assignments and inmate's safety.

(f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The inmate's preference will be documented on the risk assessment and the inmate will be provided a printout of her/his preference.

(g) The facility does not have a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates

Finding of compliance is based on the following: Review of the policy which requires compliance with the standard, interviews with staff and inmates which all supported compliance and overall observations made during the tour led the auditor to make a finding of compliance.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) (d) (e) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states, inmates at high risk of victimization will not be involuntarily segregated unless an assessment of all other available alternatives has been made and it is determined that there is not available alternative means of separation from likely abusers. The PAQ report indicates that no inmates were held in involuntary restrictive housing in past 12 months.

Administrative Confinement Rule 33.302.220 states that inmates placed in Administrative Confinement are reviewed by the Institutional Classification Team (ICT) within 72 hours. The team consists of the Supervising Classification Officer, Security staff (usually Colonel or Major) and a third member to determine appropriate placement. If they determine that the inmate should remain in confinement due to high risk of imminent abuse, and the inmate does not wish to remain there, then the case is documented with the reasons for maintain the placement. If the inmate remains in involuntary segregation, he completes a PREA Victim Housing Preference DC6-2084.

The following is provided to him:

Clothing same as GP

Bedding & linen same as GP

Personal Property same as GP

Hygiene same as GP

Diet and meals same as GP

Canteen items purchased once every other week

Visits limited, telephone is limited.

The inmate is reviewed by the ICT every 30 days. Daily records maintained of his time in this setting.

Finding of compliance is based on the following: During the audit process the auditor found no reason to dispute that no inmates has been placed in administrative confinement due to imminent risk of sexual abuse. The ICT provides a multi-disciplinary review by experienced correctional staff to ensure all needs are met in the least restrictive housing environment.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) PREA posters, how to report to the Gulf Coast Children's Advocacy in English and Spanish are located above the inmate telephones. Inmates receive an Inmate Orientation Handbook, 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 notes there is a tip line for staff and inmates. Inmates can file an inmate request DC6-236, file an informal or formal grievance, family member or friend, online Citizen's complaint form, write OIG, and write the PREA Coordinator. Sexual Awareness brochure and posters providing a number for specifically filing a report with Gulf Coast states that inmates can remain anonymous; the phone line is not monitored or recorded.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 specifies that any staff member will notify the Shift Supervisor if s/he has reason to believe that an inmate poses a risk of being sexually victimized.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 specifies that a TIPS line is available for inmates and staff that would connect them to the Office of Inspector General.

Finding of compliance is based on the following: The agency employs multiple reporting avenues that include anonymous, report to an outside agency, report to the OIG, grievance, inmate request, verbally to staff and anonymous. Review of the investigations support that these options will result in an investigation. Inmate interviews support that they are aware they have many options. Many inmates interviewed indicated they have observed the posters in the unit over the phone which provide this information.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) This agency is not exempt from this standard. There is an administrative procedure to address inmate grievances regarding sexual abuse. For grievances regarding sexual abuse, they can skip the informal grievance process and proceed directly to a formal grievance. Rule 33-103.066 Formal Grievance – Institution or Facility Level.

(b) Rule 33-103.066 Formal Grievance – Institution or Facility Level states that there is no time limit on when an inmate or third party may initiate a grievance regarding allegations of sexual abuse.

(c) Rule 33-103.066 Formal Grievance – Institution or Facility Level states, Inmates filing grievances alleging sexual abuse shall not be instructed to file the grievance to the individual(s) who are the subject(s) of the complaint. Additionally grievances of this nature shall not be referred to the subject(s) of the complaint.

(d) In accordance with 33-103.011 Time Frames for Inmate Grievances indicates that responses will be provided to the inmate on informal grievances – 10 calendar days, formal grievances, 20 calendar days, and grievance appeals, 30 calendar days indicating that the agency will have a response to the inmate at all levels within 60 days, not including the time consumed by the inmates.

The time limit for responding to grievances and appeals may be extended for a reasonable period agreeable to both parties if the extension is agreed to in writing by the inmate. . . Unless the grievant has agreed in writing to an extension, expiration of a time limit at any step in the process shall entitle the complainant to proceed to the next step of the grievance process. Rule 33-103.066 Formal Grievance – Institution or Facility Level states the Department shall claim an extension of time to respond of up to 70 days, if the normal time period for response is insufficient.

(e) Rule 33-103.066 Formal Grievance – Institution or Facility Level states (j) 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. On Form DC1-303 the third party filer shall check the box next to the Third Part Grievance Alleging Sexual Abuse.

The third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. They must complete the information that identifies the inmate on the top of the form and place their signature and the date at the bottom of the form. When completed, a third party filer who is not an inmate, shall mail the form to the attention of the Warden at the institution where the inmate is currently housed (if an outside party) or filed as appropriate by another inmate. When third parties initiate a sexual abuse grievance, the inmate will be notified by the institutional staff. A staff member shall interview the inmate within 2 business days of receipt of the third party grievance alleging sexual abuse. During this interview the inmate shall elect to allow the grievance to proceed or request that the grievance be stopped by completing the top half of the Form DC6-236, Inmate Request, stating whether he elects for the grievance to proceed or be stopped. The institution shall document the inmate's desire to either allow or refuse the grievance to proceed under the response section of the Form DC6-236.

(f) Rule 33-103.066 Formal Grievances – Institution or Facility Level states, An inmate may file an emergency grievance if they believe they are subject to a substantial risk of imminent sexual abuse. . . . the institution must take immediate corrective action. Staff handling this grievance shall provide an immediate response within 48 hours and shall issue a final decision within 5 calendar days from the receipt of the grievance. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action take in response to the emergency grievance.

(g) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 does allow for discipline to be pursued if an inmate knowingly filed a false report in bad faith. The facility reports they have not disciplined an inmate for filing a grievance in bad faith in the past 12 months. The auditor found no reason to dispute this statement.

Finding of compliance is based on the following: Policy supports the requirements of the standard. The auditor reviewed all grievances filed that alleged sexual misconduct. Grievances alleging sexual misconduct were reviewed. The auditor found no violation of the standards; they were submitted for investigation by the Inspector as required.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 specifies that a TIPS line is available for inmates that would connect them to the Office of Inspector General or the Gulf Coast Children's Advocacy Center. With permission, this center can file a complaint on their behalf. In addition, a contract has been established to provide emotional support services for incarcerated victims of sexual assault. A MOU has been established with Another Way, Inc. to provide these services by telephone (24 hours a day however it is only accessible with the inmate telephones are on which is 4:30pm to 9:30pm weekdays, 8:00am to 9:00pm weekends) or by writing. The instructions for calling are a direct access number, not recorded. This number is located on a posted securely posted over the inmate phones. The address is also provided. This information is also provided in the Sexual Abuse and Awareness Brochure given to inmates at intake.

Finding of compliance is based on the following: Policy, interview with the PREA Coordinator and inmate interviews support a finding of compliance. The auditor tested the TIPS line (a PIN required) and the Gulf Coast report line (no PIN required) and Another Way, Inc. emotional support line (no PIN is required). The auditor talked briefly with the person on the other end about the calls and services provided. Inmate interviews revealed that about half of the inmate were vaguely aware of the service but did say they noticed it on the poster. An observation of the telephone placement supports that they

can provide reasonable communication as they are spaced apart from each other; however, there can be traffic from inmates in the unit walking by the phones.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

[http://www/dc/state/fl.us/apps/IGcomplaint.asp](http://www.dc/state/fl.us/apps/IGcomplaint.asp): This website has a third party complaint form for friends and family. Inmates can file via a third party grievance form or any other method noted. Review of investigations revealed that one investigation was initiated due to a third party inmate written allegation.

Finding of compliance is based on the following: Based on review of third party grievance policy, the investigation in which one was initiated due to a third party complaint by another inmate, and the webpage, the auditor finds the standard to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that all staff, volunteers and contractors must notify the Shift Supervisor if he or she observes and inmate acting sexually threatening or coercive or if they believe an inmate poses a risk of being sexually victimized. In addition, staff must report any allegation of retaliation against reports of sexual abuse, sexual battery staff sexual misconduct or sexual harassment. It further requires staff to promptly report any knowledge, suspicion, or information regarding any staff neglect or violations of responsibilities.

(b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that staff maintain confidentiality of information regarding sexual abuse, sexual battery staff sexual misconduct or sexual harassment.

(c) Medical staff meet with all inmates upon arrival. At that time, they are provided the Health Services Inmate Orientation Handbook, which the inmate signs indicating receipt. It notes that all services are considered confidential however some situations require staff to reporting which includes alleged or actual abuse. Review of two investigations support that mental health staff are aware they have a duty to report. This was confirmed by interview with the mental health counselor. Limits of confidentiality are discussed with the inmate and a form is signed.

(d) Policy requires that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Florida Statute 415.1034, Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults, requires reports of sexual abuse on vulnerable adults. This statute is addressed the employee PREA training.

(e) All incidents are inputted in the agency data system which ensures that all allegations are reported to the investigator and PREA Manager. This occurs through the use of the Incident Report DC6-210, and MINS Incident Report.

602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires staff to notify Shift Supervisor if the staff has any reason to believe an inmate is at risk for being sexually victimized.

Finding of compliance is based on the following: All staff interviews support that staff are aware they need to report any allegation, suspicion, even if anonymous regarding sexual abuse/harassment, retaliation and staff neglect. Staff indicated the supervisory staff are approachable and respond appropriately to their reports. Policy and the inmate management system support that reports are forwarded immediately to the investigator. Review of the investigators support that investigators are getting notified immediately. As stated, investigations have been initiated due to information reported by mental health staff. All staff interviews confirmed that staff is aware of their duty to maintain confidentiality of their knowledge of the incident until the investigator, or supervisors.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires all staff members to notify the Shift Supervisor if he or she observes an inmate acting sexually threatening or coercive or if they believe an inmate poses a risk of being sexually victimized. Security and safety concerns will be immediately addressed by the Shift Supervisor.

Finding of compliance is based on the following:

The facility reports no inmate was subject to a substantial risk of imminent sexual abuse during the previous 12 months. However, documentation was provided that supports that allegations or concerns are immediately addressed and immediate measures are taken to ensure the safety of the inmate who believes he is at risk.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a), (b) (c) (d)602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states that if staff at a receiving institution receives information that sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment occurred at another institution, the receiving institution's Warden shall notify the sending institutions Warden a notification, documented on a DC6-210. This will be done within 72 hours of receiving the notification of the allegation. Where the allegation is reported will be responsible for entering the information in the MINS for handling.

Finding of compliance is based on the following:

Review of the investigations supports that allegations received from other facilities and/or sent to other facilities are received and thoroughly investigated. Investigators are assigned regionally. The investigation process is computerized providing access regardless of what facility they are working.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a & b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the inmates are separated, any evidence is preserved and protected until appropriate steps can be taken to collect it, the potential victim is requested to not destroy physical evidence by washing, bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The potential abuser is not allowed to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. It further states that if the first staff to respond is not a security staff, the person to respond first is required to request that the alleged victim not take action that could destroy physical evidence. PREA training for staff reinforces these requirements.

Finding of compliance is based on the following: Policy noted above, interviews with first responder and non-first responders support that the requirements noted above will be met.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Hamilton Correctional Institution PREA Coordinated Response provides a detailed outline to be followed in the event that staff receives a sexual abuse allegation. Interviews with the supervisors (OIC) and review of investigations support that this plan is followed as written.

Finding of compliance is based on the following: Review of the detailed coordinated response as well as the interviews with staff who are knowledgeable regarding the response plan supports a finding of compliance.

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

(a & b) Agreement between the State of Florida and The Florida Police Benevolent Association Security Services Bargaining Unit Article 7 Discipline and Discharge, Public Officers, Employees and Records Chapter 110 State Employment allows for employees to be suspended or dismissed for cause.

Finding of compliance is based on the following: Interview with the Warden as well as review of the contract supports that the agency can and will remove an alleged staff sexual abuse form contact with any inmates pending the outcome of an investigation.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days with at least three contact status checks. This will continue at the next facility if the inmate is transferred. Staffs who monitor for retaliation include the Classification Supervisors and PREA Manager.

(b) As noted in other standards in this report, the agency does employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The alleged victim may be moved to another unit or another complex at the facility. The alleged abuser is likely placed in confinement pending review by the ICT based on information gathered.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states that a review of disciplinary reports, treatment by other staff and inmates, and changes in housing, program assignments, work assignments and demeanor will be reviewed. This occurs during the retaliation monitoring by the Classification officers under the supervision of the Classification Supervisor.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 indicates that periodic checks will occur 30 days after the incident, 60 days and then 90 days. These appointments are automatically generated in the Inmate Management system. Documentation is entered noting what was communicated. Staffs ensure these are conducted in a private setting.

(e) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that inmates and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days unless the incident is deemed unfounded. Per interviews with Warden, PREA Manager and Classification Director, any staff will be referred to the PREA Manager (Associate Warden) for retaliation monitoring. This requirement has not occurred in the previous 12 months. Based on the review of the investigations the auditor found no reason to doubt this statement.

(f) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 indicates that the monitoring will discontinue if the investigation is deemed unfounded.

Finding of compliance is based on the following:

Policy, interview with two staff who conduct retaliation monitoring, review of all retaliation monitoring appointments for the previous 12 months all support a finding of compliance.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Finding of compliance is based on the following: See comments to 115.43. Depending on the situation, the inmate may be placed in temporary confinement until the situation can be reviewed. The ICT meets with the inmate within 72 hours. At that time, appropriate housing is determined. As the facility has separate operating Units (Main and Annex), they are able to move the inmate to the other operation to ensure safety. Often, the inmate elects to remain in confinement. The facility can and has arranged a transfer to another unit. Review of the investigations support that the facility uses this as an option, not an automatic placement process when an allegation of sexual abuse or harassment has been made.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) F.S. 944.31 Criminal Procedure and Corrections, - State Correctional System supports that the inspector general is responsible for prison inspection and investigation, internal affair's investigations, and management reviews.

Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure 108.015. the OIG is the primary investigative unit of all sexual battery allegations occurring on Department property and all sexual misconduct allegations occurring on Department property. They are the initial inspector to arrive on the scene. It further states, all allegations of staff on inmates sexual harassments shall be investigated by the Office of the Inspector General, none will be referred to management. The Emergency Action Center (EAC) shall be notified immediately whenever a sexual battery or sexual misconduct occurs. The OIC shall be notified and respond to the scene of the crime without delay. Incident Reports (DC6-210) shall be completed without delay.

(b) OIG inspectors conducting sexual abuse investigations have received training in accordance with 115.34.

(c) Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure 108.015 indicates that the Inspector investigating the allegation of sexual abuse or sexual harassment will respond to the scene immediately, coordinate crime scene control and access, collect, retain and maintain physical evidence (photographs) and chain of custody, and verify if the victim obtains medical treatment, a forensic examination and advocacy and crisis intervention. As well as interview the victim and witnesses.

(d) Per OIG procedure, when the case appears to be criminal, Miranda warnings are given to the person(s) interviewed.

(e) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure states that the Inspector shall not make a request of the victim to submit to a voice stress analysis or polygraph examination. Investigator interviews support that credibility of a victim is based on the congruency of the evidence gathered, therefore individualized not based on their status as an inmate or staff. Review of the investigations supported this to be true.

(f) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and report any violations of rules or procedures.

(g) Investigations are stored electronically. Evidence is maintained with the Inspector until it is sent to the centralized evidence storage area, following all chain of evidence procedures. Summary investigations were provided to the auditor which demonstrated compliance with the subpart of the standard.

(h) Substantiated allegations of conduct that appears to be criminal are referred for prosecution. 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure require the Inspector conducting criminal investigation and questioning a suspect shall at all times follow the directives of Miranda. Per the interview with the Inspector, all criminal cases are referred to the State Attorney for review and consideration for prosecuting. The inmate victim is informed of this.

(i) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure requires that all administrative and criminal investigative reports are retained for five years after the suspect is no longer incarcerated or the employee is no longer employed. Per this policy, they are marked "SEX CRIME: RETAIN FOR BEYOND NORMAL PERIODS IN ACCORDANCE WITH PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE, PROCEDURE 602.053."

(j) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure ensure that the departure of the alleged suspect or victim from employment or supervision of the Department shall not provide a basis for terminating an investigation.

Part of the investigative process includes giving the alleged victim a Victim Rights Brochure DC1-832 and others involved are provided the Sexual Battery brochure of the legal rights and remedies available to the victim. When feasible, the victim reviews the report and provide a statement to the accuracy of the report.

Criminal cases are categorized as follows:

Cleared by Arrest
Exceptionally Cleared
Open-Inactive
Unfounded

Administrative cases use the following categories:

Sustained
Partially Sustained
Not Sustained
Exonerated
Unfounded
Policy Deficiency

Finding of compliance is based on the following:

Twenty six PREA investigations were reviewed form the previous twelve (12) months. The following is a synopsis of the investigations:

Eighteen (18) were inmate on inmate sexual abuse allegations

Six (6) were staff on inmate sexual abuse allegations

Two (2) were inmate on inmate sexual harassment allegations

Review of the investigations revealed the use of multiple reporting measures such as third party, anonymous, TIPS line, use of grievance process, verbal and written allegations. Incidents were immediately reported and entered into the management system thereby alerting investigators of the allegations. Investigations also demonstrated proper use of *Miranda* warnings. Post allegation use of confinement appeared warranted when used. Based on review of the procedures, interview with the Inspector and review of the investigations, the auditor determined that this standard is compliant.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

F.D.C. Procedure 108.003 Investigative Process defines and supports that a preponderance of evidence is used to support a finding of substantiated, as defined by Florida OIG as exceptionally cleared.

Finding of compliance is based on the following: Review of the policy as well as the investigations that were closed, noting that the finding indicated it was based on the preponderance of evidence standard.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Procedure states that at the conclusion of a sexual battery investigation, the Inspector shall afford the victim the opportunity to review the report once it has been approved by a Supervisor (using caution to not reveal confidential information). The Inspector shall provide notice to the victim if an allegation against a staff member for sexual abuse, sexual battery, sexual misconduct, sexual harassment, or voyeurism is exonerated, sustained, partially sustained, not sustained, unfounded closed by arrest, exceptionally cleared or placed in open-inactive status. Further notice will be provided when the Department learns the alleged abuser has been indicted on a charge related to sexual abuse or convicted on a charge related to sexual abuse.

(b) There have been no investigations in the previous 12 months that were not investigated by the agency. In the event, the investigator indicated that their office would work with the outside agency and provide the notification.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states that unless the allegation is unfounded, the inmate shall be informed via an Inmate Notification PREA Staff Allegation DC6-2081 whether the staff member is no longer assigned to the facility or employed with the

Department. Review of investigations revealed that no allegation against staff was substantiated; therefore no documentation of actual notification could be reviewed. The auditor found no evidence during the audit process to dispute that this would not occur.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states When an allegation is returned to management from the Office of Inspector General, the institution will be responsible for conducting a PREA administrative security investigation. Upon completion of this investigation, the facility will be responsible for notifying the inmate(s) regarding the outcome of the investigation via an Inmate Notification Administration Investigation Outcome DC6-2080.

(e) Per the policy, the inmate has the opportunity to review the investigation prior to it being closed, and provide an opportunity to comment. Notifications are documented either through the use of Form DC6-2080, Form DC6-2081 or verbally by the Inspector, which is then documented in the investigation. The auditor reviewed emails notifying the facility of the closure of the case as well.

Finding of compliance is based on the following: Policy, review of the investigations, interview with the Inspector and review of documentation of notifications supports a finding of compliance.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) (d) FAC Ch 208.039 Employee Counseling and Discipline sets standards of conduct and establishes guidelines for administering counseling and disciplinary actions. It states that behavior that is disruptive, unproductive, or unprofessional is cause for discipline up to and including dismissal. It addresses behaviors such as negligence, revealing confidential information to unauthorized persons, conduct that would constitute an employee establishing a personal relationship with an inmate or an inmate's family, violation of the law. It further states that if circumstances warrant immediate action, an employee may be suspended or dismissed without a ten day prior notice.

Guide to Counseling and Discipline references extraordinary dismissals which can occur due to injury to employee, coworkers or other persons.

FAC Ch 60L-36.005 Disciplinary Standards indicates that employees can be suspended or dismissed due to insubordination, violation of law or agency rules, conduct unbecoming a public employee and misconduct and conviction of any crime. FAC Ch 33-208.003 Range of Disciplinary Actions Violations of rule of conduct as well as other departmental and institutional policies will result in disciplinary actions, which may be by oral reprimand, written reprimand, suspension, reduction in pay, demotion or dismissal. FAC Ch 208.039 Employee Counseling and Discipline Disciplinary action is action taken against an employee who violates the Department's rules of conduct, or Florida or Federal law.

Finding of compliance is based on the following: The policies noted above provide for disciplinary action 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. Facility reports that no staff has violated agency sexual abuse or sexual harassment policies, no discipline, no terminations, no law enforcement or licensing board referrals. Based on all observations made during the audit process, the auditor found no reason to dispute this data. Interview with the Inspector supports that licensing bodies and law enforcement agencies will be contacted if the investigation is substantiated against an employee.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) FDC Procedure 205.002 Contract Administration and Management specifies that termination for cause can be due to the contractors' failure to comply with PREA policies and procedures and/or Federal Rule 28 C.F.R Part 115. 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 require the institution to ensure that all contractors and volunteers who have contact with inmates are trained on their responsibilities in regards to PREA. It further states that contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the Department. They will be reported to law enforcement and any relevant licensing bodies.

Finding of compliance is based on the following:

The facility reports that there have been no substantiated PREA incidents with contractors or volunteers. Based on all observations made during the audit process, the auditor found no reason to dispute this data. Based on the policy and procedure noted above, and interviews with the Warden and PREA Manager, the auditor finds this standard to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states Inmate(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with Rule 33-602.222 Disciplinary Confinement and referred to Close Management review and/or issued a Disciplinary Report.

(b) F.A.C. 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions (for inmates) includes sexual battery, lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner or intentionally committing any other sexual act in the presence of a staff member, contracted staff member or visitor, obscene or profane act, gesture, or statement, oral, written or signified, sex acts or unauthorized physical contact involving inmates. Penalties are

based upon the seriousness of the infraction; a maximum number of days is established that can be given.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states All Close Management and Disciplinary Reports will take into consideration whether the mental disabilities or mental illness contributed to the abuse or perpetrator's behavior.

(d) This facility does not offer counseling unless it is requested by the inmate.

(e) The auditor was able to determine this based on a review of the log of all disciplinary reports listed by violation.

(f) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states When it has been determined that an inmate has filed a PREA report in bad faith, i.e. knowingly filed a false report, that inmate shall be subject to discipline.

(g) F.A.C. 33-601.314 Rules of Prohibited Conduct and Penalties for Infractions prohibits sex acts or unauthorized physical contact involving inmates.

Finding of compliance is based on the following:

Policy and procedure noted above supports a finding of compliance. Interview with the Warden, PREA Manager and review of disciplinary records allowed the auditor to determine a finding of compliance.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires if the SRI (intake risk screen) assessment or medical assessment indicate that an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the inmate shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Documentation was requested and received for the first 15 inmates received in August 2018. Medical intakes were also provided. This documentation demonstrated compliance with the standard. Medical staff also inquiries about prior victimization and tendencies to act out sexually aggressive. If an affirmative response is received, an immediate referral to mental health is generated.

(c) This is not applicable to this facility.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that any information relating to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary, to inform treatment plans and security and management decisions, including

(e) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that if medical and mental health practitioners gain knowledge of sexual abuse, sexual batterers, staff sexual misconduct, or sexual harassment that did not occur in an institutional setting they shall obtain informed consent from the inmate before reporting the information, unless the inmate is under the age of 18. This informed consent shall be documented as received on a DC6-210.

Finding of compliance is based on the following: Policy, interviews with the medical/mental health staff, review of the intake process documentation and overall observations during the audit process support that the facility is in compliance with this standard. PAQ reports that all potential victims and abusers have been referred for appropriate follow up evaluation. Based on the system in place, the auditor found no reason to dispute this.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states that alleged inmate victims of sexual abuse, sexual battery or staff sexual misconduct shall receive timely, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health practitioners according to their professional judgment.

(b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states If no qualified medical or mental health practitioners are on duty at the time of a recent abuse allegation is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. However, at this facility, medical staff are on duty twenty four hours a day, seven days a week.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Based on review of an investigation that occurred at another facility, sexually transmitted infections prophylaxis is provided according to medical professional orders.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history; appropriate treatment will be offered.

Treatment, as appropriate, will be offered to the victim and alleged perpetrator based on results of testings. Regardless of the results of any testing conducted, education, including education on STD and HIV/AIDS symptoms and transmission will be provided to the victim and alleged perpetrator.

The following forms are used to provide these services:

DC4-642B Mental Health Screening Evaluation

DC4-529 Staff Request Referral

DC4-683M Alleged Sexual Battery Protocol Office of Health Services

DC4-711B Consent and Authorization for Disclosure of Confidential Information

SART Sexual Assault Response Team (SART) refers to a contract medical team that, at the direction of staff from the Office of the Inspector General, responds to reported sexual abuse and/or sexual assault incidents in all regions where the Department has a contract, by conducting a forensic sexual assault examination at the reporting facility. A detailed protocol has been established that addresses the requirements of the standard.

Finding of compliance is based on the following: The established plan, as set forth in the procedure, demonstrates that the inmates of sexual abuse will be provided the services as set for by the standard. The interview with the Medical and Mental Health staff supported that this practice is in place and has been implemented which circumstances warranted.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states as appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been sexually victimized in any Department or Contracted facility

(b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states as appropriate, medical and mental health evaluation and treatment shall be offered to all inmates who have been

sexually victimized in any Department or Contracted facility and will be consistent with the community level of care. This was confirmed by the interview with the medical and mental health staff, and review of medical documentation regarding an incident that occurred at another facility.

(d) (e) This is not applicable to this facility.

(f) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 states treatment, as appropriate, will be offered to the victim and alleged perpetrator based on results of testings. Regardless of the results of any testing conducted, education, including education on STF and HIV/AIDS symptoms and transmission will be provided to the victim and alleged perpetrator.

(g) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that treatment services be provided to the victim without financial cost regales of whether the victim names the abuser or cooperates with the investigation.

(h) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that a mental health evaluation will be offered to any identified inmate-on-inmate abusers within 60 days of learning of such abuse history; appropriate treatment will be offered. H.S.B. (health Services Bulletin) 15.03.36 Post Sexual Battery Medical Action supports that this action will occur.

Finding of compliance is based on the following: The procedures, interviews with medical and mental health staff and the Inspector who initiates the SART team supports a finding of compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) (c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the institution shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation by completing the "Sexual Abuse Incident Review/Facility Investigation Summary" DC6-2076. This review team shall consist of the Assistant Warden, Chief of Security, and Classification Supervisor. The team will also obtain input via reports from line supervisor, investigators, medical or mental health practitioners. The ASIRC is not responsible for conducting a review of any allegation that is unfounded.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires the team shall meet, to, at a minimum:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area where the incident happened; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report with recommendations for improvements and submit to the PREA Coordinator.

(e) Recommendations for improvement or reasons for not doing so are noted on Form DC6-2076.

Finding of compliance is based on the following: Departmental policy, interviews with Incident Review Team Members and review of Sexual Incident Review Reports support a finding of compliance.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) (b) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 indicates definitions for sexual abuse, sexual harassment to provide for a uniform and accurate collection of data for every allegation in the agency. The data is aggregated annually.

(c) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires PREA Coordinator is responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using the Survey of Sexual Victimization-Incident Form.

(d) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires the data will also be utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including problem areas, taking correction action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for his/her institution.

(e) The interview with the PREA Coordinator confirms that information regarding any Florida Department of Corrections inmates, including those housed at the private facilities is included in the aggregated data.

(f) The Survey on Sexual Victimization was submitted to the DOJ for 2017. A copy was provided to the auditor. It is posted on the website for 2012, 2013, 2014, 2015, 2016 and 2017.

Finding of compliance is based on the following: The facility utilizes uniform definitions, information is aggregated annually, Surveys of Victimization have been submitted and posted on the webpage. Analysis is included in the Corrective Action Plan which is compiled annually, comparing previous years and assessing need for improvement. Therefore, the auditor finds this standard compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

- (a) 602.053 Prison Rape: Prevention, Detection and Response dated 7/31/2018 requires that the agency PREA Coordinator and the facility Compliance Manager to compile and report data related to PREA incidents to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. The agency has completed the Corrective Action Plan for 2017. In addition, the Agency PREA Coordinator, assess areas in need of improvement. Department wide training is conducted annually in the summer months, 2 days dedicated to PREA Managers/PREA staff, two days dedicated to Classification and Security staff, and one day provided to all Duty Wardens. Training is based on the Corrective Plan for the previous year.
- (b) The agency website has a report for 2016 that compares 2015 with 2016. The Department of Corrections 2017 Prison Rape Elimination Act (REA) Corrective Action Plan compares the findings for the year 2017 with 2016. Statuses of corrective actions plans are discussed in the report.
- (c) The Department of Corrections 2017 Prison Rape Elimination Act (PREA) Corrective Action Plan was signed by the Secretary of the Department of Corrections 3/9/2018. The annual report is on the webpage at www.dc.state.fl.us/PREA/index.html.
- (d) No redactions were required on the Corrective Action Plan.

Finding of compliance is based on the following: Based on all the information noted, the auditor finds the facility to be in compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

(a) As stated in the PREA Guide, records are securely retained in the administrative building. Other records are stored electronically and securely retained via controls of on access. The OIG procedure on Investigations emphasizes the confidentiality and handling of secure information.

(b) The 2017 Corrective Action Plan is on the agency's webpage.

(c) No information contained personal identifiers that needed to be removed.

(d) The PREA Guide requires that the information be retained for 10 years after the initial date of collection.

Finding of compliance is based on the following: Based on all the information noted, the auditor finds the facility to be in compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

See comments supporting compliance throughout the report.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The previous PREA Audit report from August 2015 is located on the agency website at www.dc.state.fl.us/PREA/Hamilton2015.pdf.

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.

Amy J. Fairbanks

January 21, 2019

Auditor Signature

Date