

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

Interim Final

Date of Report December 16, 2018

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-7307980	Date of Facility Visit: May 7-10, 2018

Agency Information

Name of Agency: Florida Department of Correction	Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.		
Physical Address: 501 S Calhoun	City, State, Zip: Tallahassee, Florida 32399		
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.		
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: The mission of the Florida Department of Corrections is to protect the public, provide a safe and humane environment for staff and offenders, work in partnership with the community to provide programs and services to offenders, and supervise offenders at a level of security commensurate with the danger they present.			
Agency Website with PREA Information: http://www.dc.state.fl.us			

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: Click or tap here to enter text.
PREA Coordinator Reports to: Wes Kirkland	Number of Compliance Managers who report to the PREA Coordinator 50

Facility Information

Name of Facility: Hardee Correctional Institution
Physical Address: 6901 State Road 62 Bowling Green Florida

Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 863-767-3004			
The Facility 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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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/PREA/index.html			
Warden/Superintendent			
Name: Shane Baker		Title: Warden	
Email: Shane.Baker@fdc.myflorida.com		Telephone: 863-767-3004	
Facility PREA Compliance Manager			
Name: Carol Garrett		Title: PREA Compliance Manager	
Email: Carol.Garrett@fdc.myflorida.com		Telephone: 863-767-3004	
Facility Health Service Administrator			
Name: Carola Brumett		Title: Health Services Administrator	
Email: CBrumett@CenturianoFL.com		Telephone: 863-767-3063	
Facility Characteristics			
Designated Facility Capacity: 1062		Current Population of Facility: 1477	
Number of inmates admitted to facility during the past 12 months			588
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			588
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			588
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			212
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-78	
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:			Click or tap here to enter text.
Average length of stay or time under supervision:			38-44 months
Facility security level/inmate custody levels:			Minimum, medium, close
Number of staff currently employed by the facility who may have contact with inmates:			283
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			76
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
Physical Plant			
Number of Buildings: 30		Number of Single Cell Housing Units: 8	

Number of Multiple Occupancy Cell Housing Units:	9
Number of Open Bay/Dorm Housing Units:	2
Number of Segregation Cells (Administrative and Disciplinary):	84
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.):	
Video Monitoring is in all living areas (3 cameras per living area), common areas and exits to the facility. There are currently 96 cameras with a retention time of 30 days.	
Medical	
Type of Medical Facility:	Level 3 Medical Grade
Forensic sexual assault medical exams are conducted at:	The facility has an MOU with Sexual Assault Response Team (SART). Private Company providing on site forensic exams when required.
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	150
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	120

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Thomas Eisenschmidt, United States Department of Justice Certified PREA Auditor for adult facilities conducted the Prison Rape Elimination Act on-site audit at Hardee Correctional Institution in Bowling Green, Florida May 7-10, 2018. This was the second PREA audit for the institution. The auditor wishes to extend his deepest appreciation to Warden Shane Baker and the staff at Hardee for their professionalism, hospitality, and kindness. The auditor also wants to compliment Carol Garrett, PREA Compliance Manager (facility) for her commitment to PREA and the hard work provided to the auditor prior, during and after the on-site visit. Her hard work and support assisted the audit process and the auditor to move forward thoroughly and efficiently.

The pre-audit preparations for the auditor included a review of the documentation and materials submitted by Hardee including the "Pre-Audit Questionnaire", the agency policies and supporting documentation for each of the standards. The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, investigative files and results, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The on site audit of Hardee Correctional Institution began with an entrance meeting conducted on Monday, May 7, 2018 at 8:00 a.m. The meeting was held with Warden Shane Baker, Carol Garrett, Judy Cardinez. The auditor briefed those in attendance about PREA and discussed the audit process that would occur over the four days.

At the conclusion of the entrance briefing the facility tour began. While touring the facility the auditor observed the notices announcing the dates of this PREA audit posted in all the buildings including each of the housing units. These posting were up eight (8) weeks prior to arrival. Also observed were posters that called attention to the agency's Zero Tolerance Policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, inmate program areas, work areas, and all other areas of the facility were toured including areas at the Camp and Bradenton Bridges. While touring, inmates and staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities.

The auditor conducted interviews over the four days. A list of inmates, employees and contractors was provided to the auditor. From these lists the auditor selected at random a sampling of inmates and staff to be interviewed. It was from these lists the auditor also selected targeted inmates to be interviewed as well. These staff and inmate interviews were conducted in a private setting.

A total of 40 staff members were interviewed during the course of this on-site audit. These interviews consisted of: 12 randomly selected correctional security staff members covering all shifts, 2 volunteers, 2 contract employees, 3 intermediate or higher level supervisors, 21 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at Hardee is trained as first responders and those uniform and non-uniform staff questioned was well versed in their areas of responsibility regarding responding to PREA allegations. The non-security staff questioned knew that once the inmate was secured their next responsibility was to immediately contact a security staff member to turn over the alleged victim.

There were 42 inmate interviews conducted during the on-site visit by the auditor. Twenty-one (21) inmates were randomly selected and twenty-one (21) were targeted, randomly selected. The targeted group consisted of 5 who acknowledged prior victimization, 9 from the LGB community, 1 identifying as transgender, 4 limited English, 1 with a cognitive disability, and 1 who reported sexual abuse. Each of the inmates interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and for reporting, as well as the procedures for reporting during intake. Inmates that had self

reported as being gay and transgender stated that staff treated them equitably before and after self-reporting and had never placed them in any housing specifically designated for any group. The transgender inmate indicated that staff immediately upon learning of his sexual identity questioned him about his safety and any concerns he may have prior to assigning him bed, work or education assignments. He also stated that he was allowed to shower separately. The auditor did not receive any correspondence from any inmate prior to the site visit.

The auditor carefully examined a sampling of personnel files, background checks, staff training files, and volunteer/contractor files that are maintained at Hardee. No one is allowed entrance into the facility to work or volunteer until a thorough background check is completed. A sampling of inmate institutional files were selected and observed documentation indicating, by signature, he received PREA education, and an initial risk screening.

The auditor reviewed the 9 PREA cases initiated at Hardee Correctional for the reported 12 months as well as a sampling of investigative case files for years 2015 and 2016. All appeared to document the investigation process per agency policy. These case files included, all interviews, photos, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

These nine (9) reported PREA cases included six (6) cases alleging sexual abuse and three (3) cases alleging sexual harassment. The sexual abuse cases involved allegations against 5 inmates and 1 staff member. Five (5) of these cases are still open, including the allegation against the staff member, with one (1) case against another inmate being determined unsubstantiated. Hardee had no sexual abuse allegations alleged to have occurred at Hardee reported back to them from other facilities during the previous 12 months and there were no sexual abuse allegations made to Hardee staff occurring at other Florida DOC facilities during the previous twelve (12) months. There were no forensic exams performed on a Hardee inmate during the previous 12 months. All three harassment cases were determined unsubstantiated.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings with Warden Baker and seven of his staff. The auditor explained the process that would follow the on-site visit. He also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all Hardee staff involved to accomplish PREA compliance and advised the facility of their requirement to post the final report on the agency/facility website once completed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Hardee Correctional Institution is one of the 50 correctional facilities within the Florida Department of Correction [DOC]. The institution is located at 6901 State Road 62, Bowling Green, Florida. It has a Work Camp located approximately one-quarter mile from the Main Unit.

The main facility currently houses Close, Medium, Minimum and Minimum-Community custody inmates and comprises of a total of 38 buildings. Twenty of those buildings are located inside the secure perimeter and are of concrete block construction. The interior of the Main Unit compound is subdivided into three sections, referred to North, South and Central. The areas are separated by two twelve-foot high cross fences that are secured by locked gates operated electronically from control rooms. There are five “butterfly” configured housing units inside the compound. Each housing unit has four (4) units with 28 double-occupancy cells each for a total of 56 inmates per wing. Another “butterfly” housing unit Building five (5) wing 1 (bottom floor), 2, and 3 is utilized as housing for disciplinary segregation inmates. There is one “L” shaped administrative segregation unit located behind the multi-service building, with two open bay dormitories containing 144 beds each. Additional buildings located inside the secure perimeter are: a security building housing administrative offices and a property room; a multi-purpose building housing medical, dental, mental health, and classification offices; two inmate canteen buildings, located on the north and south ends of the Main Unit; a recreation pavilion; food service and inmate dining building; laundry; vocational building; inmate library; education building; chapel; and a central control room, which includes an inmate visitation area. Other buildings outside the secure perimeter include the Administrative Building, maintenance facilities, warehouse, mailroom, water treatment plant, sewage treatment plant, training building, firing

range, and canine compound.

The Camp is surrounded by two twelve-foot high chain link fences with razor ribbon and contains seven buildings constructed of concrete block. The rest of the buildings are located outside the secure perimeter. The Work Camp houses Medium, Minimum, and Minimum-Community custody inmates. The Medium custody inmates are not allowed outside the security perimeter. There is a vehicular sally port at the front of the compound, and pedestrian traffic has access through the gatehouse entrance or through the sally port. The buildings that comprised the interior of the Work Camp are: two open-bay housing units with 144 beds each; a gate house which contains the control room, administrative and classification offices; a multi-purpose building which contains the Visiting Park, mailroom, inmate barbershop, shift supervisors office, medical, and inmate canteen; a food service/inmate dining building; a storage building; and a program building, which also houses the inmate library for the Work Camp.

HCI offers programs and services to include food services, medical care, dental care, recreation, multidenominational religious programs and services, work programs, academic education, vocational education, visitation, social and mental health services, library, laundry, mail and telephone access.

Hardee Correctional Institution also provides support services to Bradenton Bridges a Transitional Re- Entry Center and Community Release Center, The Bradenton Bridge gives female inmates (111) an opportunity to get their lives back on track. The Transition Re-Entry Center is a Therapeutic Community that provides intensive substance abuse treatment and value added services to women with a remaining sentence of 24 to 36 months. The foundation of the program is the Therapeutic Community Concepts, which are essential to maintaining a drug-free lifestyle in social contexts. With clinical supervision this peer-led, peer-driven environment encourages the women to become active participants in their recovery. Each program participant follows a multidisciplinary treatment plan customized to meet her individual needs. There are no DOC employees assigned to the facility, as the assigned staff is comprised of contract individuals. The inmates are processed in/out of this program and moved by staff from collocated female facilities in the area.

Facility Demographics

Rated Capacity: 1062

Actual Population: 1476

Average Daily Population for the last 12 months: 1482

Average Length of Stay: Main Unit-14 years, Camp-7 years

Security/Custody Level: Minimum through Close Custody

Age Range of Inmates: 18-85

Gender: Male

Full-Time Staff: 283

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

115.42

Number of Standards Met: 42

Click or tap here to enter text.

Number of Standards Not Met:

0

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Summary of Corrective Action (if any)

115.15 (d) The facility practice did not enable 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. Urinals located in the Camp living areas allowed the viewing by the officer while at the duty station. This situation causes cross gender viewing issues when female Correction staff were assigned. During the Corrective Action Period the facility applied black out material to the bottom portion of the glass ensuring that when staff is seated or standing viewing into the bathroom and seeing anyone at the urinals is no longer possible.

115.32: (c) The facility did not maintain documentation confirming that volunteers and contractors understood the training (PREA) they have received as required by the standard. They previously sign a document indicating that they read it prior to the change during the Corrective Action Period. The Ni1-127 (Contractor and volunteer receipt of training form) was updated and published on 7/31/2018. The facility provided the auditor with three months of documentation demonstrating that each now signs acknowledging he/she received and understood the PREA training as required.

115.41 (f) The facility did not, within a set time period of not more than 30 days from the inmate's arrival at 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 as required by the policy. Central Office staff acknowledged that the second risk assessment (SRI) was not being performed at all state wide. The agency policy and practice was changed and the 30-day reassessment went into effect the week of June 4th, 2018. Hardee provided the auditor samplings of completed 30-day reassessments. The supplied documentation contained date notations of the completed initial assessment and documentation the follow-up reassessment was completed within the 30-day time period of the inmate's arrival at the facility.

115.51b) The Gulf Coast Children Advocacy Center is an independent agency separate from the Florida Department of Correction. This is the private/public office that Hardee Correctional maintains a MOU with, where inmates in general population may privately report sexual abuse and sexual harassment anonymously if requested to a private/public entity not associated with DOC. The agency at the time of the site visit did not have a procedure in place that allowed inmates in segregation to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. During the Corrective Action Period the MOU with Gulf Coast Children's Advocacy was updated to allow for reports to be mailed from inmates that are housed in segregation to the Center privately. The auditor was provided updated PREA posters that are currently posted throughout the facility with this additional reporting update to include the mailing address for reporting. The facility provided information to all current inmates to educate them on the access to the new reporting method and their ability to report anonymously should they chose. Updated Ni1-120 (Inmate brochures) provided during orientation were also updated with the changes and provided to the auditor. The auditor also verified with the Advocacy Center the new MOU and reporting means for inmates confined in Segregation.

115.61 The agency policy 602.053 PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE was updated during the Corrective Action Period requiring all staff to report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported sexual harassment. It further requires that all staff immediately report 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. The facility trained all staff with the additional requirements in the policy.

115.67 (a)(b) The agency current updated policy now requires the protection of 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. The job descriptions of the staff members, responsible for retaliation monitoring, were updated emphasizing their responsibilities to employ 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 harassment or for cooperating with investigations.

115.77 (a) During the Corrective Action Period policy 602.053 was updated to prohibit contact with inmates by any

contractor or volunteer who has engaged in sexual abuse. The policy change also requires any contractor or volunteer who engages in sexual abuse be reported to: law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. **115.77 (b)** The current policy now requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with inmates In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the

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

POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) is the policy staff at Hardee Correctional Institution follows to provide a sexually safe facility for inmates and staff. This policy, available to staff and inmates, documents the comprehensive approach to preventing, detecting and responding to sexual abuse, sexual harassment and retaliation at the facility. The policy defines for everyone the specific prohibited acts, the staff reporting responsibilities and obligations, investigative responsibilities, support responsibilities and the punishment for violations to any portion of the policies. During the facility tour the auditor conducted informal and formal interviews with staff and inmates and they were well informed about the key elements of the PREA policies and procedures for reporting.

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.

Ms. Kendra Prisk is the Agency PREA Coordinator and was interviewed by DOJ certified PREA auditor Debra Dawson. She has fifty (50) facilities she is responsible for with a PREA Compliance Manger at each. Her interview confirmed she had sufficient time and authority to coordinate the Agency efforts to ensure compliance with each of the PREA Standards. Her position is found on the Agency organizational chart and she has access to the Secretary to discuss PREA matters. During the Corrective Action Period Ms.Prisk was promoted and Ms. Cardinez was promoted into her position.

Carol Garrett is the PREA Compliance Manager at Hardee and has been in the position less than a year. She indicated she has more than enough time to adequately perform her PREA related work at the facility. Although she is relatively new to this position she has a very good understanding of her responsibilities and the PREA standards. She reports directly to Warden Baker and has his support and availability. Discussions with the inmates and the staff revealed their awareness of his position as PREA Manager.

Compliance based on the review of zero tolerance policy, defining prohibited acts, punishment for violation, training for staff on policy: prevention; reporting and deterring sexual abuse/harassment, review of the document showing PREA position with the agency. Interviews with the PREA Coordinator and the PREA manager indicating they had sufficient time to perform their duties.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

DOJ certified auditor Debra Dawson interviewed Kendra Prisk, Florida Department of Correction contract monitor who oversees the seven private prisons within the Agency.

Kendra oversees all the operational practices, contract practices, and day to day operations of each Agency contracted facility. One of her primary responsibilities in monitoring each private prison is to ensure each of the facilities is PREA compliant and following Florida DOC Policies and Procedures. The agency has included in all contracts (7 with three different vendors) the requirement to adopt and comply with the PREA standards. The seven private facilities have had PREA audits as required by their contracts.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Warden Baker stated, during his interview, Hardee Correctional Institution has a detailed Staffing Plan which is based on; generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors when designing the plan. He informed the Auditor that he must approve deviations from the plan prior to any post being closed. He also stated that if he authorizes any post closing he must inform the Regional Office of the closing and the reason for it. The main reason for post closings, according to Warden Baker, are due to emergency transport.

The auditor discussed annual reviews of the staffing plan with the facility PREA Compliance Manager. She indicated she along with Operations Staff assesses current staffing levels and camera placements during their review along with the factors outlined in the above first paragraph. The auditor was provided the staffing review conducted in 2017. The review took into account sexual abuse allegations, generally accepted detention and correctional practices and all components of the facility's physical plant including "blind spots" or areas where staff or inmates may be isolated.

Supervisor post orders require them to conduct regular and random unannounced rounds to identify and deter staff and inmate sexual misconduct. The auditor interviewed supervisors from each shift at Hardee. All indicated that they make unannounced rounds and document them. They informed the auditor that they make these rounds staggering their round times and locations in order staff does not alert other staff they are out. The auditor checked housing unit logs and found supervisor signatures at different times on different dates.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 ©

- 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*)

Instructions for Overall Compliance Determination Narrative

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

Hardee Correctional Institution is exempt from this as there are no youthful inmates ever placed in this facility. This is an adult male facility.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Procedure 602.036 (Gender Specific Security Positions, Shifts, Posts, and Assignments) and Procedure 602.018 (CONTRABAND AND SEARCHES OF INMATES) are the policies at Hardee that outline for staff the requirements that must be adhered to when searching inmates. They detail when, how and by whom each type search must be performed by staff. It restricts cross gender strip searches or cavity searches of male inmates by female staff except in exigent circumstances. The cross gender searches must be approved and documented if performed. The PRE Audit Questionnaire (PAQ) and interviews with the Warden Baker, PREA Compliance Manager and shift supervisors indicated that the facility conducted no cross gender strip searches by female staff upon any male inmate during the last 36 months at Hardee. If they had they would have been documented. The auditor was informed during the random and targeted inmate interviews that they (inmates) were never exposed to cross-gender searches.

The auditor questioned uniform staff about frisk training and agency search requirements during the on site interviews. Each of them indicated their awareness of the cross gender restriction on strip-searching and indicated that not only is it prohibited in policy but it is part of the training information they receive in the classroom. They also informed the auditor that the training they received included the prohibition of the strip-searching of a transgender and/or intersex inmates for the sole purpose of determining their genitalia. Training curriculum for staff was also reviewed at the time of the visit. It included classroom and practical application instructions on pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status.

The auditor toured this facility spending a significant amount of time in each of the living areas and witnessed females announcing their presence upon entering these areas. Most inmates confirmed females announcing their presence upon entering inmate living areas during the random and targeted interviews conducted. Some stated that not every female staff member announces on entry. The Warden was informed of this during the exit briefing and asked to reinforce the announcement with female staff and also emphasize with the inmate training that the announcing requirement is only if there is not a female on the unit already and not required every time a female enters.

Hardee has 93 cameras throughout the inside of the facility with three (3) in every living area. None of these three cameras cause cross gender viewing issues in any of the cell block housing units. The two dorm units do have cameras in the living area where inmates sleep. Inmates are required by policy, to change they clothes in the inmate bathrooms and must be clothed while in their living unit. The cameras recording capability for all cameras is 30 days and then new information is recorded over it.

The facility practice did not enable inmates to perform bodily functions without nonmedical staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Urinals located in the Camp living areas were viewable by female officers while at the duty station. This situation caused cross gender viewing issues. During the Corrective Action Period the facility applied black out material to the glass ensuring that when staff is either seated or standing viewing into the bathroom and seeing anyone at the urinals was no longer possible.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

Procedures 604.101 (AMERICANS WITH DISABILITIES ACT PROVISIONS FOR INMATES) and 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) requires Hardee Correctional Institution to provide inmates with disabilities (including those who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility provides; closed captioning for deaf/hard of hearing, large print material for those with impaired vision, and the reading of materials to inmate(s) by staff for blind/limited mental capacity inmates if necessary. This was confirmed in interviews with the Warden and the PREA Manager.

Four limited English inmates were interviewed during the site visit at Hardee. Each of them required the use of an interpreter during the interview process. All four indicated they were provided PREA related materials that they could understand. They also indicated they believe they 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. They were provided information in written format they were able to understand (Spanish). Hardee maintains a contract with Language-Line, INC. This company provides interpretive assistance (sign language, language expertise in written materials, phone help, and on site help) if needed. The facility also maintains a list of individual staff members and the language(s) that they can speak and understand as well.

Inmates arriving at Hardee receive a tri fold pamphlet in Spanish and English. This document provides the inmate information on the agency zero tolerance policy. It alerts the inmate of numerous ways to privately report incidents of sexual abuse, sexual harassment without fear of being punished for reporting it. The information includes phone numbers and addresses. It also provides them with the contact information for the facility victim advocate. This information is also posted in every housing unit and all areas accessible to the inmate population. This issuing of the pamphlet was confirmed during conversations with the random sampling of inmates.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Debra Dawson, certified DOJ PREA auditor, conducted the interview with Ms. Musgrove, Florida DOC Human Resource Staff Person in Central Office. She indicated to her that all hiring and approval to allow staff, contractors and volunteer's entrance into Hardee is accomplished through Central Office after the background check is completed and never before that.

She informed that Auditor that criminal background checks are performed on everyone (staff, contractor, volunteer) entering any Florida facility and that DOC hiring policies prohibit the hiring or promoting of anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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.

The Agency has a system (LiveScan) that utilizes the fingerprints of each employee. If any employee commits a crime, the agency is electronically notified through this system within an hour. They do require staff to report any misconduct to their Supervisor within a specific time frame either electronically or telephonically. Florida DOC also requires the staff to provide a written declaration, of any contact or incident, on an agency provided Incident Form.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

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There has been no substantial expansion at Hardee Correctional Institution during the last three years. Currently there are ninety-three (93) cameras at the facility. Cameras were added to the entry points of the facility and within the Food Service area during the last twelve months.

Warden Baker told the auditor anytime a decision is made to add or move cameras at Hardee he has and would continue have the PREA Compliance Manager included in the placement decisions taking into account blind spots, staffing, and significant incidents in the area. The current PREA Manager is new to the position and was not present when the new cameras were installed

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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The Inspector General's Office (IG) conducts all criminal investigations and administrative investigations involving sexual abuse. This is a department within the Florida Department of Correction. The auditor interviewed one of the IG Investigators and she stated that each and every administrative and criminal investigation at Hardee must adhere to the investigative and evidence protocols 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. She detailed the content of the training she received from the Moss Group (Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators) and indicated that investigators are required to follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy.

Hardee does not send inmate victims of sexual assault out for forensic exams. They have a Memorandum of Understanding (MOU) with the Sexual Assault Response Team. This private contract provider responds to the facility Medical Unit with a SANE/SAFE nurse who conducts a forensic examination if authorized. If there is not one a SANE/SAFE Nurse available the examination is conducted by a qualified medical practitioner. There were no forensic exams conducted during the last 12 months at Hardee.

The Peace River Center for Personal Development has a 3-year MOA starting in 2017 to provide support services to inmate victims of sexual assault incarcerated at Hardee. The auditor spoke with Ms. Lee from that agency. She confirmed the MOU with Hardee and detailed the service that her agency would provide if requested by one of the Hardee inmates. It included support service during the forensic exam and during the investigative interviews.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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SEXUAL HARASSMENT, AND SEXUAL MISCONDUCT INVESTIGATIONS) require every allegation of sexual abuse or sexual harassment alleged to have occurred in any facility within Florida Department of Correction be thoroughly and completely investigated criminally or administratively. As noted earlier in standard #115.21 the Inspector General's Office has the legal authority to conduct criminal and administrative investigations within all prison in the State including the private facilities.

The auditor conducted an interview with an Investigator from the IG and she stated that investigations are initiated and completed on every allegations of sexual abuse or sexual harassment, regardless of how the allegation was made or received (written, verbal, anonymous or third party).

The auditor reviewed the 9 PREA cases initiated at Hardee Correctional for the reported 12 months as well as a sampling of investigative case files for years 2016 and 2017. These case files documented the investigation process per agency policy and included, all interviews and notes, photos, recording video footage (in cases where available), first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

These nine (9) reported PREA cases included six (6) cases alleging sexual abuse and three (3) cases alleging sexual harassment. The sexual abuse cases involved allegations against 5 inmates and 1 staff member. Five (5) of these cases are still open, including the allegation against the staff member, with one (1) case against another inmate being determined unsubstantiated. Hardee had no sexual abuse allegations alleged to have occurred at Hardee reported back to them from other facilities during the previous 12 months and there were no sexual abuse allegations made to Hardee staff occurring at other Florida DOC facilities during the previous twelve (12) months. There were no forensic exams performed on a Hardee inmate during the previous 12 months. All three harassment cases were determined unsubstantiated.

Standard 115.22 requires the agency publish their investigative policy on its website or, if it does not have one, it must make the policy available through other means. The policy can be found on the agency site at: <http://www.dc.state.fl.us/PREA/index.html>

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not

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

The auditor reviewed annual in-service and pre-service curriculum provided to the staff at Hardee. The curriculum subject matter includes the review of: (1) agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities in prevention, detection, reporting, and response to sexual abuse and sexual harassment; (3) inmate's right to be free from sexual abuse and sexual harassment; (4) staff and inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) how to recognize the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews were conducted with uniform and non-uniform staff while on site. All those interviewed indicated that they had received the agency (PREA) training prior to reporting for work. They discussed their training during their interviews and either in the overall initial question or on the follow up questions they covered the training topics described in the paragraph above as part of the training received by them at pre-service and again at their annual in-service training. They also described in detail to the auditor the procedures they would follow if an inmate approached him/her with an allegation of sexual assault. Their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction.

The Auditor interviewed non-security first responders while on site as well. Those interviewed indicated that if approached by an inmate alleging sexual abuse they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the inmate and the situation. The auditor reviewed a sampling of Hardee Correctional Institution staff training records for 2016, 2017 and 2018. Except for those staff members out on long-term absence or on military leave, everyone working during those years was provided the annual mandated PREA training. The auditor also verified from the staff training records they received training prior to their working with inmates.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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)

Instructions for Overall Compliance Determination Narrative

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PROCEDURE 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) requires all contractors and volunteers receive the zero tolerance training prior to being allowed entrance into the facility and have refresher training every three years. The standard also requires each contractor and volunteer must acknowledge, by signature, that they have received and understood this training. The facility did not maintain documentation confirming that volunteers and contractors understand the training (PREA) they have received as required. They sign a document indicating that they read it. The Ni1-127 (Contractor and volunteer receipt of training) was updated and published on 7/31/2018. The facility provided the auditor with three months of documentation demonstrating that since the policy was updated each signs acknowledging he/she received and understood the PREA training.

The auditor reviewed the training curriculum and training records for contractors/volunteers. Except for those who began prior to 2013 all have received this mandated training before being allowed entrance into Hardee Correctional Institution.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Inmate education on sexual safety is given the same priority as employee education within the Florida Department of Correction. It begins once the inmate leaves the bus and enters the Hardee Intake area. He is provided a tri-fold PREA pamphlet (available in English or Spanish) that provides him with information to keep him safe while doing his time.

This pamphlet provides inmates with information and instructions on how and whom to report incidents or suspicions of sexual abuse and/or sexual harassment and retaliation if necessary. They are informed they can make these allegations verbally, anonymously or in writing and through third parties. While they are in a waiting to continue processing they are provided a 22-minute close captioned Inmate Education video. This video also informs

inmates how they can privately report allegations of sexual abuse for themselves or others without fear of being punished. It also informs them they can report retaliation for reporting sexual abuse or sexual harassment as well. Newly arrived inmates are provided by policy (PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) an in-depth orientation including an overview of PREA and sexual safety within 5 days of their arrival. Among other things that are stressed with them during this orientation is how to privately report allegations if it becomes necessary. Interviews and informal discussions with over 40 inmates during the site visit indicated they had received PREA information on their day of arrival at the facility, within their first week at the facility and is also provided to them through the PREA informational postings in all of the housing areas and other areas that they have access to. They also acknowledged that their PREA training is verified in writing and signed for. The auditor reviewed random files of inmates demonstrating by signature that they received this training.

As noted in standard #115.16 Hardee inmates who are limited English proficient, deaf, visually impaired, as well as those inmates who have limited reading skills are provided PREA information in a format that makes them aware of their rights to be free from sexual abuse and sexual harassment, their rights not to be punished for reporting it and their rights to be free from retaliation for reporting it. This is also required in PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE. states **“In addition to the general training provided to all employees pursuant to 28 CFR 115.31, the Department shall ensure that Investigators have received training in the conducting of such investigations in confinement settings”.**

The auditor interviewed the Investigator from the Inspector Generals' Office. She detailed the investigative training she received. She stated her training included topics on: 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 criminal prosecution. Her training was based on the Moss Group training. The auditor was also provided the Moss Group (Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators) curriculum outlining these specific topics.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires all full time and part-time medical and mental health care practitioners receive the same training every employee receives on the agency zero tolerance policy. Centurion Health Service Bulletin 15.03.36 requires that all full time and part time medical/mental health practitioners also receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Centurion Health Services is the contract provider for all medical and mental health services for Hardee inmates.

The auditor conducted interviews with medical and mental health practitioners during the Hardee site visit. These medical practitioners told the auditor that they are required to take the training mandated for employees' by §115.31 and they are also required to take the additional training referenced in the above paragraph. The Auditor reviewed training records for them and everyone currently employed by Centurion and working at Hardee has taken the mandated "all employee" zero tolerance training and the one time required training by the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

As noted in standard 115.33 all inmates arriving at Hardee Correctional Institution enter through the institution intake area. Once properly identified, each inmate is issued a PREA pamphlet and exposed to the Agency PREA video. Within 72 hours of arrival, but typically on the day of arrival he receives a risk assessment to determine his vulnerability and/or abusiveness utilizing an objective-screening instrument referred to as the Sexual Risk Indicators (SRI). A trained Classification staff member conducts this assessment. Inmates typically arrive at the facility during normal week day hours. However, by policy, if they should arrive on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival for his risk assessment.

The assessment process is computerized and information gleaned becomes part of the Agency Inmate Behavioral Assessment Scale (IBAS). The system has been designed to identify the potential risk each inmate presents for predatory behaviors or their potential risk to be preyed upon by other inmates. The intent is for this system to be designed as an integrated web application that pulls required information from the Offender Based Information System mainframe, calculates the IBAS and Sexual Risk Indicators (SRI) designations and delivers those designations to specific OBIS screens.

During his assessment the first question asked is about their knowledge about PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate's criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The staff member also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening or has reported prior victimization, no matter when it occurred, has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf.

The auditor interviewed two classification screening staff members involved in this process. Each confirmed the policy and process noted above including their responsibilities in the process. Their interviews also confirmed the inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional

information that bears on the inmate's risk of sexual victimization or abusiveness. These staff members also stated inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

The facility did not, within a set time period of not more than 30 days from the inmate's arrival at 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 as required by the policy. Central Office staff acknowledged that the second risk assessment (SRI) was not being performed at all state wide. The agency policy and practice was changed and the 30-day reassessment went into effect the week of June 4th, 2018. Hardee provided the auditor samplings of completed 30-day reassessments. The supplied documentation contained date notations of the completed initial assessment and documentation the follow-up reassessment was completed within the 30 day time period of the inmates' arrival at the facility.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

All information obtained during the risk assessment (Sexual Risk Indicators) as well as any information found in the institutional record is used with the primary goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Hardee Classification Committee is responsible for making all bed, program and work assignments with this primary objective in mind.

All housing and program assignments are made on a case-by-case basis. Through inmate and staff interviews by the auditor, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate. All bed assignments made at Hardee are processed through the CDC (Classification Data Center) that is part of the IBAS system. It utilizes all inmate data from the SRI and will not allow the double bunked cell assignment of: a victim and abuser, inmates with significant age differences and inmates with size differences. Should someone try and move an inmate when these differences are noted, the computer will not allow the cell change.

There are no dedicated housing units based on sexual identity at Hardee. This was confirmed during interviews with the Warden and those inmates identifying as transgender, gay or bisexual. Inmates indicated they were never housed in any dedicated housing.

There was one (1) transgender inmate interviewed at Hardee during the site visit. He stated he was questioned about his safety during his risk assessment on arrival and also indicated being seen by staff at least twice a year to provide input about any concerns that he may be experiencing.

The classification staff informed the Auditor that all information from the SRI is shared in an official capacity on a need to know basis and is pass word protected.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE prohibits the placement of inmates at high risk for victimization in segregated housing is unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 72 hours). The auditor interviewed one (1) inmate who made a sexual abuse allegation the Supervisor of the Segregation Unit and the Warden.

The inmate informed the Auditor that he was not placed in segregation as a result of his allegation as a means of separation. The Supervisor indicated that the placement of any inmate victim making an allegation of sexual abuse is not allowed by policy except in extreme situations. He stated that there have not been any inmates placed in segregation as a result of filing an allegation at Hardee during the last 36 months.

Warden Baker stated that if ever a situation ever presented itself where an inmate alleging risk of victimization needed to be separated his last choice would be placement in Segregation. The facility is separated and secured into two separate areas (North and South). If he need to separate either a victim or abuser he could utilize either side of the facility. He further stated if it ever became necessary to utilize Segregation the inmate would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

The auditor toured the Segregation Unit and did not note any inmate being housed there for protection from sexual abuse.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Hardee Correctional Institution does not detain inmates solely for civil immigration purposes. PROCEDURE 602.053,(PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires inmates have private reporting opportunities for sexual abuse and sexual harassment allegations. Inmates can make allegations of sexual abuse and sexual harassment in a grievance, calling the TIPS line (866-246-4412 or *8477 for inmates), verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends.

Posters throughout the facility and the tri-fold pamphlet provided to every inmate arriving at Hardee detail the means of reporting sexual abuse and sexual harassment. The policy and information provided however does not address reporting retaliation and reporting staff neglect or failure to perform duties.

The updated policy 602.053 address retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA information provided including PREA posters throughout the facility requiring the reporting of retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Gulf Coast Children Advocacy Center is an independent agency separate from the Florida Department of Correction. This is the private/public office that Hardee Correctional maintains a MOU with, where inmates in general population may privately report sexual abuse and sexual harassment anonymously if requested to a private/public entity not associated with DOC. The agency at the time of the site visit did not have a procedure in place that allowed inmates in segregation to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. During the Corrective Action Period the MOU with Gulf Coast Children's Advocacy was updated to allow for reports to be mailed from inmates that are housed in segregation to the Center privately. The auditor was provided updated PREA posters that are currently posted throughout the facility with this additional reporting update to include the mailing address for reporting. The facility provided information to all current inmates to educate them on the access to the new reporting method and their ability to report anonymously should they chose. Updated Ni1-120 (Inmate brochures) provided during orientation were also updated with the changes and provided to the auditor. The auditor also verified with the Advocacy Center the new MOU and reporting means for inmates confined in Segregation.

All of the 42 inmates that were formally interviewed during the site visit were aware of how to privately report any incident of sexual abuse/harassment. A good share of them did not have trust in the phone system even though they did not have to utilize their pin number to access the reporting phone number.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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)

Instructions for Overall Compliance Determination Narrative

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Rule: 33-103.006 (Formal Grievance) permits inmate grievances, that alleges sexual abuse, to be filed at any times regardless of when it may have occurred. The inmate or a family member or friend can file sexual abuse grievance. The inmate obtains form DC-1303 and fills out what he is alleging, seals the document and places it in a locked grievance box. The Grievance staff member picks up the grievance only. If the document alleges sexual abuse she notifies the Colonel and PREA Compliance Manager. The inmate must be seen within 48 hours. Once the allegation is turned over to the Inspector General the grievance office notifies the inmate the inmate that the grievance process ends once the IG has the allegation. The Grievance staff person confirmed this process.

This grievance form is available on the Agency web page for family and friends of any inmate to file a grievance on his behalf.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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PROCEDURE 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) requires inmates victims of sexual abuse be provided support services. The facility has a three year MOU, expiring July 2020, with Peace River Center- Rape Recovery Program. The Center provides information, referrals, support groups, and counseling to victims and significant others.als,

Contact information (address and phone number) is available in the trifold pamphlet each inmate receives on intake. The information is also posted in all of the inmate living areas. There were 42 inmates formally interviewed by the auditor during the site visit. Most indicated that they were aware of this outside support services because there were postings with information about them throughout the facility. Some were sketchy about the information in the postings such as times available and exactly what services they provided. Some of the random inmates also indicated to the auditor they were not aware of these support services because it did not interest them.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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In the visiting room at Hardee Correctional, where inmate visitors have access, are posters informing families and friends of the phone numbers and an email address where they can report allegations of sexual abuse, sexual harassment or retaliation on behalf of any inmate. Random interviews conducted with inmates demonstrated their knowledge of third party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)
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Instructions for Overall Compliance Determination Narrative

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The agency policy 602.053 PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE was updated requiring all staff to report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported sexual harassment. The updated policy further requires that all staff immediately report 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. The facility, during the 90 day CAP, provided all staff with the additional information requirements updated in the in the revised policy.

The Warden indicated in his interview the policy requirement and his action to report any allegation where the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute to the designated State or local services agency under applicable mandatory reporting laws.

The auditor interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners while on the premises at Hardee. All of them acknowledged their obligation to immediately report allegations of sexual abuse and sexual harassment so an investigation can be initiated without delay.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

During interviews with Warden Baker and the random staff each was specifically questioned about what actions they would take if they became aware of an inmate who was at substantial risk of sexually abused.

The staff responded much in the same manner as they did when responding to the question how they would respond to an incident where the inmate had been sexually assaulted. Each indicated the safety of the inmate at risk would be their primary concern. They indicated their first course of action would be to seek out the inmate in imminent risk, isolate him and notify their supervisor and holding the inmate until further directed by the supervisor.

Warden Baker indicated his reaction would be predicated on the degree of vulnerability of the inmate. He has plenty of housing units within the facility where the inmate could be placed. As previously noted inmates on the south side do not have contact with inmates north side. He indicated he could move the inmate to another DOC facility if it was an extreme case. Placement in the segregated housing area would be his last resort.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 D

etermination

- 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*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PROCEDURE 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires the Warden at Hardee to notify the facility Warden or Facility Head, about any sexual abuse allegation that occurred while confined at their facility. The Warden must make this notification within 72 hours of (facility) becoming aware of this allegation. The Warden and the PREA Manager indicated that Hardee has no allegation made to staff occurring at other facilities during the last 12 months. They both also stated that Hardee had no sexual abuse allegations alleged to have occurred at Hardee reported back to them from other facilities during the previous 12 months either .

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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Hardee Correctional Institution employees, contractors and the volunteers at Hardee receive training on how to respond to allegations of sexual abuse and sexual harassment. Everyone is considered a first responder regardless of rank, position, title or length of service. Security and civilian duties are different when responding but everyone responds with the primary goal to protect the victim. The auditor interviewed and questioned uniform staff and non-uniform staff about the actions each would take when responding to allegations of sexual abuse or sexual harassment.

The uniform staff first responder training is more in depth and details what is expected of them. The interviewed uniformed staff indicated they're first step would be to separate the alleged victim and abuser, then preserve and protect any crime scene, insure that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

The non-custody staff at Hardee indicated that if an inmate approached any of them and alleged sexual abuse they would first secure/separate the alleged victim from the abuser if both were present. Their next step would be to contact the closest security person in their area to take charge of the situation.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

- **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*)

Instructions for Overall Compliance Determination Narrative

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Hardee has a written coordinated response plan detailing the coordinated actions to be taken among staff first responders, medical and mental health practitioners, the Inspector General Investigators, and facility leadership in response to an incident of sexual abuse. The auditor was provided a copy of this plan.

During the site visit interviews were conducted with medical staff, mental health staff, PREA Compliance Manager, Inspector General and multiple supervisors. Their interviews confirmed their awareness to this specific policy and their specific responsibilities as they relate to responding to any sexual abuse investigations.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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The most current Collective Bargaining Agreement, dated October 2015, does not limit 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.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 inmates 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*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Retaliation monitoring for any inmate and any staff member who has reported sexual abuse is outlined in PROCEDURE 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE). This policy also sets up the minimum time of 90 days for this monitoring unless the incident requires more time and it requires the monitoring be documented and periodic. Retaliation monitoring for sexual abuse cases involving inmates is handled at Hardee by the inmates Case Manager and for the employees by the Colonel, in all cases but unfounded.

Standard 115.67 (a) “.....The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation”. At the time of the site visit the facility current policy does not address “ or cooperates (inmates and staff) with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency current updated policy now requires the protection of 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. The job descriptions of the staff members, responsible for retaliation monitoring, were updated emphasizing their responsibilities to employ 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 harassment or for cooperating with investigations.

During their respective interviews the Colonel and a Case Manager told the auditor that all retaliation monitoring for staff and inmates is periodic and continues for a minimum of 90 days and longer if necessary. They also indicated that while monitoring inmates each review the inmates’ work assignments, disciplinary reports and evaluations, and any bed changes. Each indicated they meet with them individually to discuss any concerns they might have. When monitoring staff both stated they look at the employee’s work assignments, time off approvals, transfers, and evaluations. Each also indicated that monitoring could continue for whatever length of time was needed. The auditor reviewed the one unsubstantiated completed case reported at Hardee and found retaliation monitoring conducted as required by policy. There were no reported incidents of retaliation reported over the last 12 months.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser (for no longer than 72 hours). The auditor talked to one (1) inmate who made a sexual abuse allegations and the Supervisor of the Segregation Unit.

The inmate was not placed in segregation as a result of his allegation as a means of separation. The Supervisor indicated that the placement of an inmate victim making an allegation of sexual abuse has not happened at anytime at Hardee during the last 36 months.

Warden Baker stated that if ever a situation presented itself where an inmate who is alleged to have suffered sexual abuse needed to be separated, his last choice would be placement in Segregation. The facility is separated and secured into two areas (North and South). If he need to separate either a victim or abuser he could utilize either side of the facility, If it ever became necessary to utilize Segregation the inmate would have access to programs, privileges, education, and work opportunities or the reason it was not granted would be documented.

The auditor toured and confirmed no inmates were housed in the Segregation Unit for protection from sexual abuse during the tour of the unit.

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 (I)

- 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*)

Instructions for Overall Compliance Determination Narrative

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Regardless of the circumstances of how the Institution became aware of it, every allegation of sexual abuse must be immediately reported to the Inspector General's Office. Once notified a trained investigator is assigned the case once a PREA number has been assigned. Procedure 108.015 (SEXUAL BATTERY, SEXUAL HARASSMENT, AND SEXUAL MISCONDUCT INVESTIGATIONS) and PROCEDURE 602.053, PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE policies require the IG Investigator(s) receive specialized training and as was noted in Standard 115.34 this specialized investigative training was received and verified by the auditor.

The interview conducted with the IG Investigator indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. She also indicated that by policy their office does not require the inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. The one (1) inmate interviewed that made a sexual abuse allegation indicated that he was not asked or required to submit to a lie detector test as a condition of the investigation.

The Investigator detailed the investigative process to the auditor. The typical case involves gathering and preserving direct and circumstantial evidence, including available physical and DNA evidence, available electronic monitoring data, conducted interview notes with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of Hardee does not provide a basis for terminating any investigation according to her and the policy. The auditor reviewed all case files for the previous twelve months that were not still open and found each file contained direct and circumstantial evidence that each investigator described during their interviews.

The auditor reviewed the 9 PREA cases initiated at Hardee Correctional for the reported 12 months as well as a sampling of investigative case files for years 2015 and 2016. All appeared to document the investigation process per agency policy. These case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

These nine (9) reported PREA cases included six (6) cases alleging sexual abuse and three (3) cases alleging sexual harassment. The sexual abuse cases involved allegations against 5 inmates and 1 staff member. Five (5) of these cases are still open, including the allegation against the staff member, with one (1) case against another inmate being determined unsubstantiated. Hardee had no sexual abuse allegations alleged to have occurred at Hardee reported back to them from other facilities during the previous 12 months and there were no sexual abuse allegations made to Hardee

staff occurring at other Florida DOC facilities during the previous twelve (12) months. There were no forensic exams performed on a Hardee inmate during the previous 12 months. All three harassment cases were determined to be unsubstantiated.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

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Procedure 108.015 (SEXUAL BATTERY, SEXUAL HARASSMENT, AND SEXUAL MISCONDUCT INVESTIGATIONS) imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is documented in the Specialized Investigation Training lesson plan and was confirmed with the IG Investigator during her interview.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the

- Inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)

Instructions for Overall Compliance Determination Narrative

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Inmates at Hardee who make an allegation of sexual abuse are allowed to review the final report and provide a statement as to the accuracy of the report at the conclusion of the investigation. This is outlined in Procedure 108.015 (SEXUAL BATTERY, SEXUAL HARASSMENT, AND SEXUAL MISCONDUCT INVESTIGATIONS). The inmate making the allegation is also required to be notified where the case made against another inmate results in an indictment and trial. He must also be apprised of the outcome of this trial as well. This same policy requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate (unless the investigation has determined that the allegation was unfounded) whenever the employee is no longer assigned on his unit and no longer employed in the facility. They also notify him if the employee was indicted or charged and goes to trial. The auditor interviewed an inmate who filed allegations of sexual abuse and he indicated he was informed of the investigation outcome.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)
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Florida Department of Corrections Employee Handbook (page 51) informs every employee that staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Florida State Statute 944.35 Authorized Use of Force Malicious Battery and Sexual Misconduct Prohibited: Reporting Required; Penalties (b1) defines sexual misconduct while 4c of the statute requires the dismissal of the employee who engages in sexual assault/abuse with an inmate. Section 4c requires the misconduct be reported to the Office of the Inspector General (OIG). All cases regardless of whether the staff member resigned are reported to law enforcement (OIG).

Although there have been no reported cases involving staff at Hardee the Warden and PREA Coordinator confirmed this process to the Auditor.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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As previously noted case managers and the Colonel are the staff members at Hardee that monitor staff and inmates for retaliation. Warden Baker clarified their responsibilities from policy 602.053

informing them: inmates that have reported sexual abuse will be monitored for at least 90 days in 30 increments for the following: inmate disciplinary reports, housing, or program changes, negative performance reviews and periodic status checks. Should monitoring indicate a continued need, the inmate will then be monitored for an additional 90 days. The obligation to monitor shall terminate if the investigative case determines the allegation is unfounded. While monitoring, it is requested that you employ protection

measures when necessary. A few suggestions but not all-inclusive list included in the federal rule are as follows: Housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with the victim. Protection measures should be tailored to best address the inmates need. Should the inmate advise they fear retaliation for reporting sexual abuse, sexual harassment or for cooperating with investigation the inmate will be referred for emotional support services and mental health follow-up.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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

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Rules 33-601.301 and 33-601.314 (Inmate Discipline) detail administrative sanctions for inmates guilty of sexual abuse and sexual harassment. Hardee Correctional Institution inmates are subject to disciplinary sanctions following a finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse.

The sanctions are 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, and consider whether an inmate's mental disabilities or mental illness contributed to his behavior. Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed. Warden Baker stated during his interview that inmates would and have been subject to the disciplinary process when it was determined that they engaged in this type of behavior and special considerations are utilized during the disciplinary process with inmate's mental disabilities or mental illness.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

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POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) states if the results of anSRI 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 medical or mental health practitioner within fourteen (14) days of the screening.

The auditor interviewed Ms Kopta, Classification and she stated that while conducting her risk assessment (SRI) if she becomes aware through other information or through the assessment that the inmate was ever victimized or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, she offers that inmate a follow-up meeting with a mental health practitioner within 14 days of the intake screening. She stated that inmates are typically seen within 7 days. The computerized SRI assessment automatically notifies medical and mental health once the individual performing the assessment checks prior victim or prior abuser.

The auditor interviewed five (5) inmates who disclosed prior victimization either upon arrival at Hardee or it was noted in their record. All of them indicated they were offered medical or mental health intervention on their day of arrival. Some of them indicated that they took advantage of the services offering and others did not.

This same POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE) mandates that 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 housing, bed, work, education, and program assignments, or as otherwise required by Federal, state, or local law. This was confirmed during interviews with medical, mental health staff and those performing risk assessments.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)
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POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE and DCM-683 M (Alleged Sexual Battery Protocols) are the protocols medical staff at Hardee must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and requires the nature and scope of the services provided to the inmates be based according to their professional judgment.

Both the Mental Health Practitioner and Medical Practitioner stated during their interviews that the nature and scope of the services provided by the Hardee medical and mental health staff are based according to their professional judgment. The medical practitioner further stated that since SART (Sexual Assault Response Team) reports to the facility for all forensic exams, they would be required to start the medication (sexually transmitted infections prophylaxis) if required and the institution then continues it. All treatment services are 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.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

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

Hardee Correctional Institution offers a medical and mental health evaluation and, as appropriate, treatment to all inmates, without cost, who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. These requirements are found in POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE).

The auditor spent time with Medical and Mental Health practitioners during the visit. They indicated that the evaluation and treatment of anyone victimized includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also indicated the policy and practice they are required to follow requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

As previously noted the auditor interviewed a total of five (5) inmates who disclosed prior victimization upon arrival Hardee. All of them indicated they were offered services for medical or mental health intervention on their day of arrival after the SRI. Some indicated that they took advantage of the services and others did not.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the

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

POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires the institution to conduct a sexual abuse or sexual battery incident review within thirty (30) days of the conclusion of the investigation by completing the "Sexual Abuse Incident Review/Facility Investigation Summary," DC6-2076. The review team at Hardee consists of the Assistant Warden, Chief of Security, and Classification Supervisor. This team also obtains input from line supervisors, investigators, and medical or mental health practitioners when needed. They are not responsible for conducting a review of any allegation that is unfounded.

The Auditor interviewed one of the team members who stated the team conducts a thorough review of the circumstances of each sexual abuse incident. Their review and report contains the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; 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 affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The facility is required to implement any recommendations resulting from this review, or document the reasons for not doing so. A sexual abuse incident review was completed on the one (1) case determined unsubstantiated.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires uniform data be collected for every incident of sexual abuse alleged to have occurring at Hardee Correctional Institution using a standardized instrument and set of definitions. Data from this facility is sent to the PREA Coordinator where it is aggregated annually from all of the agency facilities including the agency private facilities. All available incident-based documents, including reports, investigation files, shall be maintained, reviewed, and collected as needed to complete the SSV. Compliance based on the interview with PREA Compliance Coordinator.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires that Florida Department of Corrections review data collected from each of its facilities, including privates, in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, procedures, and training. It also requires that the Agency identify problematic areas, taking corrective action and prepare an annual report of findings and corrective actions for each facility. The responsibility to collect, aggregate and analyze this data is the responsibility of the PREA Coordinator. During her interview she detailed her responsibilities in collecting and analyzing data and trends and producing the annual report. The 2017 Corrective Action report was reviewed as part of the audit process.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

POLICY 602.053 (PRISON RAPE: PREVENTION, DETECTION, AND RESPONSE requires investigative records, including but not limited to, criminal investigations, administrative investigations, medical evaluations and treatments, recommendations of post-release treatment, and counseling's associated with allegations of sexual abuse or sexual battery shall be retained by the agency for ten (10) years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five (5) years, whichever is longer. Compliance Managers are responsible for uploading all related documents to the facility's electronic retention file once a PREA case is completed. The PREA Compliance Manager confirmed this policy requirement and practice during her interview.

PREA Reports and documentation is available on the agency web page
<http://www.dc.state.fl.us/oth/prea/index.html>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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*)

Instructions for Overall Compliance Determination Narrative

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

This is the second year of the audit cycle for the Florida Department of Corrections. It completed 1/3 of their facilities and the second 1/3 in the second year. The remaining facilities are scheduled to complete in the last cycle. The auditor was allowed access to, and the ability to observe, all areas of the facility, request and receive copies of relevant documents and permitted to conduct private interviews with inmates.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor.

AUDITOR CERTIFICATION

with respect to my ability to conduct an audit of the agency under review, and

I certify that:

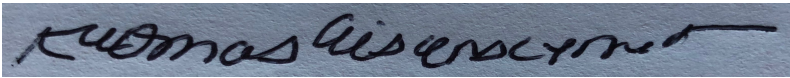
The contents of this report are accurate to the best of my knowledge.

No conflict of interest exists

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



December 20, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6->

INVESTIGATIONS