

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

Interim Final

Date of Interim Audit Report: July 20, 2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 29, 2020

Auditor Information

Name: James McClelland **Email:** jtmcclelland65@outlook.com

Company Name: Correctional Reentry and Auditing, Inc.

Mailing Address: PO Box 158 **City, State, Zip:** DeLeon Springs, FL 32130

Telephone: 772-201-3506 **Date of Facility Visit:** June 1-3, 2020

Agency Information

Name of Agency: The GEO Group

Governing Authority or Parent Agency (If Applicable): N/A

Physical Address: 4955 Technology Way **City, State, Zip:** Boca Raton, FL 33431

Mailing Address: Same **City, State, Zip:** Same

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.geogroup.com/PREA

Agency Chief Executive Officer

Name: George C. Zoley

Email: gzoley@geogroup.com **Telephone:** 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge

Email: rseuradge@geogroup.com **Telephone:** 561-999-5875

PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (44 prisons/jails; 36 re-entry; 8 youth; 14 ICE)
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Facility Information

Name of Facility: Moore Haven Correctional & Rehabilitation Facility

Physical Address: 1282 E. St. Rd. 78

City, State, Zip: Moore Haven, FL 33471

Mailing Address (if different from above):
P.O. Box 69

City, State, Zip: Moore Haven, FL 33471

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.geogroup.com/PREA

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
GEO Annual Corporate Audit & PREA Mock Audit

Warden/Jail Administrator/Sheriff/Director

Name: Loretta Sink

Email: lsink@geogroup.com

Telephone: 863-946-2420 ex. 113121

Facility PREA Compliance Manager

Name: Ronald Thoreson

Email: Rthoreson@geogroup.com

Telephone: 863-946-2420 ex. 113131

Facility Health Service Administrator N/A

Name: Crystal McCain

Email: cmccain@geogroup.com

Telephone: 863-946-2420 ex. 113121

Facility Characteristics

Designated Facility Capacity:

985

Current Population of Facility:

947

Average daily population for the past 12 months:	963
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 to 65
Average length of stay or time under supervision:	3 years
Facility security levels/inmate custody levels:	Community to level 3
Number of inmates admitted to facility during the past 12 months:	966
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	966
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	966
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	176
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	76
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	96

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	6
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	21
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	3
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	22
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Office of Inspector General) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Office of Inspector General) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The PREA audit of the Moore Haven Correctional & Rehabilitation Facility (MHCRF) was conducted on June 01-03, 2020 by certified Prea Auditor James McClelland. Approximately 25 days prior to the audit, the auditor received the PREA questionnaire and additional documents on a secured thumb drive via mail. On the first day of the onsite audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was provided by the facility. A list of all inmates currently housed at the facility that have had a PREA case was also provided by the facility. Additional inmate rosters provided by the facility included these listings, segregated inmates, inmates who reported sexual abuse or harassment, trans-gender inmates, limited English speaking and inmate who reported previous victimization. A language line was available to confidentiality interview limited English speaking inmates. There are no youthful inmates assigned to the facility. The facility also provided a listing of fourteen inmates that identified as Lesbian, Gay or Bi-sexual during their intake screenings. As a result of the current Covid-19 pandemic, inmate interviews were conducted in a large unoccupied inmate classroom ensuring at least fifteen feet of separation. The classroom was private and secured in an effort to ensure uninhibited communications. During the three days onsite, the auditor conducted a total of twenty-two random and seventeen targeted inmate interviews. The auditor conducted a total of fourteen random staff interviews which included staff from all work shifts and all areas of the facility. The auditor interviewed a total of fifteen Specialized and Leadership staff interviews within the facility administrative conference room. Specialized and Leadership staff were designated as: Intermediate/higher-level to include both the Facility Administrator and Deputy Administrator, Medical, Mental-Health, DMS Contractor, Institutional Investigator, Florida Department of Corrections (FDC) Investigator, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation Staff, First Responder Security, First Responder Non-Security, Intake Staff, Training Coordinator and one volunteer via telephone. During the onsite tour, the auditor randomly spoke with eight staff and twenty-two inmates. The facility has a total of one hundred and seventy-six staff who have contact with inmates and there are currently one hundred and twenty volunteers/contractors approved to enter the facility.

Prior to the onsite audit, the auditor contacted The Abuse Counseling & Treatment Center (ACT), Ft. Myers, Florida (ACT) in reference any information previously submitted by inmates at the Moore Haven Correctional & Rehabilitation Facility and reviewed the GEO website prior to the audit. GEO PREA page lists: general information on PREA; agency zero tolerance policy; how to report; information on investigations; and where questions and inquiries can be forwarded to (PREA Coordinator phone and mailing address).

On the first day of the audit an entrance meeting was held at 8:20 a.m. Following the entrance meeting with facility leadership staff, the auditor visited the entire facility. While touring, random inmates and staff were informally interviewed and questioned about their knowledge of PREA. During the onsite tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; and attempted to test the inmate phone system for reporting allegations and victim advocacy services. During the tour, the auditor viewed PREA Audit Announcement notices posted throughout the facility to include the facility lobby, common areas and within each inmate housing unit. As a result of the Covid-19 pandemic MHCRF had not accepted any new inmates for approximately 60 days preceding the onsite audit. The auditor requested and received permission for the facility to demonstrate their intake procedure. The facility's PREA Manager is responsible for initial PREA Orientation and demonstrated the process for the auditor. The process included PREA educational pamphlets in both English and Spanish, Sexual Harassment and Abuse lecture and a PREA video presented by the Florida Department of Corrections. Following the PREA intake demonstration the

auditor visited the Classification department where intake sexual victimization assessments are conducted. The auditor sat with an assigned intake specialist and asked that the process be demonstrated. The classification specialist demonstrated the process to include the utilization of an electronic intake screening tool. The area where these screenings are normally conducted is private in an effort to ensure a level of confidentiality. Following the screening demonstration, the auditor visited the secure inmate classification file room and requested a total of ten inmate classification files. Upon viewing these ten files the auditor found evidence of completion for both PREA Intake education and Sexual Safety screening for all ten files viewed. The auditor also visited the Medical department during the onsite tour. The auditor spoke with assigned medical staff and one assigned correctional officer and questioned each in regard to their knowledge and responsibilities reference PREA. The auditor viewed a total of 5 medical files during the onsite audit. The auditor visited the Inmate Medical File storage area and found it to be secured with restricted access. The auditor interviewed two Mental Health assigned employees during the onsite audit and found both knowledgeable as it relates to sexual safety in a confinement setting. The auditor also interviewed the assigned Grievance Coordinator and found that the facility has 3 secured inmate grievance boxes. The auditor observed the facilities grievance log which tracks all grievance submitted. According to the assigned grievance coordinator, no PREA related grievance was filled in during the 12 months preceding the onsite audit.

The auditor also interviewed the facilities Human Resource Supervisor and viewed a total of five personnel files that the auditor selected. The auditor found the Human Resource Supervisor to be knowledgeable in regard to their responsibilities related to sexual safety in a correctional setting. Each personnel file viewed included both prior to employment and annual background and criminal history checks. The auditor also interviewed the facility's assigned training coordinator and viewed a total of ten employee training files. The auditor selected the ten files from an employee master roster, which included security, administrative, volunteers and contracted staff. The auditor found evidence of both initial and annual staff PREA training within each of the ten files reviewed.

Following the Tour and through the remaining days onsite, the auditor conducted random and targeted inmate interviews, visited the camera monitoring room and randomly reviewed personnel, medical, and training records. Overall staff interviewed stated they understood their responsibilities in reporting sexual abuse and suspected sexual abuse. When questioned about evidence preservation, staff responses reflected policies and standard requirements. The auditor found the inmates interviewed were well aware of PREA and avenues to report sexual harassment and/or sexual abuse.

There were 2 investigations of allegations at MHC&RF in the 12 months preceding the audit. One was an allegation of sexual abuse by staff and the second was classified as an inmate on inmate sexual abuse. Both cases remained in open status during of the onsite audit.

When the on-site audit was completed, the auditor conducted an exit briefing. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of his findings. The auditor thanked GEO and MHC&RF staff for their work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

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

The MHC&RF is located in South Central Florida two miles north of Moore Haven at 1282 St. Rd. 78 E. and sits on 52 acres of land. The facility was constructed in 1994 and began accepting inmates in July 1995. The Geo Group, Inc. operates the facility and is currently under contract with the Florida Department of Corrections to house 985 medium custody inmates. The actual population at the time of the audit was 945 and the average population over the past 12 months was 963 inmates.

The facility has four inmate housing buildings: two multi housing cell-block buildings with five housing units per building which contain two bed cells and two open bay buildings with five housing units per building. Each housing unit has its own dining area and a day room. There is a total of 21 separate housing units within the facility, two of which are designated for inmates that are fifty-five or older. The facility has daily work and activities scheduled for the inmate population. At the time of the onsite audit and as a result of the recent Covid-19 pandemic, the facility is operating under restricted movement guidelines and inmate visitation was suspended statewide.

The Facility security consists of two perimeter fences. The inner fence is ten feet high and the outer is 12 feet in height. The fences are 20 feet apart and there is a zoned microwave detection system between the fences. Additionally, the inner fence has two rows of razor wire at the top and bottom of the fence. The outer fence has three-double rows of razor wire at the bottom and two rows at the top. A manned vehicle patrols the perimeter 24 hours a day, 7 days a week.

The criminal profile of inmates housed at Moore Haven CF is varied. Offenses range from murder, manslaughter, kidnapping, sexual battery, lewd and lascivious act on a child, robbery, assault or battery, burglary, and drug trafficking to drug sales. Sentences range from one year and one day to life imprisonment and the average age of the inmates housed at Moore Haven C&RF is 36.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.53

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 1
List of Standards Not Met: 115.51

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. MHC&RF Pre-Audit Questionnaire Information
2. MHC&RF PREA Prevention Planning Policy 5.1.2-A
3. PREA Coordinator Appointment Email
3. FDC PREA Manager Listing
4. Corporate Organizational Chart
5. Facility Organizational Chart

Interviews:

1. Interviews with intermediate – or Higher-Level Facility Staff
2. Interview with GEO PREA Coordinator
3. Interview with MHC&RF PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.11 (a) Upon review of MHC&RF FDC procedure 602.053, the audit found that sexual abuse, sexual harassment and zero tolerance toward sexual abuse and/or sexual harassment were clearly defined. The procedure provides clear information on the prevention, response, detection to allegation of inmate-to-inmate, and staff-to-inmate sexual abuse and sexual threats. The policy describes definitions of sexual abuse and sexual threats, PREA training to employees, contractors, and inmates, and describes that all allegations of sexual abuse, threats, and retaliation for reporting an incident of sexual abuse.

115.11 (b) Interviews with the GEO PREA Coordinator and the MHC&RF PREA Compliance Manager confirmed their commitment to PREA standards. The PREA Coordinator and PREA Compliance Manager informed the Auditor they have direct communication with upper leadership on the agency and facility level. The PREA Coordinator is responsible for developing, implementing, and overseeing the Department's efforts to comply with the PREA standards in all facilities and ensuring contractors for the confinement of the Department's inmates are complying with the PREA standards.

115.11 (c) Both reported that they have ample time to perform their PREA responsibilities and both feel they have the support necessary to effectively implement PREA standards. The Corporate PREA and Victim Advocate Coordinators also receive PREA complaints from the hotline and ensure they are investigated. The PREA Compliance Manager is responsible for coordinating MHC&RF efforts to comply with the PREA standards. The Corporate PREA Compliance Manager's specific PREA duties include following-up on PREA allegations, communicating with investigators, communicating with correctional leadership staff, and monitoring to prevent retaliation from PREA reporting.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring zero tolerance toward all forms of sexual abuse

and sexual harassment and assignment of both a statewide and facility PREA coordinators. No corrective action is required.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. MHC&RF Pre-Audit Questionnaire Information
2. FDC PREA Procedure 602.053
3. FDC and GEO Contract

4. GEO self-monitoring announced and unannounced audits

Interviews:

1. Interviews with intermediate – or Higher-Level Facility Staff
2. Interview with GEO PREA Coordinator
3. Interview with MHC&RF PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.12 (a): The auditor reviewed agency policy that requires contractors to comply with all Florida Department of Corrections polices related to PREA standards. The auditor reviewed a contract between the Florida Department of Corrections and GEO, Inc. The contract specifically states the Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations and CDOC PREA policies, which in any manner affect performance under this Contract.

115.12 (b): Contractors agree to self-monitor its activities and facilities for compliance with the PREA standards and GEO will conduct announced or unannounced compliance monitoring that may include on-site monitoring visits.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard related to contracting with other entities for the confinement of inmates. No corrective action is required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. MHC&RF Pre-Audit Questionnaire Information
2. MHC&RF PREA Prevention Planning Policy 5.1.2-A
3. Florida Department of Corrections PREA Policy 602.053
4. MHC&RF Annual Staff Planning Document
5. MHC&RF Organizational Chart 2020
6. MHC&RF listing of intermediate – or Higher-Level Facility Staff
7. MHC&RF Shift Staff Rosters
8. Unannounced Rounds Housing Unit Logs
9. MHC&RF Camera Log
10. Department of Management Services Electronic Video Upgrade Request
11. Electronic System Walk-Thru Reports
12. Select personnel files for staff conduction rounds

Interviews:

1. Interviews with intermediate – or Higher-Level Facility Staff
2. Interviews with Correctional Security Staff
3. Interview with Human Resource Supervisor
4. Inmate Interviews

Site Review Observations:

1. Observations during on-site review of physical plant

115.13 (a): A review of the Facility's annual planning document demonstrates the facility takes into consideration other relevant factors in calculating adequate staffing levels and determining the need for video monitoring. Relevant factors include institution design, visibility, inmate capacity levels and inmate custody levels. MHC&RF employs a total of 110 correctional staff, and each has a level of inmate supervision. MHC&RF currently has 8 correctional staff vacancies, with six of these vacancies progressing through the hiring process. Security staff assignments are increased in areas that house inmates with a history of disciplinary action. MHC&RF utilizes CCTV fixed cameras and a DVR system to monitor its inmate population. There are currently 128 cameras strategically placed throughout the facility to include all of the buildings located on the property. These videos are recorded and maintained for a minimum of 30 days. On April 22, 2020, the facility submitted a request to the Department of Management Service for camera and recording upgrades in an effort to enhance video monitoring capabilities and increase the safety and security of inmate population. The MHC&RF staff provided the auditor a detailed camera report which listed all facility cameras and included the currently inoperable cameras which totaled 29 on the first day of the onsite audit. During the onsite review, the auditor recommended repair of one camera within food service within the dry food storage area due to being considered a blind spot. The facility repaired the Dry Food Storage Room camera and showed evidence of correction prior to the end of the onsite review. Immediately following the onsite audit, the facility began and completed repair of all but four cameras with only one inoperable camera facility wide that monitors inmate movement.

115.13 (b): Deviations from the staffing plan are documented and security staff shortages are covered by overtime. The auditor's on-site review of the facility confirmed cameras are placed throughout the facility and supervision was observed throughout the facility. Cameras are monitored in each housing unit officer station and can also be viewed within facility administrators' offices. The facility environment was clean and safe. Onsite observations found security staff interacting with the inmate population frequently. Interviews with assigned shift supervisors found that the facility is mandated and reports not going below critical staffing levels in preceding year.

115.13 (c): The PREA Coordinator confirmed the facility has an adequate staffing plan and participates in a yearly staffing review meeting. Interview with the Facility Administrator confirmed the facility has an adequate contracted staffing level to protect inmates against sexual abuse and the facility considers video monitoring as part of this plan to prevent inmate sexual harassment and abuse. The staffing plan is documented, reviewed daily, and is located in the Shift Supervisor's office. The Facility Administrator confirmed the facility follows general acceptance staffing practices and takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring. The Facility Administrator stated the facility reviews the inmate count when calculating supervisory staff. There is a minimum of five supervisory staff on each of the four assigned shifts. MHC&RF has less than a 10% vacancy rate with only 8 total security employee vacancies at the time of the audit. MHC&RF Security staff work 12 hour shifts; 7am-7pm and 7pm- 7am. All staff are compensated and required to attend a 15 min briefing prior to the start of each shift. Shift Supervisors and other facility leadership routinely conduct staff training during these daily shift briefings which include presentations related to PREA.

Supervisors ensure critical staff levels are met by the use of both voluntarily and mandatory overtime.

115.13 (d): The auditor reviewed unit logs to confirm supervisory staff make unannounced rounds on each shift at irregular intervals. These unannounced rounds were also confirmed via both staff and inmate interviews. The facility has a policy that prohibits staff from alerting anyone of unannounced rounds and Shift Supervisors monitor communications to ensure staff do not alert one another of these

unannounced supervisor checks. The unit staff are constantly monitoring inmate's movement and documenting activities within assigned unit in the logbooks.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring an adequate staffing plan, video monitoring and unannounced rounds. No corrective action is required.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. MHC&RF Pre-Audit Questionnaire Information
2. F.S. 944.1905
3. FDC Procedure 501.201
4. MHC&RF Statement of Fact

Interviews:

1. Interviews with intermediate – or Higher-Level Facility Staff
2. Interviews GEO PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.14 (a) MHC&RF does not house youthful offender inmates.

115.14 (b) MHC&RF does not house youthful offender inmates

115.14 (c) MHC&RF does not house youthful offender inmates

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility does not house youthful offenders at MHC&RF. No corrective action is required

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-602.204
2. FDC Procedure 602.018
3. FDC Procedure 602.036
4. MHC&RF Statement of Fact regarding exigent searches
5. Search Log Documentation of Pat-Down and Strip and Body Cavity Searches
6. Housing Log Opposite Gender Announcements
7. In-Service Search/Seizure Training Curriculum
8. E-Train for In-Service Search Training

Interviews:

1. Interviews with intermediate – or Higher-Level Facility Staff
2. Interviews with on duty correctional officers

Site Review Observations:

1. Observations during on-site review of physical plant

115.15 (a): A review of FDC Procedure 602.018 states strip searches shall be conducted by a staff member of the same gender as the inmate, except in exigent circumstances. FDC Administrative Regulation 33-602.204 Searches and Seizure. The regulation clearly defines exigent circumstances.

115.15 (e): Exigent Circumstance include circumstances that would cause a reasonable person to believe that prompt action is necessary to prevent physical harm, the destruction of relevant evidence, escape, or other emergent consequence. The policy also states a transgender or intersex inmate shall not be searched or physically examined for the sole purpose of determining the inmate's genital status.

115.15 (c): The policy and rule states all strip searches under reasonable suspicion shall be documented and all body cavity searches shall require approval from the superintendent his/her designee. The policy also specifies all searches shall be carried out in a dignified manner, under sanitary conditions, and officers shall refrain from making any threatening, insulting, or suggestive remarks while conducting searches.

115.15 (d): The policy and rule also states inmates shall be provided facilities that enable them to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks. The auditor reviewed a document from the PREA Compliance Manager that stated no instances of cross-gender strip or cross-gender body cavity searches of inmates housed at MHC&RF Facility for the past 12 months. In viewing the facility's housing units, the auditor observed that showers and restrooms provided privacy for inmates. Privacy measures include half walls that encompass the showers and restroom facilities. Privacy curtains for both the restrooms and showers can be pulled closed by inmates to ensure that staff of the opposite sex do not view their breasts, buttocks, or genitalia. The auditors' on-site observation confirmed shower curtains allow inmates to shower, perform bodily functions on the units, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

115.15 (f): All security staff interviewed were able to state they received training on the proper and respectful way of conducting universal pat searches on inmates. Of the 34 staff interviewed all were able to verbalize the agency policy on conducting searches on cross-gender inmates, transgender inmates, and intersex inmates. Of the 36 inmates 34 reported a confident sense of privacy and informed the auditor that anytime the opposite gender is approaching the unit he/she announces his/her presence before stepping on the unit. All inmates interviewed stated at no time is the opposite gender viewing their partial or naked body while showering or using the restroom facilities. During the onsite audit, the auditor observed opposite gender staff making verbal announcements prior to entering an inmate housing area and the facility has signs in the control area that states, "Opposite Gender Staff on duty".

115.15 (b): There were no female inmates housed at MHC&RF during the on-site audit and staff interviews confirmed should a female staff be housed at MHC&RF, male staff are aware they will not conduct searches of female inmates.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with cross gender/transgender searches and viewing. No corrective action is required

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 - Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. F.S. 435.03
2. F.S. 435.04
3. FDC Rule 33-601.202
4. FDC Procedure 208.049
5. Application & Background Investigation of New Hires
6. Application & Background of Contractor
7. Application & Background of Promotional Employee
8. E-Train for In-Service Search Training

Interviews:

1. Human Resource Supervisor
2. Interviews with on duty correctional officers

Site Review Observations:

1. Observations during on-site review of physical plant

115.16 (a): MHC&RF has many resources available to handle inmates who are limited English proficient and disabilities to ensure equal opportunities. PREA related documentation is available in

Spanish, large print, and English. The facility has designated staff available to translate for Spanish speaking inmates and ensured a translator was present during random and targeted inmate interviews. The facility also has trained inmate aids that are available for inmates who require assistance.

115.16 (b): Inmates who require sign language services are able to communicate through a TTY phone services. The inmates interviewed who were identified as disabled reported that they were provided information in a manner that they understood, and they were able to explain reporting methods and knowledge about PREA. The auditor interviewed a total five inmates that were classified as disabled during the onsite audit.

115.16 (c): MTC&RF prea policy prohibits delaying prea reporting due to the unavailability of an interpreter. The facility does not solely rely on inmate interpreters for the translation of sensitive or confidential information. The facility employs bilingual staff and makes efforts to ensure each shift has at least one bilingual staff member.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to background investigation, criminal record checks and promotions. No corrective action is required

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. F.S. 435.03
2. F.S. 435.04
3. FDC Rule 33-601.202
4. FDC Procedure 208.049
5. Application & Background Investigation of New Hires
6. Application & Background of Contractor
7. Application & Background of Promotional Employee
8. E-Train for In-Service Search Training

Interviews:

1. Human Resource Supervisor
2. Interviews with on duty correctional officers

Site Review Observations:

1. Observations during on-site review of physical plant

115.17(c): Administrative Rule 33-601.202 states that all employees and contractors who have contact with inmates shall have a background investigation conducted before employment and then at least every year thereafter.

115.17 (a): FDC Procedure 208.049 states that an applicant shall not be considered for employment, promotion or enlisted for services if the applicant has engaged in sexual abuse in prison, jails, lockup, community confinement facility, juvenile facility or other institution; been convicted of any sexual offenses or been civilly or administratively adjudicated for such sexual acts. A review of the Department's background investigations of employees and applicants for promotion and employment was completed. The auditor reviewed a consent form authorizing the agency to conduct a criminal records check.

115.17 (f) (h): The criminal record consent form inquires on whether you engaged in sexual abuse in prison, jails, lockup, community confinement facility, juvenile facility or other institution; been convicted of any sexual offenses or been civilly or administratively adjudicated for such sexual acts, and have you been involved in any sexual incidents of sexual harassment.

115.17 (d): Interview with the Human Resources Administrator confirmed that before the hiring of any new employee who has contact with inmates, a criminal background check is completed. The interview also confirmed that background checks are required before promotions and hiring of employees and contract workers.

115.17 (b): The Human Resource Supervisor stated that applicants are also requested to complete a written application on questions about any previous sexual misconduct in writing for hiring or promotion.

115.17 (g): MHC&RF policy/rule and interviews determined that when it is determined that applicants who omitted information about previous sexual harassment and misconduct are not considered for hire.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to background investigation, criminal record checks and promotions. No corrective action is required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.102
2. GEO Budget Request for Camera and Monitor Upgrades

Interviews:

1. Assistant Superintendent
2. Facility PREA Coordinator
3. Facility Information Technology Staff Member

Site Review Observations:

1. Observations during on-site review of physical plant
2. Camera Monitoring and Recording room

115.18 (a): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, MHC&RF considers how such technology may enhance its ability to protect inmates from sexual abuse. There are currently 129 cameras throughout the facility with monitoring equipment assigned to various supervisory staff. These cameras are strategically placed, and inmate safety is considered if facility upgrades are necessary. The facility's PREA Compliance Manager also provided the auditor a Budget Request that details new camera and monitor upgrades.

115.18 (b): These new cameras will be added to existing cameras within common areas and replace some identified older cameras in the inmate housing/living areas. The Budget Request also details the purchasing of new video monitors which will improve staff's ability to view areas throughout the facility.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 108.015
2. FDC Procedure 602.053
3. SART Contract
4. Victim Advocacy/Rape Crisis Center Contract
5. Qualification of SANE Nurses & Advocates
6. Victim Brochure to Inmates
7. PREA Poster with Advocacy Information

Interviews:

1. Abuse Counseling and Treatment (ACT) Representative
2. Facility PREA Coordinator
3. Facility Correctional Officers

Site Review Observations:

1. Observations during on-site review of physical plant

115.21 (a): Both administrative and criminal investigations are conducted by assigned Florida Department of Corrections Investigators and both agency policy and interviews determined that uniformed evidence protocols are followed.

115.21 (e): The Florida Department of Corrections has entered into a memorandum of understanding (MOU) with ACT to provide victim services to include victim advocacy and victim rights and the MOU is up to date.

115.21 (d): This MOU also provides inmates emotional support services related to sexual abuse within confinement settings. MHC&RF also employs two staff members who monitor victim rights to services and liberty from retaliation. In addition to the services noted above, the facility also maintains a Victim Service Hotline in all inmate housing areas.

115.21 (h): This confidential phone service provides inmates the opportunity to see victim services privately and the MHC&RF maintains a confidential log of calls. This additional means for requesting victim services substantially meets the standard requirement.

The auditor interviewed the ACT victim advocate and discussed the certified Sexual Assault Forensic Examiner (SAFE) and certified the Sexual Assault Nurse Examiner (SANE). MHC&RF appears to be following the Florida Department of Correction's Sexual Abuse Prevention and Intervention Programs Policy 602.053 that requires medical staff to promptly make arrangements for alleged victims to be transported to an outside facility for forensic examinations performed by SANE/SAFE. The examination

shall be at no cost to the inmates. Notifications for the purpose of an investigation shall be immediately made to the designated facility investigator and all allegations of sexual abuse that involve potential criminal behavior shall be referred for criminal investigation to the Florida Department of Corrections' Inspector General's Office. Interviews with medical staff confirmed that when there is allegation of sexual assault the facility transports the inmate victim to the outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Staff interviewed were familiar with evidence collection procedures.

115.21 (c): There were no referrals for forensic medical exams over the last year.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to evidence protocol and forensic medical examinations . No corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 108.015
2. FDC Procedure 602.053
3. F.S. 944-31
4. Screen shot of FDC PREA Website
5. MINS Report
6. Incidents Report (DC6-2100)
7. Email to FDC Inspector General reference open PREA cases

Interviews:

1. Facility Investigator
2. FDC Inspector General Investigator
3. Facility Superintendent

Site Review Observations:

1. Observations during on-site review of physical plant
2. Two open PREA investigation files

115.22(a) The Florida Department of Correction's Inspector General's Office is responsible for conducting both Administrative and Criminal Investigations for the agency. Agency Administrative Regulation 108.015 dictates that an investigation is completed for all allegations of sexual abuse, sexual assault and sexual harassment and ensures that for all cases alleging criminal behavior, are referred for investigation to the Office of the Inspector General who is the legal authority to conduct criminal investigations. The Inspector General's Office forwards criminal investigations to the governing State Attorney's Office for criminal prosecution.

115.222 (b) Facility policy and state statutes requires an investigation to immediately be made by the assigned inspector general investigator. The auditor met and interviewed both the assigned facility

investigator and the FDC Inspector General inspector to confirm compliance. A review of documentation from the PREA Compliance Manager shows that the facility had 2 allegations of sexual abuse in the past 12 months, both were classified as administrative cases, and both remain open. Both the assigned Institutional Investigator and FDC Inspector have received specialized sexual abuse investigative training. In most cases the assigned institutional inspector conducts sexual harassment and/or sexual abuse investigation for the facility assigned. However, there are instances where a case is assigned to an FDC Inspector not physically assigned to the facility where the allegation occurred. The Florida Department of Corrections utilizes an electronic file system for all investigations and the Office of the Inspector General controls access/viewing access.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. Staff Training Curriculum
3. E-Train Sign in Sheet

Interviews:

1. Security Staff
2. Non-Security Staff
3. Training Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant
2. Training Classroom

115.31 (a): The auditor reviewed the list of staff who received PREA training. Interviews with randomly and targeted staff members confirmed that they are knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. They were clear on how to perform their responsibilities in prevention, detection, reporting and responding. Staff members interviewed clearly understood their responsibilities in regard to ensuring the safety of inmates when a sexual harassment or sexual abuse allegation is made.

115.31 (b): Training curriculum reviewed by the auditor included practices related to cross gender searches and staff interviews confirmed staff's knowledge related to cross gender searches.

115.31 (c): Staff members interviewed were well aware of reporting options to include anonymous reporting. All staff members interviewed confirmed that training is occurring annually.

115.31 (d): All correctional staff interviewed were able to confirm that PREA training is occurring at the state certification academy in orientation and signed attendance E-Train documents were observed. MHC&RF routinely conducts PREA Refresher training during shift briefings and requires all staff to complete mandatory yearly in-service training.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to employee PREA Training. No corrective action is required.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.057
2. FDC Procedure 503.004
3. F.S. 110.053
4. Volunteer/Contractor Training Curriculum
5. Volunteer/Contractor Sign in sheet

Interviews:

1. Volunteer
2. Contractor
3. Training Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant
2. Training Classroom

115.32 (a): Facility Policies 503.004 and 602.057 requires that all volunteers and contractors who have contact with inmates receive PREA training. Interviews confirmed that contract and volunteer employees who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.32 (b): The auditor interviewed one volunteer and one contractor, and each were knowledgeable in regard to the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. As with employees, all volunteers and contractors must acknowledge they received and understood the PREA training. There are 96 volunteers and 3 contractors who have contact with the inmates at MHC&RF.

115.32 (c): Volunteers and Contractors who received PREA Training are required to acknowledge that the training occurred by signing individual sign in sheets.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to Volunteer and Contractor PREA Training. No corrective action is required.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. FDC Procedure 601.210
3. Inmate Handbook (English & Spanish)
4. Inmate Brochure (DC NI1-120 English & Spanish)
5. PREA Posters (English & Spanish)
6. Translator Contract
7. Facilitators Guide – Inmate PREA Education
8. Intake Sheet
9. Acknowledgment of Receipt of PREA Orientation
10. Memo Describing Methods Available for Disabled Inmates

Interviews:

1. PREA Compliance Manager
2. Classification Staff
3. Random Inmates
4. Targeted Inmates

Site Review Observations:

1. Observations during on-site review of physical plant
2. PREA Orientation Classroom
3. Inmate Housing Area Bulletin Boards

115.33 (a): MHC&RF has a process in place to provide all incoming inmates with information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Inmates are provided with a handbook upon intake that covers PREA related topics. Each inmate must sign, initial and date that they have received and reviewed the PREA information.

115.33 (e): Normally, MHC&RF receives new inmates one day per week and intake staff conduct an immediate PREA risk assessment, ensure inmates are aware of reporting mechanisms and provide a PREA handout which each inmate acknowledges receipt via signature.

115.33 (c): As a result of the Covid-19 pandemic, MHCRF had not accepted any new inmates for approximately 60 days preceding the onsite audit. The auditor requested and received permission for the facility to demonstrate their intake procedure. The facility's PREA Manager is responsible for initial PREA Orientation and demonstrated the process for the auditor. The process included PREA educational pamphlets in both English and Spanish, Sexual Harassment and Abuse lecture and a PREA video presented by the Florida Department of Corrections.

115.33 (b): Within 72 hours of receipt to the facility, an inmate orientation is conducted to include a comprehensive PREA screening for every inmate. A roster containing the inmate's names and date is maintained to track this training. PREA information is posted throughout the facility and housing units (English and Spanish) informing inmates of their right to be safe from sexual abuse. The auditor observed PREA posters on all units, and buildings in the facility. The auditor reviewed inmates receipt forms with signatures acknowledging receiving a PREA brochure.

115.33 (d): PREA education is available in different formats to accommodate limited English, deaf, visually impaired, and limited reading residents. Key information about the agency's PREA policy is continuously and readily available through posters, handouts, and other written format.

115.33 (f): The auditor walked through the facility and observed PREA information in the housing units in both English and Spanish, posters located throughout the facility in general areas were also in both English and Spanish. Interviews with the 32 inmates interviewed revealed that they received training and information about the Zero Tolerance Policy, and how to report instances of, or suspicions of abuse or harassment. The auditor recognized that all inmates interviewed could discuss PREA, Zero Tolerance, various methods of reporting sexual abuse and sexual harassment and third-party reporting.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to Inmate PREA education. No corrective action is required.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 108.015
2. Investigator Training Curriculum
3. Record for Investigator Specialized Training
4. Outside Investigative Agency Training Records

Interviews:

1. FDC Inspector General Inspector
2. Facility Investigator
3. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.34 (a): Florida Department of Corrections investigators have received specialized PREA training and documentation is maintained. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria required to substantiate an administrative case.

115.34 (b): The auditor interviewed the FDC Inspector General Inspector who confirmed they receive specialized training includes; 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 or prosecution referral. The facility Investigator was also knowledgeable in responding to PREA allegations. Interview with the PREA Compliance Manager, confirmed that investigator staff members are responsible for conducting investigations on all allegations of sexual abuse and harassment to include both administrative and criminal cases.

115.34 (c): Both the IG Inspector General Inspector and the facility Investigator received certificates of completion for specialized investigation training.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to Specialized Investigations Training. No corrective action is required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. FDC HSB 15.03.36
3. SART Contract Scope
4. Medical/Mental Health Training Curriculum
5. Sign in Sheet for Medical Mental Health Specialized Training

6. E-Train record of DC PREA Training

Interviews:

1. Health Services Administrator
2. Medical Staff
3. Mental Health Staff
4. External SANE Representative

Site Review Observations:

1. Observations during on-site review of physical plant

115.35 (a): The auditor reviewed FDC Procedure 602.053 that requires full and part time medical and mental health practitioners to receive specialized training on the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. MHC&RF is following FDC's policy on specialized training for medical and mental health staff. The auditor reviewed the training curriculum for medical and mental health providers.

115.35 (b): Inmates are transported to either the Abuse Counseling Treatment Center for forensic medical examinations when required although the facility reported no such instances during the 12 months preceding the audit. The facility and ACT have a currently up to date MOU to provide forensic examinations.

115.35 (c): MHC&RF maintains documentation (names and sign-in sheets) showing that medical and mental health practitioners have completed the required training. The auditor also reviewed the log sheet with two medical and two mental health staff signatures attesting to sexual assault post exposure protocol PREA training. During the auditors' interview with medical and mental health staff, they were able to identify their training in response to sexual assaults as first responders; reporting of any allegations of sexual assaults or harassments; preservation of evidence of sexual assault; and sign and symptoms of detecting sexual abuse. Medical and mental health staff members stated they are mandatory reporters of sexual abuse by their profession. During the interview process medical and mental health care staff indicated, they completed PREA training and their last PREA training was during their scheduled annual in-service training. All medical and mental health staff interviewed confirmed that they receive PREA refresher training throughout the year during mandatory shift briefings. Medical staff conveyed they do not conduct forensic medical examinations.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to Specialized training for medical and mental health care staff. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. FDC Procedure 601.209
3. Intake Screening Document
4. Screening Result Document
5. Predator/Prey Run

Interviews:

1. Intake Staff
2. Facility PREA Compliance Manager
3. Classification Staff

Site Review Observations:

1. Observations during on-site review of physical plant
2. Classification Department on-site review

115.41 (a): Immediately upon an inmate's arrival at MHC&R, a screening instrument is completed that identifies an inmate's level of risk or sexual abusiveness.

115.41 (c): The screening instrument includes all necessary elements to meet the standard. In most instances, MHC&RF does detain inmates solely for immigration purposes.

115.41 (f): Documentation indicated that a reassessment was completed within 30 days of the inmate's arrival. Reassessments also occur if warranted due to a referral, incident of sexual abuse or behavior that involved acts of violence.

115.41 (h): Inmates are not disciplined for refusing to answer or disclose.

115.41 (b): MHC&RF is following the Agency's Policy, which states an offender shall be assessed within 72 hours and upon transfer to another facility and within 30 days of arrival the offender shall be reassessed.

115.41 (g): Referrals for assessment are initiated when staff suspect an inmate may be at risk of sexual victimization or abuse. A screening reassessment may occur at any time when warranted. The auditor reviewed the screening form that is completed within 72 hours of arriving to the facility.

115.41 (d): The screening form inquires about mental, physical, developmental disabilities; physical build; previous incarceration; criminal history nonviolent; prior convictions of sexual assault or is perceived to be LTBI or gender nonconforming; previous sexual victim; and own perception of vulnerability. The screening is used to assist in the placement of housing for inmates being booked into the facility. The PREA risk assessment used is objective and takes into consideration all required criteria to assess inmates for risk. The auditor reviewed documentation of the screenings and the instrument used. The auditor also observed two inmate intake screenings and found the interviews thorough and conducted in a private location. All questions required on the screening instrument are utilized. The risk assessments are maintained and tracked in the computerized database with limited staff access. A review of the electronic database to include the intake screening and 30-day reassessment was completed. Interviews with inmates confirmed that they were questioned about prior convictions of sexual assault, is or perceived to be gay, bisexual, transgender, intersex, gender nonconforming, previous sexual victim; and own perception of vulnerability of being incarcerated. All inmates interviewed reported that they felt safe in their environment and were aware of PREA, and how to report PREA incidents.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to screening for risk of victimization and abusiveness. No corrective action is required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. FDC Procedure 601.209
3. Intake Screening Document

4. Screening Result Document
5. Predator/Prey Run

Interviews:

1. Intake Staff
2. Facility PREA Compliance Manager
3. Classification Staff

Site Review Observations:

1. Observations during on-site review of physical plant
2. Classification Department on-site review

115.42 (a): MHC&RF is following FDC Policy 601.209 of using information from the risk screening with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform housing, bed, work, education and program assignments. Supervisory level staff responsible for intake screening stated after their assessment, if there is any history or fears indicating an inmate has been sexual abused or is sexually assaultive, a referral is generated to mental health. The intake staff informed the auditor that based on the screening information potential victims and abusers bedding space are separated. Mental health staff confirmed to the auditor that they see victims as well as perpetrators of sexual abuse. Agency Heads send the "PREA Designation List" to all work areas monthly so work supervisors can assign their work crews to ensure safety of those inmates identified as victims and to ensure those inmates identified as high risk of being sexually abusive are not assigned with those identified as high victim potential.

115.42 (b): Risk screening instruments are utilized to make individual determinations related to inmate housing, programing, and job assignments.

115.42 (c): MHC&RF has multiple living units that are single cell units that allow for transgender inmates to request a single room if wanted.

115.42 (f): Transgender/intersex inmates are reassessed at a minimum twice a year and would be allowed the opportunity to shower separately from other inmates if they requested.

115.42 (g): Security staff stated no gay, bisexual, transgender, or intersex inmates are placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Based on the auditor's interview with one transgender inmate, their own views with respect to his or her own safety is given serious consideration on housing placement decisions and programming assignments. The transgender inmate stated they are given the opportunity to shower separately from other inmates. Interviews with transgender and gay inmates confirmed that they are not being placed in dedicated facilities, units, or wings solely on the basis of such identification or status. MHC&RF offers female undergarment clothing to all transgender inmates. This includes both female underwear and bras and is available to the inmate population at no cost to the inmate. MHC&RF actions to ensure its transgender population is treated in the most respectful manner meets this standard. A transgender inmate interview reported interactions with staff are respectful to their gender identity. At the time of the onsite audit, MHC&RF identified one transgender inmate.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to the use of screening information. No corrective action is required.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-602.220
2. FDC Rule 33-602.221
3. Housing Assignment for High Risk Inmates

Interviews:

1. Intake Staff
2. Facility PREA Compliance Manager
3. Classification Staff

Site Review Observations:

1. Observations during on-site review of physical plant
2. Classification Department on-site review

115.43 (a): The administrative segregation unit is housed in segregation housing unit. FDC Rule 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. Each security staff member interviewed informed the auditor that they have been informed to watch inmates closely who have been determined to be at risk for victimization and inmates determined to be risk for victimization are assigned cell locations in close proximity to security staff stations. Interviews with inmates confirmed MHC&RF is following the Agency policies on protective custody housing placements.

115.43 (b): The PREA Compliance Manager reported over the past 12 months there have been no inmates placed in involuntary segregation housing assignment as an alternative means of segregation from likely abusers. During the site visit there were no inmates placed in protective custody solely because they were determined to be at high risk for sexual victimization. All Interviews with security staff confirmed that no inmates were placed in protective custody solely because he/she was determined to be at high risk for sexual victimization.

115.43 (c): Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

115.43 (d): Review of the Housing Assignment for High Risk Inmates showed involuntary placements are documented in accordance with FDC Rule, but none were found in protective management status.

115.43 (e): FDC Rule 602.220 states a review will be conducted to determine whether there is a continuing need for separation from the general population at least every 30 days.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to inmate protective custody. No corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-103.006
2. FDC Procedure 602.053 33-602.221
3. Screen Shot of Directions for Filing Third Party Grievances on Public Website
4. Inmate Handbook (English & Spanish)
5. Inmate Brochure

6. PREA Posters
7. Incident Report (DC6-210)

Interviews:

1. Security Staff
2. Facility PREA Compliance Manager
3. Non-Security Staff
4. Random and Targeted Inmates

Site Review Observations:

1. Observations during on-site review of physical plant.

115.51 (a): All inmates interviewed were knowledgeable in regard to reporting in multiple ways to report allegations, including verbally to staff, in writing through formal inmate correspondence, third-party reporting, or by calling one or both anonymous reporting hotlines.

115.51 (b): By design, inmates are directed to dial the PREA Reporting line by dialing *113 (ACT Rape Crisis) or dialing the line by dialing *511 (Gulf Coast Hospital). This information is presented during intake and is listed both in the inmate handbook and on PREA posters present throughout the facility. These private entity organizations are established to receive and immediately report allegations of sexual harassment and sexual abuse. On the first day of the onsite audit, the auditor made two attempts to test both the ACT Rape Crisis and the Gulf Coast Children's Hospital Advocacy Center in different housing units without success. The auditor dialed both numbers as documented within posted PREA Posters and Inmate Brochures/Pamphlets. Upon consultation with facility staff, instructions were provided to dial a prompt number (1) prior to placing such calls. The auditor made two additional attempts by dialing the prompt number (1) without success.

Upon interviewing the Facility Administrator, PREA Compliance Manager and the GTL Contracted Phone provider representative the auditor received no clear explanation in regard to these phones being inoperable during the first day onsite. Additionally, these same staff interviews found inconsistencies related to specific dial instructions for inmate phones and access to both external services and how long these phone services may have been inoperable prior to the onsite audit. Based upon this analysis, the auditor finds that the facility is not substantially monitoring these phone services as it relates to the extent of the provision and corrective action is required.

It should be noted that on the third day onsite, the auditor re-tested both the ACT Rape Crisis and Advocacy Center in two separate housing units and found both operational. Post onsite, the facility advised the auditor that it has begun bi-weekly testing of the phone services in an effort to ensure timely notification if inoperable in the future.

Inmates can also write PREA Reporting at P.O. Box 41118, Olympia, WA 98504 and anonymously report sexual abuse and sexual harassment. All inmates interviewed informed the auditor that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation. Inmates were aware there is an outside reporting mechanism and an anonymous hotline available to them.

115.51 (c): Staff member interviews confirmed their responsibility to immediately report all knowledge, suspicions or information of an incident of a sexual offense to their supervisor or PREA Compliance Manager. They also report any retaliation against someone who has reported such an incident. MHC&RF is adhering to the FDC policy 602.053, staff shall immediately report to appropriate supervisor all contacts, observations, reports received, suspicions and knowledge of a sexual offense directed towards or by an offender; retaliation against an offender or staff member who reported an

incident; and any staff member neglect or violation of responsibilities that may have contributed to the incident or retaliation. The staff member documents any report received verbally.

115.51 (d): The staff member may also contact the hotline listed on the department's website established to privately report a sexual offense involving an offender. The auditor observed posters, brochures and materials on the housing units and program areas informing inmates of their rights to be free from sexual abuse and sexual harassment, and methods for reporting sexual abuse and sexual harassment.

Inmates confirmed that inmates knew they could also contact the PREA Compliance manager to report abuse. Security staff informed the auditor they accept PREA allegations from inmates and are responsible for reporting them promptly to their supervisor. Staff was also aware they could call a reporting hotline (when operational) to report an allegation privately. Interviews with security staff revealed them to be knowledgeable on reporting sexual abuse and sexual assault. Security staff informed the auditor that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation.

Corrective Action:

Based upon the review and analysis of all the available evidence while onsite, the auditor determined that the facility did not meet standard requirements related to private entity receiving and immediately reporting allegations of sexual harassment and sexual abuse. Although the facility private entity phone reporting was operable by the end of the onsite audit; corrective action was required as it relates to the development of functioning testing procedure and the development of an inmate notification procedure for instances when telephone private entity reporting is inoperable.

MHC&RF implemented weekly checks of the PREA reporting lines June 3, 2020 prior to the end of the on-site audit. The checks are completed by the Duty Warden. The Duty Warden documents the check on DC form 6-2090 Duty Warden Check Sheet. Any deficiencies are recorded on the Duty Warden Check Sheet and the GTL phone contractor will be notified. A memorandum will also be issued to the inmate population advising the reporting line is not working. A notice will also be given to the inmate population when the reporting lines are fixed. Both notices will be posted in all the housing units and an email will also be issued utilizing the J-pay Inmate Announcement application for those inmates with tablets.

On July 29, 2020, the auditor viewed eight weekly Duty Warden reporting line checks, prea phone testing protocols established by the facility and Duty Warden acknowledgment forms to substantiate compliance with 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-103.005
2. FDC Rule 33-103.006
3. Inmate Handbook
4. Statement of Fact

Interviews:

1. Random and Targeted Inmates
2. Random and Specialized Staff
3. Grievance Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.52 (a): MHC&RF does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. There have been four grievances alleging sexual abuse in the previous 12 months.

115.52 (b) No facility rule or procedure requires an inmate to solely utilize a grievance to report an allegation of sexual abuse or harassment and there is no time limit for filing a PREA allegation via the grievance system.

115.52 (c): FDC Rule 33-103.005 states that inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Grievances alleging sexual abuse are not processed through the normal procedures. They are forwarded directly to the Superintendent upon filing.

115.52 (d): A response is given with forty-eight (48) hours. Appeals are responded to at the Commissioner level within fifteen (15) business days.

115.52 (e): FDC Rule 33-103.006 allows third party assistance and/or filing a grievance related to PREA.

115.52 (f): Emergency grievances are forwarded directly to the Grievance Coordinator for delivery to the Superintendent.

115.52 (g): As directed by the FDC Rule 33-103.006, MHC&RF does not discipline an inmate for filing a grievance related to alleged sexual abuse.

MHC&RF provided the auditor a Statement of Fact document which stated there have been no PREA related grievances filed at the facility for the 12 months preceding the audit. This was also confirmed via interview with the assigned PREA coordinator.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with standards related to the exhaustion of administrative remedies for inmates. No corrective action is required.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. Victim Service Contract
3. Inmate Brochure
4. PREA Poster with Victim Service Information
5. Victim Service Brochure/Pamphlet

Interviews:

1. Random and Targeted Inmates
2. Random and Specialized Staff
3. ACT Victim Services Representative

Site Review Observations:

1. Observations during on-site review of physical plant

115.53 (a): The auditor interviewed the PREA Victim Advocate for ACT in Fort Myers, Florida via telephone. ACT is an external entity that has and is currently providing services to Inmates housed at the MHC&RF. Victim services can be requested by inmates via telephone and through US mail. The calls are free, not recorded, and confidential unless related to mandatory reporting identified instances. The auditor found that pre Covid-19 and in addition to 24-hour telephone access, ACT provided in person weekly emotional support services to inmates housed at MHC&RF which exceeds standard requirements. MHC&RF also utilizes the services of the Gulf Coast Hospital for those inmates who request outside victim advocate services. Services include arranging rape crisis personnel to accompany and support the offender through the forensic exam, the caller reports a crime or information related to self-harm. Inmates receive information on utilizing crisis services phones during their initial intake into the facility. After an initial session, up to three sessions will be provided for each requesting inmate. For inmates requiring more than three sessions, rape crisis counselors are available in the MHC&RF Mental Health Department. PREA reporting and advocacy assistance information were observed posted in the housing areas. The reporting and advocacy posters inform inmates they can seek help from the local rape crisis center through a 24hr-confidentiality hotline number, and availability of emotional supports. Phones for both the PREA Reporting Hotline and Crisis Services are available in each inmate living area.

115.53 (b): During interviews, all inmates were aware of how they could report an incident and request emotional support by using the hotline number by the telephone and that the calls are monitored.

115.53 (c): The auditor reviewed the MOU between MHC&RF and ACT and found it to be up to date.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility exceeds the standard related Inmate access to outside confidential support services. No corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-103.006
2. Screen Print on Reporting Mechanism on Website

Interviews:

1. Random and Targeted Inmates

2. Random and Specialized Staff
3. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.54 (a): MHC&RF allows for multiple avenues for third party reporting and instructions are posted publicly. FDC Rule 33-103.006 allows for inmates to gain assistance from staff, family, or other inmates to file a PREA related grievance. Additionally, the facility publicly posts website data with thorough instructions for persons outside the facility to file a PREA related grievance. This website is located on the FDC public website under the PREA tab.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to Inmate access to third party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. F.S. 794.027
2. F.S. 944.35
3. FDC Procedure 602.053
4. Staff Training Curriculum
5. MINS Report
6. Incident Report (DC6-210)
7. Investigative IG Report
8. Statement of Facts

Interviews:

1. Random and Specialized Staff
2. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.61 (b): The facility is following the Department's staff sexual abuse policy 602.053 and sexual abuse prevention which prohibits staff from revealing any information related to sexual abuse reported to anyone other than to the extent necessary to make treatment, investigation, other security, management decisions, and to treat information confidential.

115.61 (a): Policy 602.053 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency. Staff must also, per policy, report immediately and according to policy any retaliation against inmates or staff who report incidents, and any staff neglect or violation of responsibilities that may contribute to an incident of retaliation. The auditor reviewed the employees' handbook that included the duty to report sexual abuse and sexual harassment, retaliation, and confidentiality:

115.61 (e): All staff shall report immediately sexual abuse and sexual harassment incidents, and each is referred for investigation. These incidents include; any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the Agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61 (c): Interviews with three (3) staff from medical and mental health revealed they were knowledgeable in reporting sexual abuse and sexual harassment incidents; reporting any suspicious behaviors; and were also aware of their responsibilities for reporting and the no retaliation policy. Health care staff (medical and mental health) were aware that they are mandatory reporters of sexual abuse and sexual harassment. They inform inmates of their professional obligation to report any type of sexual abuse or sexual harassment. The auditor interviewed security staff members confirming the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reporting. All staff interviewed stated they always refrain from revealing any information related to a sexual abuse report to anyone other than to the shift supervisor.

115.61 (d): MHC&RF provided a statement of fact noting that there have been no inmates housed at the facility under the age of 18.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to staff and agency reporting duties . No corrective action is required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-602.220
2. FDC Procedure 602.053
3. Staff Training Curriculum
4. MINS Report
5. Incident Report (DC6-210)
6. AC Timeline Reviews
7. IMO2 Placement Report with Comments

Interviews:

1. Random and Specialized Staff
2. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.62 (a): FDC Rule 33-602.220 and FDC Procedure 602.053 requires staff to take immediate action to protect the inmate immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment. The PREA Compliance Manager attests there has been (2) inmates determined to be substantial risk during the past 12 months and the Shift Supervisor took immediate action to ensure the inmate's safety. Interviews with all security staff and three (3) health care staff (medical and mental health) revealed that staff were very knowledgeable and well trained in their protection duties if an inmate was subject to imminent sexual abuse or sexual harassment. All staff interviewed were able to discuss separating the victim from the abuser and reporting to supervisor on duty. Interview with intake staff revealed that inmates that may be at risk for sexual victimization have bed assignments that are strategically placed near the security staff stations on the units. Particular attention is placed on inmates identified as potential victims of sexual harassment or sexual assault. All security staff interviewed were able to convey with authority actions to protect victims when notified of alleged sexual assault.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to agency protection duties . No corrective action is required.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-602.220
2. FDC Procedure 602.053
3. Email Notification
4. Statement of Facts
5. Incident Report (DC6-210)

Interviews:

1. Agency Head
2. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.63 (a): MHC&RF is following the FDC's sexual abuse prevention and intervention programs policy 602.053, directing the superintendent of the facility who receives the allegation to notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred.

115.63 (b): The Superintendent of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt.

115.63 (c): An Interview with the Superintendent confirmed his responsibility upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation will immediately notify the head of the new facility the alleged abuse occurred and that the information is documented.

115.63 (d): The Superintendent will then contact the other facility and report the alleged sexual abuse for investigation. The PREA Manager also confirmed this process during an interview with the auditor.

MHC&RF provided a statement of fact noting that they received no new information related to PREA allegations at another facility for the 12 months preceding the audit.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to reporting to other confinement facilities. No corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. Statement of Facts
3. Incident Report (DC6-210)

Interviews:

1. Agency Head
2. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

MHC&RF is following the departments policy 602.053 that requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if

timeframe allows collect and protect evidence and advise the inmate to not take any action that could destroy evidence.

115.64 (a): The auditor interviewed 34 total security and non- security staff that confirmed that all staff are extremely knowledgeable about first responder duties. The health and mental health staff members were able to articulate guidelines such as separating victim from abuser; preserving evidence; providing medical and crisis care. All staff were able to talk about their training as first responder to sexual abuse. All interviews with staff confirmed their knowledge on the procedures for responding to sexual assaults.

115.64 (b): All staff interviewed were able to discuss contacting their supervisors immediately, preserving and collecting evidence, separating the victim and abuser, and securing the scene.

MHC&RF provided a statement of fact noting that they received no new information related to PREA allegations at their facility 12 months preceding the audit. A classification staff member did receive one allegation for a new intake inmate and that information was immediately reported.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to staff first responder duties. No corrective action is required.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. MHC&RF Coordinated Response Plan

Interviews:

1. Security Staff
2. Non-Security Staff

Site Review Observations:

1. Observations during on-site review of physical plant

MHC&RF is following the departments policy 602.053 that requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise the inmate to not take any action that could destroy evidence.

115.65 (a): MHC&RF has a written plan to coordinate actions taken in response to an incident of sexual abuse for staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with security staff, medical staff, mental health staff, investigators and PREA Compliance Manager confirmed coordinate procedures for responding to sexual assaults and harassment. The staff interviewed were able to discuss in detail the actions taken in response to a sexual assault allegation. Each of the 32 staff members interviewed were able to thoroughly discuss their responsibilities related to an immediate coordinator response.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to coordinated response. No corrective action is required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. F.S. 110.227
2. Employee Handbook/Manual
3. Statement of Fact

Interviews:

1. Security Staff
2. Non-Security Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.66 (a): Not Applicable

Review of a memorandum from the PREA Compliance Manager attests that MHC&RF has no collective bargaining power.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the standard related to the preservation of ability to protect inmates from contact with abusers is non-applicable. No corrective action is required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Procedure 602.053
2. MINS Report
3. Retaliation Monitoring Report

Interviews:

1. Security Staff
2. Random and Targeted Inmates
3. PREA Manager
4. PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.67 (a): FDC Policy 602.053 clearly prohibits retaliation against any inmate or staff that reports incidents related to PREA. The facilities PREA Manager and PREA Coordinator are responsible to monitor acts of retaliation.

115.67 (c): FDC Policy 602.052 also mandates that acts of retaliation related to inmate discipline, program change, housing assignment or in cases of staff reporting; performance evaluations. The policy also has a contingency process should it be determined monitoring is required for more than 90 days.

115.67 (b): Interviews with all inmates revealed a complete understanding of zero tolerance against retaliation for reporting sexual abuse and sexual harassment. Inmates interviewed were able to identify the facility's responsibility to protect them against any retaliation for reporting sexual abuse and sexual harassment. The auditor interviewed the PREA Compliance Manager and the Victim Advocate Coordinator who conveyed they have the share responsibility to monitor for any retaliation against reporting of sexual abuse and sexual harassment. Both the PREA Compliance Manager and Victim Advocate Coordinator had an effective system for ensuring the retaliation checks are completed in a timely fashion. Interviews with security staff confirmed the knowledge on zero tolerance for sexual abuse and sexual harassment, and no retaliation policy.

115.67 (d): FDC Policy 602.053 also requires periodic retaliation reviews in effort to provide additional oversight.

115.67 (e): FDC Policy 602.053 includes individuals who cooperate with investigations and this was confirmed via interviews with both the PREA Compliance Manager and Coordinator.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility meets the standard related to agency protection against retaliation . No corrective action is required.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-602.220
2. FDC Rule 33-602.221
3. FDC Procedure 602.053
4. MINS Report
5. PREA Victim Housing Preference DC6-2084
6. IMO2 Screen Printout

Interviews:

1. PREA Compliance Manager
2. PREA Compliance Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.68 (a): FDC Rules 33-602.220 & 33-6-2.221 complies with all provisions contained within standard 115.43 as it relates to both voluntary and involuntary segregation of inmates. MHC&RF has established guidelines for mandatory reviews of inmates confined that includes 72-hour reviews by institutional supervisory and classification staff.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is complaint with standards related to post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Statute 944.31
2. Florida Department of Corrections Inspector General Policy 108.015

3. Florida Department of Corrections PREA Policy 602.053
4. Moore Haven Correctional Facility PREA Prevention Planning Policy 5.1.2-A
5. Investigator Training Records

Interviews:

1. Facility Administrator
2. Facility Investigator
3. Florida Department of Corrections Investigator
4. Interviews with Correctional Security Staff
5. Inmate Interview

Site Review Observations:

1. PREA Inmate Case Files

115.71 (a): Florida State Statute 994.31 and FDC Procedure 602.053 requires facilities and departmental investigators to investigate both administrative and criminal PREA cases. Criminal cases are prosecuted by assigned state attorney offices and the investigators work closely with these prosecutors as it relates to reporting and evidence collection.

115.71 (b): The auditor reviewed Inspector training records of the assigned Inspector General investigator and found training was conducted by the Moss Group and additional training was conducted by Department of Corrections trainers. An interview with the IG Inspector found a strong working knowledge of both administrative and criminal investigations.

115.71 (c): Inspectors are responsible for gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71 (d): 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.

115.71 (e): Assigned Inspectors assess the credibility of alleged victims, suspect and witness on an individual basis and does not utilize polygraph examinations as a condition of proceeding.

115.71 (f): The auditor interviewed the assigned inspector and found that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. When discovered this information is documented and shared with Facility Administrators and PREA incident review committee.

115.71 (g): A criminal case file and written reports are generated for each allegation of sexual abuse that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.71 (h): According to the assigned Inspector General, all substantiated allegations of conduct that appears criminal are referred to the assigned state attorney for criminal prosecution. MHC&RF reported no such cases within the twelve months preceding the audit.

115.71 (i): The auditor reviewed both Florida Statute 944.31 and Florida Department of Corrections Inspector General Policy 108.015 to confirm the requirement to maintain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. During the onsite

review, the auditor observed the secured file record retention area and such files are ink stamped as “Sex Crimes” in an effort to avoid accidental destruction.

115.71 (j): A review of Florida Department of Corrections Inspector General Policy 108.015 and inspector interviews confirmed that the facility does not terminate investigations as a result of an alleged abuser or victim departure. The auditor confirmed this practice while onsite as an investigation is currently on going after an alleged inmate victim was released from Department of Corrections custody.

115.71 (k): Auditor is not required to audit this provision.

115.71 (l): The auditor conducted interviews with both the institutional inspector and the Inspector General investigator found that the facility fully cooperates with the outside entities conducting sexual abuse allegations. The Inspector General’s office routinely communicates with both the facility inspector and the Facility Administrator as it relates to the progress of investigations.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully complaint with this standard requiring thorough administrative and criminal investigations. No corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Statute 944.31
2. Florida Department of Corrections Inspector General Policy 108.015
3. Florida Department of Corrections PREA Policy 602.053
4. Moore Haven Correctional Facility PREA Prevention Planning Policy 5.1.2-A
5. Investigator Training Records

Interviews:

1. Facility Administrator
2. Facility Investigator
3. Florida Department of Corrections Investigator

Site Review Observations:

1. PREA Inmate Case Files

115.72 (a): The auditor reviewed the Department's sexual abuse prevention and intervention programs policy 602.053 which outlines and imposes no standard higher than preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with the PREA Compliance Manager and investigators informed the auditor that substantiated allegation means an allegation that was investigated and determined to have occurred. The assigned investigator stated an allegation is determined to have occurred based upon the preponderance of the evidence. The investigators said preponderance means evidence supports that the allegation is more likely to be true than not true. The investigator informed the auditor that she follows standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigator confirmed they have received special training to investigate sexual abuse allegations and sexual harassment allegations.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Inspector General Policy 108.015
2. Florida Department of Corrections PREA Policy 602.053
3. Statement of Fact

Interviews:

1. Facility Administrator
2. PREA Compliance Manager
3. PREA Coordinator

Site Review Observations:

1. PREA Inmate Case Files

115.73 (a): The auditor reviewed the Department's sexual abuse prevention and intervention programs policies 602.052 and 108,015, which directs the facility following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed, and it shall be documented when the allegations have been determined to be substantiated, unsubstantiated or unfounded.

115.73 (b): N/A

115.73 (c): The alleged victim shall be informed when the alleged perpetrator is no longer posted within the offender's unit, employed and has been indicted or convicted on a charge related to sexual abuse. The auditor reviewed a statement of fact memo from the PREA Compliance Manager attesting during the past 12 months there have been no closed cases of alleged inmate sexual abuse completed by the facility. The two pending PREA cases were reported in 2019 and the investigation is in investigative "open" status. Interview with PREA Compliance Manager confirmed that an inmate who makes an allegation of sexual abuse is informed verbally or in writing as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.73 (d): Interview with PREA Compliance Manager confirmed that an inmate who makes an allegation of sexual abuse is informed verbally or in writing as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.73 (e): Notification to inmates in regard to PREA case status and disposition are provided via memo.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to reporting to inmates. No corrective action is required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Inspector General Policy 208.039
2. F.S. 944.35
3. Statement of Fact
4. FDC Rule 60L-36.005
5. GEO Corporate Policy 5.1.2-E

Interviews:

1. Facility Administrator
2. PREA Compliance Manager
3. PREA Coordinator

Site Review Observations:

1. PREA Inmate Case Files

115.76 (a): The auditor reviewed GEO's Corporate Policy 5.1.2-E Investigating Allegations of PREA which informs facilities that staff members found to have violated this policy shall be subject to disciplinary action up to and including dismissal, based upon the findings of the investigation.

115.76 (b): Both FDC and GEO policies state that termination is a presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c): Such disciplinary action shall be commensurate with the nature and circumstance of the violation. Any staff member found to have engaged in sexual abuse based upon the findings of the investigation is subject to termination.

115.76 (d): All terminations, including resignations that would have resulted in termination if not resignation, related to criminal activity shall be reported to the Office of the Inspector General. If the findings are inconclusive, but the investigation reveals potentially problematic conduct, preventative action shall be taken. There has been one PREA allegation against staff at MHC&RF during the past 12 months preceding the audit and that case remains open.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to disciplinary sanctions for staff. No corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 205.002
2. Statement of Fact
3. GEO Corporate Policy 5.1.2-E

Interviews:

1. Facility Administrator
2. PREA Compliance Manager

3. PREA Coordinator

Site Review Observations:

1. PREA Inmate Case Files

115.77 (a): The auditor reviewed the FDC's and GEO staff sexual offense policies that defines staff members that include contractors and volunteers. The policy emphasizes the department's zero tolerance policy toward sexual offenses that applies to employees, contractors, students, interns, volunteers, and consultants.

115.77 (b): Contractors and volunteers found to have engaged in sexual abuse may be dismissed or terminated and any related criminal activity shall be reported to the Office of the Inspector General. Review of the sexual abuse prevention and intervention programs policies informs that all allegations of sexual abuse that involves potentially criminal behavior shall be referred for criminal investigation to the Office of the Inspector General. There have been no instances of a contractor or volunteer reported to law enforcement and/or terminated for engaging in sexual abuse of an inmate during the previous 12 months.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to corrective action for contractors and volunteers. No corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Rule 33-601.301
2. FDC Rule 33-601.314
3. Statement of Facts
4. GEE Corporate Policy 5.1.2-E

Interviews:

1. Facility Administrator

2. PREA Compliance Manager
3. PREA Coordinator
4. Facility Investigator

115.78 (a): Inmates are subject to disciplinary sanctions when an investigation reveals that the inmate participated in inmate-on-inmate sexual abuse. Inmate discipline is addressed in FDC Rule 33-601.301.

115.78 (b): The sanctions are dispensed based on the total circumstances of the incident, the perpetrator's disciplinary record and sanctions similar to those on similar incidents. Reports of sexual abuse made in good faith will not constitute false reporting, even if the investigation does not establish sufficient evidence to substantiate the allegation. Mental Health staff are consulted in regard to an inmate's ability to be held accountable for the alleged behavior. Mental Health staff provide a written form that offers their opinion regarding whether an inmate's mental disabilities or mental illness contribute to the behavior and whether or not a sanction is imposed. FDC Policy does allow an inmate to be sanctioned for sexual contact with a staff member when the staff member did not consent to such contact. There have been no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility during the past 12 months.

115.78 (c): Interview with the facility investigator confirmed an inmate's mental health is considered when considering disciplinary actions for substantiated inmate sexual abuse or sexual harassment. The facility provided a statement of fact memo that noted no closed cases during the 12 months preceding the onsite audit.

115.78 (d): Mental Health and Counseling services are offered to address and correct underlying reasons or motivations for the abuse. Interviews with inmates confirmed they all believed the facility takes all sexual allegations seriously and that they were comfortable reporting a PREA allegation.

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator
3. Agency Head
4. Disciplinary Chairman

Site Review Observations:

1. Review of two open PREA cases files

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to disciplinary sanctions for inmates. No corrective action is required.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Policy 602.053
2. DC4-642B Mental Health Evaluation
3. Statement of Facts

Interviews:

1. Facility Administrator
2. PREA Compliance Manager
3. PREA Coordinator
4. Mental Health Staff
5. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant – file storage areas.

115.81 (a) (b): The auditor reviewed the Department's Sexual abuse prevention and intervention programs policy 602.053 that informs facilities that when an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical and mental health professionals.

115.81 (b): The policy states services are to be delivered within 14 days of intake. The policy also informs facilities that the dissemination of information shall be limited to staff necessary to inform treatment plans and making decisions regarding housing beds, work, education, and program assignment.

115.81 (e): Medical and mental health shall obtain informed consent from the inmate prior to reporting information related to a prior sexual victimization that did not occur in a facility. The auditor reviewed examples of risk assessment screening and interviewed intake supervisors on the procedure used prior to assigning work or program assignments. The classification staff indicated that at no time can a high-risk victim and a high-risk abuser work alone unsupervised.

115.81 (c): Interviews with medical and mental health staff confirmed that referrals are generated if a screening indicates that an inmate has previously been a victim of sexual abuse or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. During the staff interviews Medical and Mental Health personnel confirmed that an inmate is offered a follow-up meeting with practitioners within 14 days of the intake screening. The auditor reviewed the Admissions Data Summary and referrals and all reviews showed that inmates of previous sexual abuse received timely follow-up.

115.81 (d): Information obtained both during intake and from follow assessments is strictly protected via secured file storage areas. Access to these areas is restricted for only staff within the licensed mental health and medical fields.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to medical and mental health screenings, history of sexual abuse. No corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Policy 602.053
2. FDC Policy 401.010
3. Inmate Brochure (N1-120)
4. Incident Report (DC6-210)
5. Alleged Sexual Battery Protocol DC4-683M
6. Mental Health Referral for Perpetrator DC6-642D

Interviews:

1. ACT Victim Advocate Representative
2. ACT SANE Representative
3. PREA Compliance Manager
4. PREA Coordinator
5. Mental Health Staff
6. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant – file storage areas.

115.82 (a): A review of the facilities procedure and inmate literature informs inmate victims of sexual abuse they will receive timely access to medical and mental health treatment, at no cost to the inmate. Interviews with medical staff disclosed that medical staff is available 24/7 at the facility to treat sexually abused victims

115.82 (b): Regardless of medical being available 24/7, interviews with security staff first responders confirmed a thoroughly trained staff that knew immediately to take steps to protect a sexually abused victim and immediately notify the appropriate medical and mental health practitioners. Interviews with medical nurses informed the auditor that inmates are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate. Medical Staff and the PREA Coordinator informed the auditor that victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. When staff receive a report of sexual abuse/harassment, efforts are made to separate the parties to ensure the safety of everyone involved. First responders immediately notify medical and mental health staff. Staff follow the Sexual Assault Action Plan that may include taking the alleged victim to Gulf Coast Hospital for a forensic medical exam. MHC&RF medical staff conduct an initial assessment of the victim prior to transport.

115.82 (c): The facility's Sexual Battery Protocol states victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.82 (d): The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care and at no cost to the inmate.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully complaint with this standard related to access to emergency medical and mental health services . No corrective action is required.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. FDC Policy 602.053
2. FDC Policy 401.010
3. Inmate Brochure (N1-120)
4. Incident Report (DC6-210)
5. Statement of Fact

Interviews:

1. ACT Victim Advocate Representative
2. ACT SANE Representative
3. PREA Compliance Manager
4. PREA Coordinator

5. Mental Health Staff
6. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.83 (a): Review of the Department's sexual abuse prevention and intervention programs procedure 602.053 states that all allegations of sexual assault victims shall be offered medical and mental health evaluations.

115.83(b) (h): Agency procedure 401.010 states inmate victims of sexual abuse shall receive timely, unimpeded access to ongoing continued medical and mental health services consistent with community standards at no cost to the inmate. Mental health practitioners conduct an evaluation on all known offender-on- offender perpetrators within 60 days of learning of such abuse, and provide treatment as deemed necessary.

115.83 (c) (g): The auditor reviewed a Memorandum of Understanding (MOU) between the facility and Gulf Coast Hospital. The purpose of the MOU is to ensure a unified effort to provide inmates with confidential emotional support services related to sexual violence that is considered community care level. The MOU supports the mental health treatment to victims of sexual abuse in confinements. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody. Review of sexual assault awareness brochures and PREA educational handout materials advise inmates of the medical and mental health services offering evaluation, treatment, and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims, and abusers. Interviews with two (2) medical staff revealed highly trained staff in treating and first responding to sexual abuse incidents. They informed the auditor that they specifically are trained to provide sexual abuse victims and abusers medical, and mental health services. If examination services are required, inmates are transferred to the SANE/SAFE qualified Gulf Coast Hospital. Interviews with mental health staff disclosed that PREA incidents (abusers and victims) are always referred to mental health. The mental health practitioner routinely performs mental health evaluation. According to the mental health practitioner and nurses interviewed, crisis counseling is available immediately upon notification of a sexual abuse incident. Interviews with inmates revealed they were well informed about the health care available to victims of sexual abuse or assault. Both services are available and provided at no cost to the inmate.

115.83 (d): N/A - MHC&RF does not house female offenders.

115.83 (e): N/A - MHC&RF does not house female offenders.

115.83 (f): FDC Policy 401.010 requires inmate victims of sexual abuse while incarcerated to be offered tests for sexually transmitted infections.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully complaint with this standard related to access to ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. Statement of Facts
3. Survey of Sexual Abuse Violence/DOJ Submission

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator
3. Agency Head
4. Mental Health
5. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.86 (a): The auditor reviewed the agency's sexual abuse incident review form that requires every facility to conduct a sexual abuse PREA Incident Review at the conclusion of every sexual abuse investigation.

115.85 (b): The review was completed for two sexual abuse investigations in the past 12 months and was initiated within 30 days of completion of the investigation.

115.86 (c): The review team consists of upper-level staff, supervisor, investigators, and medical/mental health staff.

115.86 (d): The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. They also consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The PREA Incident Review team also examines the area in the facility

where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assessed the adequacy of staffing levels in that area during different shifts, and assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.86 (e): The Superintendent was able to confirm and articulate in her interview the review team purpose and how it implements recommendations from the review team. The Superintendent informed the auditor that any PREA incident is reviewed to determine ways to prevent detect and eliminate sexual abuse. Interviews with Medical and Mental Health staff also confirmed the Review Team meets to review PREA incidents and examine ways to prevent reoccurrences.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully complaint with this standard related to sexual abuse incident reviews . No corrective action is required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. Data Collection Instrument (MINS & IG Survey)
3. Survey of Sexual Abuse Violence/DOJ Submission

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator
3. Agency Head

Site Review Observations:

1. Observation of GEO PREA Website

115.87 (a): Florida Department of Corrections policy 602.053 mandates that each contracted facility agency will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.87 (b): Sexual abuse and sexual harassment aggregated data is collected annually on each GEO facility that contracts with the Florida Department of Corrections for confinement of inmates. The auditor reviewed the agency's sexual abuse incident review form that requires every facility to conduct a sexual abuse PREA Incident Review at the conclusion of every sexual abuse investigation. The review was completed for two sexual abuse investigations in the past 12 months and was initiated within 30 days of completion of the investigation.

115.87 (c)(d): Information collected and maintained includes, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.87 (e): The Florida Department of Corrections obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (f): The Florida Department of Corrections provides all incident based and aggregated data from the previous calendar year to the Department of Justice when requested.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to data collection. No corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. Annual Report with Corrective Action Plan
3. GEO PREA Website Screenshot

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator

Site Review Observations:

1. Observation of GEO PREA Website

The Florida Department of Corrections sexual abuse prevention and intervention programs policy 602.053 outlines that the facility shall provide data review for corrective action.

115.88 (b): The auditor reviewed the facilities annual report on sexual abuse and sexual harassment which includes identification of problem areas, and corrective actions for each of the agency's facilities.

115.88 (a): The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. Sexual abuse and sexual harassment aggregated data is collected on each GEO facility that contracts with the Florida Department of Corrections for confinement of inmates. The reports include recommendations, and the effectiveness of its sexual abuse prevention, detection and response polices, practices, and training throughout the year. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse.

115.88 (c): The report is regularly available to the public through the Department website. The auditor's review of the PREA statistical report provides a comparison of allegations of sexual abuse and sexual harassment for calendar years 2017 – 2020 on each of these two prisons that contracts with the Florida Department of Corrections.

115.88 (d): Data that would present a clear and specific threat to the safety and security of a facility is redacted prior to publication.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to data review for corrective action. No corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. Sexual Abuse Data Base
3. GEO PREA Website Screenshot

Interviews:

1. PREA Compliance Manager
2. PREA Coordinator

Site Review Observations:

1. Observation of GEO PREA Website

The Florida Department of Corrections sexual abuse prevention and intervention programs policy 602.053 outlines each facility shall provide allegations and disposition of sexual offenses on a monthly report.

115.89 (a) (d): All case records associated with claims of sexual offenses, including incident reports, investigation reports, offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling shall be retained in accordance with the records retention schedule and a minimum of ten years. Public data is accessible annually through its website <https://www.geogroup.com/Portals/0/PREA>.

115.89 (b): The auditor reviewed an annual aggregated data report over three years for GEO Correctional Facilities that included all sexual abuse and sexual harassment allegations.

115.89 (c): Before making aggregated sexual abuse data publicly available, the organization removes all personal identifiers. The report is regularly available to the public through the GEO website.

115.89 (d): An interview with PREA Coordinator confirms the agency policy requires that aggregate sexual abuse data from facilities under its direct control are made readily available to the public annually through its website and that the data is maintained for at least 10 years.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. F.S. 944.35
3. PO Box Audit Announcement Memos

Interviews:

1. Random and Targeted Inmates
2. Random and Specialized Inmates
3. PREA Compliance Manager
4. PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.401 (a): During the three-year period starting on June 01, 2017, the organization did ensure that each facility operated by the agency was audited at least once and at least one-third of each facility type operated by the agency was audited.

115.401 (b): MHC&RF was in the first year of new audit cycle as the last PREA audit was conducted in June of 2017.

115.401 (h): During the on-site visit the facility provided the auditor access to, and the ability to observe, all areas of the facility; copies of all relevant documents required; private room and access to random selection of inmates for interviews. The auditor utilized a large classroom with a secure door to conduct most all inmate interviews and the administrative conference room was used for all staff interviews.

115.401 (i): The auditor also received copies of relevant PREA compliance documents both pre and post onsite.

115.401 (n): During the onsite tour, the auditor observed posted memos advising how inmates could send confidential information or correspondence to the auditor as privileged correspondence. The facility also provided evidence that the facility posted these memos for the inmate population at least 25

days before the onsite audit. The auditor received no correspondence from any inmate housed at MHC&RF prior to the onsite audit.

115.401 (m): The auditor conducted interviews with inmates and staff in private areas that supported the confidentiality of the conversations. The auditor was able to meet the recommended number of staff and inmate interviews. The auditor was permitted to observe all areas of the facility including, restricted housing units, medical, housing units, program areas, recreational areas, cafeteria area, classrooms, law library and administrative building. The auditor received all information requested by the facility to complete the PREA audit.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to frequency and scope of audits . No corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Florida Department of Corrections Policy 602.053
2. F.S. 944.35
3. <https://www.geogroup.com/Portals/0/PREA>

Interviews:

1. Facility Administrator
2. PREA Compliance Manager
3. PREA Coordinator

Site Review Observations:

https://www.geogroup.com/Portals/0/PREA_Certifications/PREA%20Moore%20Haven%202017.pdf

115.403 (f): Both departmental and facility policy require public publishing of all PREA Final Reports. The auditor was able to view the latest PREA audit report for MHC&RF preceding this audit by visiting the GEO Website:

https://www.geogroup.com/Portals/0/PREA_Certifications/PREA%20Moore%20Haven%202017.pdf.

Corrective Action:

Based upon review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this standard related to audit contents and findings. No corrective action is required.

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.

Auditor Instructions:

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

James T. McClelland

07/27/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.