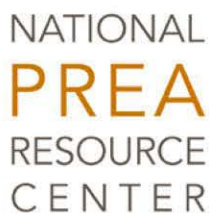


ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Hubert L " Buddy" Kent			
Address: P.O. Box 515			
Email: auditorbuddykent@yahoo.com			
Telephone number: 850-509-1662			
Date of facility visit: December 16-17, 2015			
Facility Information			
Facility name: Blackwater River Correcctional Facility			
Facility physical address: 5914 Jeff Ates Road, Milton, Florida 32583			
Facility mailing address: <i>(if different from above)</i> Same as Above			
Facility telephone number: 850-983-4100			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Scott Middlebrooks			
Number of staff assigned to the facility in the last 12 months: 317			
Designed facility capacity: 2000			
Current population of facility: 1985			
Facility security levels/inmate custody levels: Close, Medium, Minimum and Community			
Age range of the population: 18 to 71 years of age			
Name of PREA Compliance Manager: James Ditterline		Title:	Mental Health
Email address: jditterline@geogroup.com		Telephone number:	850-983-4205
Agency Information			
Name of agency: The GEO Group Inc.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487			
Mailing address: <i>(if different from above)</i>			
Telephone number: 561-999-5827			
Agency Chief Executive Officer			
Name: George C. Zoley		Title:	Chairman of the
Email address: gzoley@geogroup.com		Telephone number:	561-893-0101
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		Title:	PREA Coordinator
Email address: pmoreland@geogroup.com		Telephone number:	561-999-5827

AUDIT FINDINGS

NARRATIVE

Prior to the on-site visit the facility provided me with policies, procedures and supporting documentation for each standard for review. GEO Blackwater River is required to follow Florida Department of Corrections PREA policies and protocols. I had ongoing communication with the Florida PREA Compliance Manager throughout the document review period.

Upon arrival the audit team proceeded to the conference room in the Administration building. An audit briefing was held at 12:00 noon followed by a tour of the facility from 12:30 pm – 3:30 pm with the following people in attendance:

Gary English, Assistant Warden of Operations
Jared Johnson, Chief of Security
Jim Ditterline, Mental Health/PREA Compliance Manager
Sheila Mock, Compliance Administrator/PREA Auxiliary Staff
Aaron Willis, Classification Staff
Robert Wallings, GEO Corporate/Contract Compliance PREA

During the meeting the team went over the schedule for the next two days of the audit covering the tour, random interviews, specialized interviews, documentation review, returning to compound for follow up and exit briefing.

All housing units and all areas that inmates are allowed access were toured. During the tour, 21 inmates and nine staff were informally interviewed. All staff and inmates informally interviewed during the tour acknowledged receiving PREA training and knew of the procedures for reporting allegations of sexual abuse and sexual harassment. There were 1989 inmates assigned to the facility on the first day of the audit. A total of 41 inmates were formally interviewed. The sample of random inmates interviewed included inmates from each pod of the living units. Of the number of inmates interviewed, two were primary Spanish speaking, one self reported being bi-sexual and three had reported sexual abuse. There were no hearing or visual impaired inmates assigned. All of the inmates interviewed acknowledged receiving PREA training that outlines the agency's policy on zero tolerance towards sexual abuse and sexual harassment, as well as the procedures for reporting sexual abuse and sexual harassment. The Spanish-speaking inmates confirmed they had received the PREA training in language they understood and written materials they could understand. Nine random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included seventeen interviews for staff designated as: Warden, PREA Compliance Manager, Intermediate/higher-level, Medical, Mental-Health, Human Resource, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer.

There are a total of eleven buildings on the grounds. Various areas toured were all inmate housing units, day rooms, inmate program areas and other inmate assessable areas including Classification, Food Service, Medical, Mental Health, and Security. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending. There are 40 administrative and 40 disciplinary segregation cell all are double bunked for a capacity of 160. The facility is an adult male facility housing inmates from 18 to 71 years of age. The contract capacity of the facility is 2000 with a current population of 1989. There are two open bay dormitories and four cell housing unit on the compound. There are no single cell housing units. During the past twelve months there were 1035 inmates admitted to the facility. The facility did not know how many inmates were assigned to the facility that was admitted to the facility prior to August 20, 2012. There are no youthful inmates assigned to the facility. The average length of stay at the facility is 3.5 years. The facility houses close, medium, minimum and community custody level inmates. There is 317 staff assigned. The facility did not have the number of staff newly hired in the previous year available for the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Blackwater River Correctional Facility (GEO) is located at 5914 Jeff Ates Road, in Milton, Florida and was opened in 2010. It is located approximately 28 miles northeast of downtown Pensacola and consists of approximately 389,000 square feet. The design includes cell and dormitory housing, segregation, administration, programming space and support services. It operates through a contract with the State of Florida Department of Management Services to provide a level five (high security) facility and house inmates with custody levels of Close, Medium, Minimum, and Community.

Blackwater River Correctional Facility has nine buildings. The Administration building, which is located outside of the secure perimeter, contains the lobby, main control center, training room, lock shop, armory, staff gym and several offices. The support building is divided into several sections which includes security and various offices. The North side contains the programs area, medical and a 160 bed segregation unit. The South side contains the visitation area, food service, laundry, maintenance, commissary warehouse, staging area and intake. Beyond the maintenance department, Blackwater River CF has a warehouse and an outside post. Blackwater River CF has four cell housing units that contain 360 inmate beds each. Each housing unit has a control room and a variety of office space and multi-purpose rooms. There are two dormitory housing units that contain 280 inmate beds. Each housing unit is equipped with a barber shop, laundry distribution room, nursing station and canteen store. Additionally, the classification counselors are located in the housing units.

All areas of the facility are connected by a concrete walkway with 12 foot chain link fence and electronic controlled gates to separate and control movement throughout the entire compound. The entire perimeter is surrounded by a double roll of 12 foot chain link fence with eight spools of razor wire on the outside fence and two rolls on the inside. The facility's perimeter is well-lit and Central Control monitors the perimeter and all access points continually through use of video surveillance and intercoms.

The mission statement of the Blackwater River Correctional Facility is to provide an integrated and holistic delivery of individual treatment programming to the inmate population. To facilitate this mission, the Blackwater River Correctional Facility will provide a safe, secure and cost effective operation, working under contract and in union with the Florida Department of Management Services. This service will be provided and our mission accomplished by maintaining a high level of internal security through careful selection, continuous training and long-term retention of qualified personnel. Blackwater River Correctional Facility will provide appropriate and timely self-betterment programs to the inmate population in order to ease their transition back into society and to better their odds of becoming a law abiding and contributing member of society upon their release. Blackwater River Correctional Facility will be a good steward of the taxpayer's dollars by operating in a prudent and fiscally responsible and disciplined manner. We will maintain this stewardship by emphasizing efficient and effective management, competitive salaries and/or benefits and economical operating expense.

Finally, Blackwater River Correctional Facility will operate in full compliance and in accordance with all applicable rules, policies and procedures and will achieve and maintain accreditation from the American Correctional Association for Adult Correctional Facilities.

SUMMARY OF AUDIT FINDINGS

115.15 Cross gender viewing Showers provide cross gender viewing with the nine gauge chain link wire doors and windows. Staff and inmates interviewed both acknowledged the cross gender viewing. Inmates stated staff did not check the area during showers. When the area was visited inmates were showering in their boxers. Placed in compliance January 25,2016

115.53 Facility does not provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. Based on interview with warden they are working to provide the outside services. Placed in compliance January 25, 2016

115.63 Florida Department of Corrections policy 602.053 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. Warden was not advising the previous facility warden when staff was advised about victimization at the previous facility. The institutional inspector was entering a MINS incident to the Inspector General's Office.

Not Applicable

115.12 Facility does not entered into contracts for the confinement of inmates. Facility is a private for profit facility.

115.14 Facility houses adult male inmates only

115.18 Facility has not enhanced or improved the video/audio systems since initial construction.

115.66 Blackwater River Correctional Facility does not enter into any collective bargaining agreements. Employees are at will employees.

Number of standards exceeded:

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. The department has an agency wide coordinator. 98 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers and seven private facilities. The PREA Coordinator reports to the Director of Security Operations. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA. Institutional PREA Manager is the Mental Health Specialist. The institutional PREA coordinates with all areas of the institution to achieve compliance with the standards. The Florida Department of Corrections Coordinator communicates regularly with GEO Director of Compliance ensuring the PREA requirements are met.

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

GEO policy 5.1.2 page 6, section III-B of the policy the responsibilities of the PREA Coordinator and PREA Manager can be found. In interview with the PREA Coordinator and the PREA Compliance Manager, both stated that they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Facility does not entered into contracts for the confinement of inmates. Facility is a private for profit facility.

Standard 115.13 Supervision and monitoring

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

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

The average daily population for the previous twelve months is 1990. The facility advised they had met the minimum staffing requirements each shift. Shift Supervisors make unannounced rounds on each shift. Rounds are documented on housing unit logs and the control room log.

Standard 115.14 Youthful inmates

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

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

115.14 Facility houses adult male inmates only

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Showers provide cross gender viewing with the nine gauge chain link wire doors and windows in the cell housing units. Staff and inmates interviewed both acknowledged the cross gender viewing. Inmates stated staff did not check the area during showers. When the area was visited inmates were showering in their boxers. Showers have privacy panels in place as of January 25, 2016.

Policy prohibits visual body searches and body cavity searches by the opposite sex. Rule prohibits body cavity searches except by medical personnel. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed. Dormitory housed inmates are provided privacy while showering (3/4 walls) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and staff. Housing Logs show the announcement made at the beginning of each shift. Housing and Control Logs show the Officer in Charge making unannounced rounds.

115.15 (a) -1: 33-602.204 Section 1a, 2a, 4, 3a, 3d pages 1-2
602.018 Section 2 pages 4-5
602.036 Section 2 pages 2-4

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

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

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

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

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

Standard 115.17 Hiring and promotion decisions

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

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

Geo Procedure 5.1.2A states

GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.

b. Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program.

c. Each Facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years.

d. GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees. GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct.

e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

f. Unless prohibited by law, GEO shall 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. The facility is notified of any arrest by the Department of Management Services as soon as it is entered in the Live II system.

Standard 115.18 Upgrades to facilities and technologies

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

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

115.18 Facility has not enhanced or improved the video/audio systems since initial construction.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Department of Corrections has current agreement with Panhandle SART team to conduct forensic evaluations. There was one forensic exam conducted during the previous twelve months. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy states no co pay for any PREA incident or follow-up. Mental health services are provided by GEO Mental Health staff. GEO Mental Health staff provides follow up counseling. The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Office of Inspector General conducts the sexual assault investigations determined to be criminal investigations. Interview with the assigned Inspector was conducted at Century CI the week of the audit.

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

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the Inspector General's office. Procedure 108.015 covers sexual abuse and harassment investigations. The department ensures that an administrative and/or a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015.

During the past twelve months, the number of allegations of sexual abuse and sexual harassment that were received is fifteen. During the past twelve months, the number of allegations resulting in an administrative investigation is eight. During the pasts twelve months the number of allegations resulting in criminal investigations is seven. All cases were not closed during the past twelve months.

Procedure 108.015 Page 7-8 Inspector Responsibilities

Standard 115.31 Employee training

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

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

All staff are trained on the Agency policy on zero tolerance and their responsibilities to fulfill their obligations including the searching of trans-gender or inter-sex inmates. Each employee, regardless of his or her position, is trained as a first responder. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse.

Training records, staff interviews and curriculum reviewed indicated that the staff at Blackwater River Correctional Facility is trained. In the past twelve months, 168 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Training records are maintained in the Human Resources Office.

115.31 (a) 1: Procedure 602.053 Section 2c Pages 7 & 8

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 35 volunteers and six contractors who have been trained in the agency's policies. Training records are maintained in the Human Resources Office. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received.

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

Standard 115.33 Inmate education

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

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

Inmate PREA education is available in accessible formats for all inmates including those who are Limited English proficient, Deaf, Visually impaired, otherwise disabled and limited in their reading skills. The inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment. During the last twelve months 1035 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Blackwater River Correctional Facility are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Documentation is made of the inmate's participation in these educational sessions. Inmates sign the individual training records they are maintained in the inmate master file.

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

Standard 115.34 Specialized training: Investigations

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

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

A review of the Inspector's training record along with his interview indicated they received specialized training, in addition to general training provided to all employees. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The inspector's training is maintained in the departments E-Train data base.

115.34 Procedure 108.015 Page 10 & 11

Standard 115.35 Specialized training: Medical and mental health care

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

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

All full-time and part-time medical and mental health care practitioners who work regularly at Blackwater River Correctional Facility have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received training by the agency policy are 35 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Department has an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made. In the past twelve months there were 1035 inmates entering the facility whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The departmental policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) Whether the inmate has a mental, physical, or developmental disability, whether the inmate is or is perceived to be gay, lesbian, bisexual, trans-gender, inter-sex, or gender non-conforming, whether the inmate has previously experienced sexual victimization or the inmate's own perception of vulnerability. There are fifteen self reported gay/bisexual inmates assigned to the facility. There were fifteen reassessments completed as a result of sexual abuse allegations.

Standard 115.42 Use of screening information

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

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

The auditor interviewed members of the intake staff and classification staff to question them on how the IBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of trans-gender and/or inter-sex inmates is done only after a Medical Review Committee has reviewed the case.

Trans-gender/Inter-sex inmates receive a face-to-face review within fourteen days of arrival, are reassessed biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned.

Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse. There are no trans-gender or inter-sex inmates assigned to Blackwater River Correctional Facility.

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

Standard 115.43 Protective custody

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

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

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

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

Standard 115.51 Inmate reporting

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

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

A review of documentation indicated that there are multiple ways (including privately and anonymously) for inmates to report sexual abuse or harassment. The officers interviewed stated staff and inmates may privately report any abuse, harassment, or neglect verbally, in writing, anonymously or to a third party. Staff will immediately document any allegation. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard.

Reports may be made online by accessing the OIG web site <http://www.dc.state.fl.us/apps/igcomplaint.asp> or www.geogroup.com/Reporting_Sexual_Abuse_PREA.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, seven days a week on the Internet at www.reportlineweb.com/geogroup

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

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

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

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". Departmental policy and procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. There have been seven grievances involving PREA related issues filed during the previous year.

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

Standard 115.53 Inmate access to outside confidential support services

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

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

Facility does not provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. Based on interview with warden they are working to provide the outside services.

January 25, 2016

The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by doing the following: Gives inmates mailing addresses and telephone numbers including toll-free hot line numbers where available for local, state, or national victim advocacy or rape crisis organizations; enables reasonable communication between inmates and these organizations in as confidential a manner as possible; The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Memorandum of agreement signed on December 22, 2015.

Standard 115.54 Third-party reporting

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

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

The department has third party reporting of sexual abuse or sexual harassment through the DCWEB to the OIG reporting mailbox and through the third party grievance process. Inmate and staff acknowledged both during interviews. The TIPS line is the reporting line with the telephone system. The hotline number is posted next to the telephones. The third party grievance form is available online at www.dc.state.fl.us/oth/inmates/prea-grievances.html. Citizens may complete report by accessing the OIG website <http://www.dc.state.fl.us/apps/igcomplaint.asp>

GEO has a third party reporting method www.geogroup.com/Reporting_Sexual_Abuse_PREA.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.61 Staff and agency reporting duties

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

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

Procedure requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported. Staff interviewed was aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

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

Standard 115.62 Agency protection duties

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

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

Each staff member interviewed, from the Warden to the line staff person, indicated that when he or she learns that an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. It starts with removing the inmate from potential danger, notifying their supervisor and preserving any evidence.

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

Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, and PREA Compliance manager demonstrated they were aware of the reporting requirements. There were three alleged incidents at other institutions reported during the intake process to staff.

Florida Department of Corrections policy 602.053 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. Warden was not advising the previous facility warden when staff was advised about victimization at the previous facility. The institutional inspector was entering a MINS incident to the Inspector General's Office. Documentation provided by the warden shows policy to be followed. Shift supervisor to advise warden's office immediately upon being advise of incident during the intake process.

FDC Procedure 602.053 Page 10/Sec. 8

Standard 115.64 Staff first responder duties

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

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

Procedure clearly specifies procedures to respond to an allegation of sexual abuse for both security and non-security staff. All staff are trained as first responders. The interviews conducted on all shifts with security and non-security staff demonstrated that regardless of their position staff knew the policy and practice. Staff was very cognizant about ensuring safety and well-being of an alleged victim while insuring that physical evidence is not destroyed or contaminated. Review of investigative files further demonstrated security and non-security staff knew what to do as the first responder to a sexual assault. Training records and staff interviews confirm the staff is trained as first responders.

In the past twelve months there were three allegations of sexually abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. In the past twelve months, there were two allegations where staff was notified within a time period that still allowed for the collection of physical evidence. There was two times the first security staff member to respond to the report and preserved and protected any crime scene until appropriate steps could be taken to collect any evidence; requested that the alleged victim and abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. There were no allegations reported to non security staff during the previous twelve months.

FDC Procedure 108.015 Pg. 5-7/Sec. 7A-7L, 7R, 7U

FDC Procedure 602.053 Pg. 10/Sec.4A4

PREA Staff Training Curriculum Pg. 2/Sec. 21-23; Pg. 3/Sec. 21-22; Pg. 4-6/Sec. 22-2

Standard 115.65 Coordinated response

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

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

Blackwater River Correctional Facility has an institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. Interviews with specialized staff confirmed they were knowledgeable about their individual and collaborative responsibilities.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

Not Applicable - Blackwater River Correctional Facility does not enter into any collective bargaining agreements. Employees are at will employees.

Standard 115.67 Agency protection against retaliation

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

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

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

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

Standard 115.68 Post-allegation protective custody

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

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

The department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation is not utilized 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. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

FAC 33-602.220 Administrative Segregation

Standard 115.71 Criminal and administrative agency investigations

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

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

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

FS 944 31 Pn 1

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

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

Standard 115.73 Reporting to inmates

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

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

The auditor reviewed PREA investigative files at Blackwater River Correctional Facility. Policy states any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the investigator informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility. During the past twelve months, there were three allegations of sexual abuse and sexual harassment completed by the Inspector General's Office. During the past twelve months there were three investigation completed and the inmate was advised of the outcome of the investigation.

FDC 602.053
FDC 108.015

Standard 115.76 Disciplinary sanctions for staff

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

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

Florida Statute 944.35 describes the penalty for staff involved in sexual abuse as; termination shall be the presumptive disciplinary sanction. There was one allegations of sexual harassment made against staff. Discipline is pending with the Regional Office.

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

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

Department of Corrections policy and the statute prohibit all sexual behavior between inmates". Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in a disciplinary report be written for violation of 9-7 Sex acts or unauthorized physical contact involving inmates. This report results in a disciplinary hearing being held on the inmate within the facility. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

FAC 33-601.301 Page 1 Section 1 Inmate Discipline
FAC 33-601.314 Pages 1-3 Inmate Discipline

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

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

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

Procedure requires that any inmate reporting any prior victimization or indicating sexual abuse be seen no longer than fourteen days after arrival. Any inmate received at Blackwater River Correctional Facility and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or no longer than the next day. Medical and Mental Health staff get written consent before reporting prior sex victimization, which took place not in an institutional setting. There was three reported prior victimization reported on intake. The inmates were seen by Mental Health staff the next day.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12

Standard 115.82 Access to emergency medical and mental health services

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

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

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. GEO Health Care provides this service. Medical and mental health staff maintains nursing notes and logs documenting the timeliness of emergency medical treatment and crisis intervention services that were provided and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There was one inmate seen by the SART team.

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

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Blackwater River Correctional Facility through GEO Medical staff offers mental health services to all known inmate abusers, if appropriate. Blackwater River Correctional Facility offers mental health service to all known inmate victims as well. Treatment services are provided to the victim without financial cost. This practice was confirmed by interviews with Medical and Mental Health staff.

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

Standard 115.86 Sexual abuse incident reviews

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

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

Policy requires post incident reviews are done within thirty days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Warden and PREA Compliance Manager. The PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.87 Data collection

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7
GEO PREA Coordinator completes an annual report and post the report on the GEO web site.

Standard 115.88 Data review for corrective action

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

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

The Department PREA coordinator reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager ensures the data collected on sexual abuse and sexual harassment is forwarded to the PREA Coordinator monthly. The PREA Coordinator ensures the information is provided for purposes of departmental reporting. An annual report is prepared.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2 Section 6 Page 3-4 Section 17 page 13 Section 7
GEO PREA Coordinator completes an annual report and post the report on the GEO web site.

Standard 115.89 Data storage, publication, and destruction

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

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

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

GEO PREA Coordinator completes an annual report and post on the GEO web site.
FDC Procedure 602.053 Page 13 Section 7 Page 14 Section 10-11
115.89 (b)-1 Survey of Sexual Violence Part B

AUDITOR CERTIFICATION

I certify that:

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

Hubert L. "Buddy" Kent

January 23, 2016

Auditor Signature

Date