

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Hubert L " Buddy" Kent			
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Telephone number: 850-509-1662			
Date of facility visit: September 29-October 1, 2015			
Facility Information			
Facility name: Suwannee Correctional Institution			
Facility physical address: 5964 US Highway 90, Live Oak, FL 32060			
Facility mailing address: <i>(if different from above)</i> Same as above			
Facility telephone number: (386) 963-6602			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Thomas Reid			
Number of staff assigned to the facility in the last 12 months: 633			
Designed facility capacity: Main Unit 1346, Annex 1149, Work Camp 294			
Current population of facility: Main Unit 1278, Annex 1299, Work Camp 346			
Facility security levels/inmate custody levels: Close, Medium, Minimum, Community			
Age range of the population: 15-79 years of age			
Name of PREA Compliance Manager: Freddie Mock		Title:	Assistant Warden of
Email address: mock.freddie@mail.dc.state.fl.us		Telephone number:	(386) 963-6607
Agency Information			
Name of agency: Florida Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Florida			
Physical address: 501 South Calhoun Street, Tallahassee, Florida 32999			
Mailing address: <i>(if different from above)</i>			
Telephone number: 850-488-5021			
Agency Chief Executive Officer			
Name: Julie Jones		Title:	Secretary
Email address: jones.julie@mail.dc.state.fl.us		Telephone number:	(850)717-3030
Agency-Wide PREA Coordinator			
Name: Kendra Prisk		Title:	PREA Coordinator
Email address: prisk.kendra@mail.dc.state.fl.us		Telephone number:	(850)717-3303

AUDIT FINDINGS

NARRATIVE

The PREA audit of Suwanee Correctional Institution was conducted on September 29-October 1, 2015. The following persons were in attendance:

Thomas Reid, Warden
Freddie Mock, Assistant Warden-Programs, PREA Manager
Hope Gartman, Assistant Warden-Operations
Richard Lukens, Colonel
Christopher Jackowski, Major
Robert Geiger, Major
Ronnie Morgan, Major
Bryant Goodwin, Classification Supervisor
Tammy Roberts, Classification Supervisor
Rachel Hoffman-Ots, Classification Officer
Angela Phillips, Correctional Officer

Prior to the audit the facility provided to the auditor policy and procedure and facility documentation related to each standard for review. On-going communication was held with the Department of Corrections PREA Coordinator in preparation for the on site visit. The day prior to the audit a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. A list of all inmates currently housed at the facility that have had a PREA case was also requested. From these listings, one inmate from each housing unit, fourteen segregated inmates, two who reported sexual abuse or harassment and two listed as non-heterosexual were selected. There were no hearing or sight impaired inmates assigned to the facility. Two inmates with limited English speaking proficiency were interviewed utilizing the language line. There are 56 youthful inmates assigned to A dormitory. Three youthful inmates were interviewed. There are 26 self reported gay/bisexual inmates and no trans-gender or inter-sex inmates assigned to Suwanee CI. There are three self reported gay/bisexual inmates assigned to the Work Camp. A total of 58 inmate interviews were conducted. Eighteen random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included 28 interviews for staff designated as: Intermediate/higher-level (three), Medical (two), Mental-Health (four), Contractor (two), Investigator (one), Screening for Risk of Victimization and Abusiveness (two), Supervisors in Segregation (four), Incident Review Team (one), Monitors Retaliation (two), First Responder Security (two), First Responder Non-Security (two), Intake Staff (one) and Volunteers (three). There was also a supervisor, an officer and an education staff member interviewed who worked strictly with the youthful inmates. There are 76 volunteers and 90 contractors approved to entry the facility on a daily basis.

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the facility was conducted on September 29, 2015 from 9:00 am to 12:30 pm for the main unit. The work camp was toured on September 29, 2015 from 6:00 pm to 7:30 pm. There are a total of 64 buildings on the facility grounds. The various areas toured were all inmate housing units, day rooms, inmate program areas and other inmate accessible areas including Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement units are 124 cells in P dorm utilized for disciplinary and administrative segregation. Segregation cells are double cell for a total bed capacity of 248. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs and pending investigation.

During the tour staff and inmates on each housing unit and work area were informally interviewed. The 29 staff interviewed that acknowledged receiving training on reporting sexual abuse, sexual harassment and reporting retaliation. Inmates were vague on the orientation during the intake process. Many inmates confirmed staff had visited each housing unit in the previous weeks to go over the reporting process.

DESCRIPTION OF FACILITY CHARACTERISTICS

Suwannee Correctional Facility is located approximately sixteen miles West of Lake City, Florida seven miles East of Live Oak, Florida and two miles West of Wellborn off Highway 90, and is comprised of 64 structures. The main unit and the annex share the outer perimeter fencing on one side. The fencing of both units consists of two twelve foot fences with razor wire. The inner fence is a Non-Lethal Electrified fence system. A CIAS microwave system is present between the inner and outer fences to provide an additional level of security. The secure perimeter at the Work Camp consists of two fences with razor wire. The inner fence has a Fibersense micro phonics alarm system with a CIAS microwave system between the inner and outer fences.

There are four roving patrols which cover each corner/side perimeter fence. The Work Camp has one roving patrol. All staff members are assigned an actual personal body alarm upon entry into the facility, this system will identify the body alarm number which is cross referenced against a security equipment log to determine the staff member assigned and what location the alarm is originating from. The facility has 52 pedestrian gates, 24 in the Main Unit, 24 in the Annex and four in the Work Camp. The facility has seven total vehicular sally ports three in main unit three in the annex and one in the work camp. The facility has five Pedestrian sally ports two in main unit two in the annex and one in work camp. There are two towers one located in the center of the main unit compound and one located at the center of the annex compound.

Suwannee Correctional Institution is one of 49 state operated correctional institutions in the state of Florida. Construction was completed on March 25, 2005, and the site for the complex covers 321 acres, 42 of those inside the secure fence of the main compound. 42 acres make up the inside perimeter of the Annex. Eight acres make up the inside perimeter of the Work Camp. The facility is utilized as an adult male, level-six institution that houses close, medium and minimum custody inmates.

The design capacity for the main unit is 1471 with a lawful capacity of 1499. The count on the day of the audit was 1228. The annex has a design capacity of 1149 with a lawful capacity of 1346. The count on the day of the audit was 1289. The work camp has a design capacity of 294 and a lawful capacity of 432. The count on the day of the audit was 346.

The facility has a total of 64 buildings which are located both inside and outside of the secure perimeter. The main unit and annex have the same design or facility footprint. The first building entering the compound is the front support building housing the security headquarters, medical and classification department. The rear or end of the compound houses the back support building housing food service, education. Housing in the compound is divided into four mini-compounds overseen by a central tower.

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

The main unit has inmates housed in five secure cell housing units and three open bay housing units. A housing unit houses youthful inmates under the age of eighteen. B, C and D housing units are open bay housing. A-D are on the left hand side of the compound when you enter the yard. On the right side of the compound is E, F and G housing units. They are secure cell housing units housing close management inmates. Each unit houses 240 inmates. H housing is designed for mental health inmates.

Suwannee Annex has inmates housed in six open-bay dormitories and two secure housing units. O and P dormitories are Secure Cell Housing Units. P-dorm has 240 beds utilized as segregation housing. O Dorm (122 cells) is secure housing for level four and five housing. Annex housing consists of six open bay and two secure cell housing. The configuration of the open bay housing is a divided dormitory with center located officer station. Each side of the dorm has 86 beds per side. Secure Cell Housing configuration is separated into four quads. Housing units O and P are secure cell housing units. The total capacity of each is 240 inmates. Two of the cells can accommodate the housing of disabled persons. The front two quads house 56 inmates in each quad. The back two quads house 64 inmates in each quad. P-dormitory is a secure cell housing unit utilized as a Confinement or Segregation Unit. The unit houses disciplinary and administrative confinement inmates.

Suwannee Correctional Institution has a satellite facility, the Suwannee Work Camp, which opened on August 19, 2013 The Suwannee Work Camp is an enclosed secure compound comprised of nine buildings and can house 432 inmates classified as medium, minimum and community-minimum. There are three open bay dormitories housing 144 inmates in each. The camp furnishes inmates to work outside of the main compound perimeter and provides work crews for government agencies in the local community.

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

SUMMARY OF AUDIT FINDINGS

115.13 Lack of adequate staffing

115.15 Cross gender viewing. Screens were placed in use the day before the audit. Administration advised privacy screens were available for inmates check out at anytime.

115.33 Inmate orientation was not being completed in timely fashion for confinement inmates or Limited English Inmates. Standard corrected effective March 1, 2016.

115.34 Inspector on site did not provide his training as requested. Standard corrected effective March 25, 2016.

115.53 Department is working on Memorandum of Understanding with Local Advocacy group.

115.67 Classification receives appointments to monitor Retaliation for Reporting. Records check reflects not all appointment requirements are met. Standard corrected effective March 25, 2016.

115.68 Inmates are placed in confinement as first option. Per interviews inmates are not provided phone calls, visits or exercise until they have at a minimum of 30 days and then exercise is 3 hours per week. Department implemented use of Form DC2084 to document the placement of inmate in segregation and release from segregation in timely manner.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 2

Number of standards not applicable: 2

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

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

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

The facility meets the standard based on the Policy and Procedure 602.053 Prison Rape: Prevention, Detection and Response. The department has an agency wide coordinator. 98 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers and 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 Assistant Warden for Programs. He reports to the Warden. The institutional PREA manager is responsible for coordinating with all areas of the institution to achieve and maintain compliance with the standards.

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Facility does not monitor any contracts. The standard is non applicable

Standard 115.13 Supervision and monitoring

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

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. There are ninety (90) in TEA class. TEA's are not allowed to directly supervise inmates.

Daily housing logs reflect shift supervisors making unannounced rounds on all shifts.

(1) SECURITY STAFFING LEVELS:

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

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.

The institution does not place youthful inmates in a housing unit in which youthful inmates will have sight, sound, or physical contact with any adult inmate through use of a shared day room or other common space, shower area, or sleeping quarters. Youthful inmates are housed in A dormitory with completely separate housing and recreation areas. The institution maintains sight, sound, and physical separation between the youthful inmates and adult inmates in areas outside housing areas. Should youthful inmates and adult inmates be in a common area outside the housing area they are under direct staff supervision at all times.

FDC Procedure 601.211

FDC Procedure 501.201 pg. 3/Sec. 8; pg. 5/Sec. 24; pg. 9-11 Specific Proc. 5/ Sec. A, D

FDC Procedure 602.051

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.

Facility started to utilize privacy screens required by the department the day before the audit began. This was confirmed in staff and inmate interviews during the walk through and random interviews.

Policy prohibits visual body searches and body cavity searches by the opposite sex. 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 (half 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 and reassignment of staff during the 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 ensures 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 two limited English proficient inmates utilizing the Language Line. Both indicated that staff has provided him information on PREA reporting. The auditor verified a staff translator list was available. The department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted next to the telephones. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised. Staff and inmate interviews all supported that inmates would not be relied on as translators.

115.16 (a) -1 602.053 Sections 2e2 & 2e3 Page 8

Procedure 604.101 Page 9-11

Standard 115.17 Hiring and promotion decisions

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

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

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

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

Maintenance Superintendent advised of plans to add up to 6 cameras in each open bay housing unit at the main unit, annex and work camp.

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 a SART team to conduct evaluations. Investigative Officers confirm the Chain of Evidence Protocol during the interview process. Policy is no co pay for any PREA incident or follow-up. Mental health services are provided by Corizon staff. Corizon staff provides follow up counseling. Currently there is not an outside agreement to provide crisis counseling and victim advocacy services.

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.

There were ten SART exams performed in the previous twelve months.

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 OIG's office. Procedure 108.015 covers sexual abuse and harassment investigations. The agency ensures that an administrative and/or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. During the past twelve months there have been a total of 127 cases; 94 at the main unit and 33 at the annex. Of the 127 cases, 41 are open. Currently open cases include 30 inquiries, four criminal investigations and three administrative cases. Several of the open inquiries have been open since December 2014 and January 2015.

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-gendered or inter-sex inmates. Each employee, regardless of his or her position, is trained as a first responder. Each housing unit has a laminated poster in the officer station outlining responsibilities in responding to allegations of sexual abuse. Interviews of random staff and general questions asked during the tour clearly indicated staff understanding of all aspects of responding to allegations of sexual abuse.

Training records, staff interviews and curriculum reviewed indicated that the staff at Suwanee Correctional Institution is trained. In the past twelve months, 633 of 633 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive. Staff training records are maintained in the departments E-Train system.

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 124 volunteers and contractors who have been trained in the agency's policies. The facility maintains documentation of volunteer training in the chaplain's office. Medical maintains their training files in the medical department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault.

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

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.

Intake process was observed the inmate handbook was reviewed. Interviews with staff 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 900 inmates at the main unit and 811 at the annex were given this information at intake. Departmental policy also requires that inmates that were transferred to Suwannee Correctional Institution 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 did not answer the questions on interview well. 90% did not remember the orientation session at intake. Note auditor did not co-mingle inmates but went from building to building to interview the inmates getting consistently the same answers from building to building. Facility was not providing information in accessible formats for limited English proficient, deaf, visually impaired or those with limited reading abilities. Posters were xerox printed paper taped on the wall in day rooms for general population inmates. Staff answers were vague concerning the intake process concerning inmates received on days other than transfer receipt days. Inmates are received from reception center one day each week. Close Management inmates are received five days per week.

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.

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.

03/25/2016 Inspector provided training records.

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)

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Medical and mental health practitioners who work regularly at Suwanee Correctional Institution are trained. 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 90 and 100% respectively.

115.35 Procedure 602.053 page 7 &8

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Department has an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made. There were 900 inmates entering the main unit 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. There were 127 reassessments completed during the previous twelve months.

115.41 (a) -1: 602.053 Section 2a1, 2a6 & 2a7 Page 6, 11 Page 14

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, bi-annually 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.

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

Standard 115.43 Protective custody

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

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

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

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 on an incident report. Posters and other documents on display throughout the facility also explain the reporting procedures. The PREA pamphlet and the inmate handbook address this standard.

FDC 602.053 Pg. 9/Sec. 3A,3D, Sec. 4A; Pg. 10/Sec. 4A2,4A3.
FAC 33-103.006 Pg. 1/Sec. 1J; Pg. 2/Sec. 31C

Standard 115.52 Exhaustion of administrative remedies

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

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

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been 25 grievances involving PREA related issues filed during the previous year. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past twelve months was six. Auditor note this includes allegations of abuse and of harassment.

FDC Procedure 602.053
FAC 33-103.005 Pg. 1/Sec. 1
FAC 33-103.006 Pg. 1/Sec. 1J; Pg. 1-2/Sec. 3J; Pg. 2/ Sec. 1A-1I

Standard 115.53 Inmate access to outside confidential support services

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

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

The Department initiated a Request for Purchase (RFP) to solicit the public for outside confidential victim support services. The Department will follow the proper protocols for soliciting bids for service and will award a contract to the best vendor. The vendor will then provide a hot-line, a mailing address and telephone and in-person counseling sessions (as appropriate) to inmates who require emotional support services due to sexual abuse or sexual harassment.

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 reporting system via the OIG reporting mailbox. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DCWEB and third party grievances. Third party reporting available at www.dc.state.fl.us; reporting to the institution via phone, letter, etc.; and TIPS Line. TIPS line is the reporting line with the telephone system. The third party grievance form is available online at www.dc.state.fl.us/oth/inmates/prea-grievances.html. Citizens may complete a report by accessing the DCWEB at <http://www.dc.state.fl.us/apps/igcomplaint.asp>

FDC 602.053 Prison Rape: Prevention, Detection, and Response
FAC 33-103.006 Pgs. 2-3/Sec. 1C-1F

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

FDC Procedure 602.053 Pg. 14/Sec. 11

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. Each housing unit had a poster in the officer station outlining the responsibilities of the first responders.

FAC 33-602.220 Page 1 Section 2A-2B; Page 2 Section 3C; Page 3 Section 3F-3G; Page 4 Section 4D

FDC Procedure 602.053 Page 7/Section B5; Page 9 Section 3C; Page 9-10 Section 4A, Section 4A2

Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires when a sexual abuse allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred within 72 hours after receiving the allegation. Interviews of the Warden, Deputy Warden and PREA Compliance manager demonstrated they knew the procedures to follow. There were ten alleged incidents at other institutions reported during the intake process to staff. Documentation provided the warden notified the previous facility warden.

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 is trained as first responders. The interviews conducted on all shifts with custody and non-custody 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 58 allegations of sexually abuse. In 21 cases the security staff member receiving the allegation separated the alleged victim and abuser. In five cases security was advised within the time limits to collect physical evidence. Eight times non security staff were notified of the allegation. Non security staff requested that the alleged victim not take any actions that could destroy physical evidence.

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

FDC Proc. 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.

Suwanee CI 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.

The security agreement effective January 14, 2014 covers the discipline of staff on Page 13 article 7. Contracts were reviewed the PREA language was included in the contract. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA."

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

Standard 115.67 Agency protection against retaliation

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

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

Departmental procedure describes the policy and practice to be followed to ensure that there is no retaliation against any inmate or staff member who reported sexual abuse. The Assistant Warden of Programs is the staff member charged to ensure compliance to this policy. Classification staff monitors the conduct or treatment of inmates who reported sexual abuse and who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. Classification staff receive an appointment (IM05) to interview the inmate every 30 days. They conduct periodic checks up to 90 days but beyond if the Assistant Warden of Programs feels the situation requires it. With inmate retaliation the Classification staff looks at inmate disciplinary reports, housing, and or program status changes. The Assistant Warden of Programs monitors staff by reviewing performance reviews or reassignments and shift changes. A review of inmate appointments for retaliation were not kept within time frames. There was one appointment that was 15 days past due.

03/25/2016 Retaliation monitoring reviewed is current and up to date.

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, Assistant Warden of Programs acknowledged the policy. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter. During the past twelve months There were 36 inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months, 47 files did not include a statement of the basis for facility's concern for the inmate's safety or the reason or reasons why alternative means of separation cannot be arranged. The common statement in the file was "per Inspector"

Facility is now using the department form to document the involuntary housing of inmates.

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 she indicated that this is the threshold used by inspectors in their investigations.

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

Standard 115.73 Reporting to inmates

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

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

The auditor reviewed completed investigative files at Suwanee CI. In each case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. The inmate signed the receipt in the file confirming they were given notification. If there were any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the 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.

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

Standard 115.76 Disciplinary sanctions for staff

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

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

Florida Statute 944.35 describes the penalty for staff involved in sexual abuse as; termination shall be the presumptive disciplinary sanction. There were no allegations of sexual abuse made against staff that were sustained.

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 Suwanee CI.

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

Standard 115.78 Disciplinary sanctions for inmates

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

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

Inmate handbook states "There is no such thing as legal consensual sex in prison. Department of Corrections policy and the law prohibit 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. In the past twelve months, there were two sustained cases for inmate-on-inmate sexual abuse that have occurred at the facility. Each perpetrators in the sustained cases were reviewed for Close Management.

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. Staff stated any inmate received at Suwanee CI and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or the next day. Medical and Mental Health staff would get informed consent before reporting prior sex victimization, which took place not in an institutional setting. Documentation provided did not show any inmates received reported prior victimization. There were ten inmates with reported prior victimization.

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

Standard 115.82 Access to emergency medical and mental health services

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

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

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Corzion Medical Services provides this service. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate. There have been ten inmates seen by the SART team for examination at the time of the audit.

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

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Suwanee Correctional Institution through Corizon offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all known inmate victims as well. Treatment services are provided to the victim without financial cost. This practice was confirmed by interviews with 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 30 days of the conclusion of every investigation except were the allegation was unfounded. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager. The Assistant Warden Programs PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden. The incident review team is made up of the Assistant Warden of Programs, Chief of Security and the Classification Supervisor. The review team gets input from line supervisors, investigators, and medical or mental health practitioners. In the past twelve months, seven post incident review of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 3-4 Section 17-18 page 14-15 Section 12

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 is utilized to report incidents of inmate sexual assault and harassment cases. Office of Inspector General (OIG) has a separate system on staff on inmate sexual cases. 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
2014 Corrective Action Plan for the facility

Standard 115.88 Data review for corrective action

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

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

The Department 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
2014 Corrective Action Plan for the facility.

Standard 115.89 Data storage, publication, and destruction

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

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

The department ensures that incident-based and aggregate data are securely retained. Departmental policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the department removes all personal identifiers. The department maintains sexual abuse data 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.

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

March 25, 2016

Auditor Signature

Date