

ADULT PRISONS & JAILS



<b>Auditor Information</b>			
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<b>Telephone number:</b> 850-509-1662			
<b>Date of facility visit:</b> September 16-18, 2014			
<b>Facility Information</b>			
<b>Facility name:</b> Florida State Prison			
<b>Facility physical address:</b> 23916 NW 83rd Avenue Raiford, Florida 32026			
<b>Facility mailing address:</b> <i>(if different from above)</i> 7819 NW 228th Street Raiford, Florida 32026			
<b>Facility telephone number:</b> (904) 368-2500			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> John Palmer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 788			
<b>Designed facility capacity:</b> : Main Unit-1,460 West Unit-802			
<b>Current population of facility:</b> Main Unit-1,131 West Unit-831			
<b>Facility security levels/inmate custody levels:</b> Death Row, Close, Medium, Minimum and Community Custody			
<b>Age range of the population:</b>			
<b>Name of PREA Compliance Manager:</b> Jeffrey McClellan		<b>Title:</b>	Assistant Warden
<b>Email address:</b> mcclellan.jeffrey@mail.dc.state.fl.us		<b>Telephone number:</b>	(904)368-2515
<b>Agency Information</b>			
<b>Name of agency:</b> Florida Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Florida			
<b>Physical address:</b> 501 South Calhoun Street Tallahassee, Florida 32399			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (850)488-5021			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Michael Crews		<b>Title:</b>	Secretary
<b>Email address:</b> crews.michael@mail.dc.state.fl.us		<b>Telephone number:</b>	850-717-3030
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kendra Prisk		<b>Title:</b>	PREA Compliance
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## AUDIT FINDINGS

### NARRATIVE

The audit team proceeded to the conference room in the Administration building. The team expressed the appreciation for the opportunity to be involved with Florida State Prison in the PREA process.

The following persons were in attendance:

John Palmer, Warden  
Donnie Jackson, Assistant Warden Operations  
Jeffery McCellan, Assistant Warden Programs-PREA Coordinator  
Michael Tomlinson, Colonel  
Milton Williams, Major – Main Unit  
James Taylor, Major – West Unit  
Stephanie Alvarez, Sr. Health Service Administrator  
Robert Richter, Chaplain  
Brian Sutton, Maintenance Supervisor  
Julie Walmsley, Classification – Main Unit

After a brief discussion about the audit, the team proceeded for a facility tour. Upon arrival for the audit, a listing of all inmates by housing assignment and a staff listing by shift assignments of staff currently working with inmates was requested. I requested a list of all inmates currently housed at the facility that have had a PREA case. From these listings, I randomly selected one inmate from each housing unit, one sight impaired inmate, one hearing impaired inmate, one segregated inmate and three who reported sexual abuse or harassment. One inmate requested to be interviewed. The Language Line was utilized to interpret for the limited English proficiency inmate. There are no youthful inmates assigned to the facility. There are no trans-gender or inter-sex assigned to the facility. There are 68 inmates listed as bisexual/ gay inmates assigned to Florida State Prison and the West Unit. A total of 33 random inmate interviews were conducted. 23 random staff interviews were conducted and included staff from all work shifts and all areas of the facility. The Specialized Staff Interviews included 18 interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Volunteer, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, and Intake Staff. The Secretary, PREA Compliance Coordinator, Human Resources staff and SART Nurse were formally interviewed at the Department's Central Office for the first audit. In addition to the randomly selected inmates we also interviewed approximately 21 staff and 14 inmates as we toured the compound during the three days of the audit.

The tour of the facility was conducted on September 16, 2014 from 9:30 am to 12:30 pm. Inside the secure perimeter of the main unit compound there are 25 buildings constructed of concrete block. The West unit has 30 building inside the secure perimeter. Inmates are maintain in placed in their cells for administrative confinement for inmates assigned to the Main Unit. West unit inmates are placed in Administrative Confinement pending disciplinary charges, pending protection needs and pending transfer. There is no long term administrative confinement at the West Unit. There are 26 cells for administrative confinement at the West Unit. There are 29 cells for disciplinary inmates at the West Unit. There are two open bay dormitory housing units at the main unit. Each dormitory has 144 beds. The West Unit has six open bay dormitory housing units. Each has a capacity of 144 per dorm. The design capacity is 1,460 for the main unit. Design capacity for West Unit is 831. There were 1,274 inmates received at the main Unit during the past 12 months. There were 1,433 received at the West Unit during the past 12 months. All were admitted as intra system transfers. All were housed for more than 72 hours. There are 186 inmates assigned to the Main unit who were admitted prior to August 20, 2012. There are 118 inmates assigned to the West Unit who were admitted prior to August 20, 2012. The age range of inmates is 18 to 85 years of age. There are no youthful inmates assigned to Florida State Prison. There is 788 staff assigned to Florida State Prison and the West Unit. There are 83 new hires that have contact with inmates. This is the initial audit for the facility. The average time under supervision is 24 years. Corzion Medical is the contract provider for health care. There are 166 contract employees all who are trained according to the records provided.

The following areas and operations were visited and observed: Inmate housing areas, Health Care Services, Food Service, Religious Services, Intake area, Education, Recreation, Confinement/Segregation Unit, Canteen, Laundry, Facility Maintenance Operations, Classification and Records, Warehouse, Administration Offices, Mental Health Services and Security Control Room.

The Agency Mission Statement is: To protect the public safety, to ensure the safety of Department personnel, and to provide proper care and supervision of all offenders under our jurisdiction while assisting, as appropriate, their reentry into society.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Florida State Prison was constructed in 1960. It has the mission of incarcerating the highest and most dangerous prisoners in the State of Florida. They also carry out the courts sentences of capital punishment for death row inmates and house the execution chamber. Most of the inmates in the main unit are in close management which is defined as the confinement of an inmate apart from the general population, for reasons of security or the order and effective management of the institution, where the inmate, through is behavior, has demonstrated an inability to live in the general population with abusing the rights and privileges of others. There are three close management levels, with level one being the most restrictive single cell housing level and level three being the least restrictive housing.

Maximum management refers to a temporary status for an inmate who, through a recent incident or series of recent incidents, has been identified as being an extreme security risk to the Department and requires an immediate level of control beyond that available in confinement, close management, or death row.

The main unit has a hallway that is over one quarter of a mile in length. 13 cell blocks are attached off the hallway. The design of these cell blocks resemble the design of the Auburn style buildings, which many of the older facilities, both State and Federal, used throughout the United States. A combination of designs makes up the cell blocks. Half have windows (outside designed cells) and others with cell openings facing windows (inside cells). The cell houses were secure and presented a clean and orderly appearance.

The Florida State Prison is located in Raiford, Florida, and is approximately eight miles from Starke, Florida. It was built on approximately 600 acres of land. This land is shared with additional prisons for the Florida Department of Corrections.

All cells were single cells and the average count in each cell block is 92-102 per cell house. At the rear of the Main Unit, were two open bay dormitories where 142 inmates were housed in each dormitory and classified as General population inmates. Many of these inmates support the operations of the entire facility such as food service, mechanical services, laundry, sanitation, landscaping and other such jobs.

Perimeter Security was three fences with many rolls of razor wire. Two fence alarms were in place and operational. Two armed towers were staffed and a two roving armed officers provided perimeter security 24 hours a day seven days per week. The west unit also had a secure perimeter that had much the same security as the main Unit.

Florida State Prison West Unit is a Level four facility that consists of six open bay dormitories housing general population inmates. Four of the dormitories contain 140 beds, while the other two dormitories contain 142 beds. The West Unit also has a confinement unit which is comprised of 27 two-man cells and three single cells. An infirmary which can accommodate up to ten inmates is also situated on the West Unit compound.

The mission of the Florida State Prison is to house and manage the most incorrigible inmates, who by the heinous nature of their crimes and have demonstrated behavior problems, must remain in a controlled environment. This facility operates under the concept of Super Max and all conditions and operations function with total security being its main objective. This method of operations is essential for the safety of both staff and inmates.

## SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2 (41-67)

Number of standards met: 39

Number of standards not met: 2 (13-53)

Number of standards not applicable: 2 (12-14)

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

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

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

The facility meets the standard based on the policy 602.053. This was confirmed in staff and inmate interviews. All staff were aware of the Zero tolerance policy. Inmates receive training upon arrival to the facility. Staff has been trained and is trained annually during in service training. The department has an agency wide coordinator. 99 percent plus of her work time is spent on PREA. She coordinates with the other 49 institutional PREA managers. The PREA Coordinator was very knowledgeable about the PREA requirements and was considered very effective in meeting the requirements of PREA.

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

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

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Not Applicable

### Standard 115.13 Supervision and monitoring

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

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

The facility operates at Level I staffing levels. Procedure 602.030 states Level II posts are essential to the daily normal operation of a facility. Operating at Level II allows all activities and programs to be marginally staffed. Level I posts are critical for the daily operation of a shift. The post chart shows one sergeant and one officer per housing unit. One of the two is then assigned secondary duties to provide security coverage for the yard, recreation, dining hall or canteen lines. This leaves one officer on the unit. They are assigned to the officer station. Routines rounds are not being made due to level I staffing. The only area with recording capability was in the segregation unit. On the days of the audit there was a ten percent vacancy rate for the facility. The vacancy rate does not include staff on workers compensation, military leave, extended sick leave or family medical leave.

Daily housing logs reflect shift supervisors making unannounced rounds on all shifts. Confirmed with staff and intermediate level supervisors.

Does not meet minimum staffing levels per their staffing plan.

(1) SECURITY STAFFING LEVELS:

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

### Standard 115.14 Youthful inmates

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

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

Not Applicable

### Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy prohibits visual body searches and body cavity searches by the opposite sex. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed.

Dormitory housed inmates are provided privacy while showering (half walls) and while using the bathroom. Female staff announce each time they enter into the housing units. This process was verified during the tour and with the interviews conducted with the inmates and staff. Housing Logs show the announcement made at the beginning of each shift.

FSP Main Unit is a Special Housing Facility. Procedure 602.036 states (b) Special Housing: All posts involving the direct supervision of inmates in special housing will be gender specific to the inmates being supervised. 1. Direct supervision in these areas refers specifically to the duties of intrusive supervision of showers and/or the performance of strip searches. 2. Strip searches associated with escorted movement may be performed by the staff providing direct supervision, i.e., assigned housing unit officers, and not necessarily by escort staff unless the escort staff is of the same gender as the inmate.

Housing and Control Room Logs show the Officer in Charge making unannounced rounds.

115.15 (a) -1- 33-602 204 Section 1a 2a 4 3a 3d pages 1-2

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

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

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

The auditor verified a staff translator list was available. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish on all housing bulletin boards. Policy prohibits the use of inmate interpreters except in emergency situations or the inmate's safety would be compromised. Staff and inmate interviews all supported that inmates would not be relied on as translators.

### Standard 115.17 Hiring and promotion decisions

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

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The facility through the servicing personnel office ensures no one with a history of sexual abuse in any confinement setting is employed with the facility. There is a supplemental application that covers all the areas of the standards. Background checks (FCIC/NCIS) are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. Background checks are conducted on all contractors and volunteers are conducted prior to approval and annually thereafter.

115.17 (a) -1 208.049 Sections 4a, 4c & 4d Pages 6 & 7

115.17 (a) -1: 208.049 6b Page 11

115.17(a)-1 208.049 7a & 7d Pages 11 & 12

115.17(a)-1 208.049 8a2 & 8b Page 13

### Standard 115.18 Upgrades to facilities and technologies

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

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

There are cameras statically placed throughout Florida State Prison located as follows:

Wings B, C, D, E, J, K, L, M, and Q each have two cameras per floor with one located at the front end the other at the back of each floor. Wings F, G, H, and I each have four cameras per floor with two per side. Each side has one located at the front and the other at back. Additionally, B, C, and Q wing also have a camera placed just outside the showers viewing who enter and exit that area. All wings have two cameras located on the quarterdeck and two cameras located in the stairwells.

Death Watch has two cameras on the floor with one located at the front and the other at the back. There is also one located at the shower and one on the quarterdeck.

Confinement at the West unit has two cameras on each wing with one located at the front and the other at the back. There are also two cameras located on the quarter deck.

Other cameras locations include five along our main hallway, two at our West door, two in medical at both the Main Unit and West Unit, six in food service at both the Main Unit and West Unit, and two at the West Unit viewing an outside common area.

All cameras were placed in 1999.



### Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations.

### Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the IG office. Procedure 108.015 covers sexual abuse and harassment investigations.

There was 115 Main Unit and 7 West Unit allegations made at Florida State Prison. Two were criminally investigated at the West Unit none at the Main Unit . 115 were investigated administratively at the Main Unit and five at the West Unit.

### Standard 115.31 Employee training

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

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

Staff interviews and review of training records show that staff has been trained and are aware of the zero tolerance policy. Agency does document through staff signature that they understand the training received. In the interviews conducted it is apparent they have received the required training as they were able to articulate the content of the training. Staff covered the first responder responsibilities during the formal and informal interview process.

### Standard 115.32 Volunteer and contractor training

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

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The volunteer and contractor training is received by read and sign. Each volunteer and contractor has completed the read and sign acknowledgment form indicating they understand their responsibilities. A review of the training records and interviews with contractor and volunteers confirm they received the training.

Procedure 602.057 page 5 Community/Minimum Outside Work Squads  
Procedure 503.004 page 8-9 Volunteers

### Standard 115.33 Inmate education

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

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All inmates are supposed to view the video "Speaking Up" during their orientation at the reception center. Policy requires when an inmate is transferred to another facility they receive PREA orientation training. The inmate completes the acknowledgment form indicating they have received the PREA information.

Interviews with inmates revealed that substantial efforts have been made to ensure all inmates receive the training.

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

115.33 (d) -1: 602.053 Section 2a1 Page 6 & 2e Page 8

### Standard 115.34 Specialized training: Investigations

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

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Investigative staff received Train the Trainer from the Moss Group. All staff has been PREA trained for investigating sexual abuse and harassment cases.

**Standard 115.35 Specialized training: Medical and mental health care**

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

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The Department has a state wide contract for trained SART nurses to respond to the facility. The SART team all have the appropriate training required. There are 68 Corzion contract employees assigned all have completed the training based on records provided.

115.35 (a) -1: 602.053 Section 2c & 2d Pages 7 & 8

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

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The Department has developed a computerized screening process that identified potential victims/predators as well as victim and predators. Each item in the standard is addressed in the program. The inmate is screen within 72 hours of arrival. Each time a bed change or program change is made the program re-evaluates the inmates and housing assignment. A warning flag is generated to the housing officer if the inmates are not compatible cell mates. The housing officer must review and approve any bed changes made.

The inmates risk level is reassessed when a referral, incident of sexual abuse/ sexual harassment or receipt of additional information. If an incident of sexual abuse is reported both the victim and perpetrator receive a reassessment.

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

### Standard 115.42 Use of screening information

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

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Inmates identified by medical and mental health as a trans-gender or inter-sex is noted on their Health Screen (HS06). Policy requires trans-gender and inter-sex is assessed biannually. The appointment is generated in the medical department. The facility will provide trans-gender and inter-sex inmates and opportunity to shower separately from other inmates.

115.42 (b)-1: Procedure 601.209 Section 5i Page 6, 15a Page 10, 19b Page 11 & 24a Page 13

### Standard 115.43 Protective custody

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

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Segregation housing is used as a last resort. Inmates placed in Administrative Confinement in Protective status have limited privileges to programming the same as general population inmates. The investigation is completed as timely as possible. Classification staff reviews the inmate's status every seven days while in segregated status.

115.43(a)-1: Florida Administrative Code 33-602.220 Section 2a & 2b Page 1, 3, 3c, 3c3f, 3c3g Pages 2 & 3, 4d Page 4, 5a-5p Pages 5-7, 8c Page 8, 9a Page 8

33-602.221 Section 2a & 2d Pages 1 & 2, 3a-r Pages 2 - 4, 5a & 5b Pages 4 & 5, 8a -c Page 5

### Standard 115.51 Inmate reporting

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

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Policy provides for inmate staff reporting procedures. Staff and inmate interviews confirm they have been trained in reporting procedures. All were aware they could privately report an incident. All were aware of the TIPS line for reporting. During the tour the TIPS line number was posted by the phones.

115.51 (a)-1: Florida Administrative Code 33-106.006 Section 2j Page 1 & Section 3j1c Page 2

Procedure 602.053 Section 3 & 3d Page 9, Section 4a & 4a3 Pages 9 & 10

### Standard 115.52 Exhaustion of administrative remedies

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

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

Grievance procedure is clearly stated in policy. There were no grievances filed concerning sexual abuse or harassment. Should a grievance be received in central office they are initiated utilizing the MINS reporting process in central office.

**Standard 115.53 Inmate access to outside confidential support services**

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

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

The agency has put out for bid to community service providers to provide inmates with confidential emotional support services as it relates to sexual abuse or harassment.

**Standard 115.54 Third-party reporting**

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

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

Third party reporting is available via the DC WEB, TIPS line and third party grievances. The third party grievance form is available on line at [www.dc.state.fl.us/oth/inmates/prea-grievances.html](http://www.dc.state.fl.us/oth/inmates/prea-grievances.html)

There were no third party reporting grievances or dcweb reporting.

### Standard 115.61 Staff and agency reporting duties

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

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

Policy requires all staff to report immediately and any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment as soon they become aware of the incident. This was verified during the staff and inmate interviews. All allegations are reported to the Inspector General via the MINS reporting system. All staff interviewed was aware they were not to reveal information to anyone other than those necessary.

115.61 (a)-1: Procedure 602.053 Section 11 Page 14

### Standard 115.62 Agency protection duties

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

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

Inmates may be voluntary or involuntary placed in Administrative Confinement for Protective Purposes. Procedures are in place for placement.

115.62 (a)-1: Florida Administrative Code 33-602.220 Section 2a & 2b Page 1, 3c, 3c3, 3cf, 3c3g Page 3, 4d Page 4, 5a-p Pages5 & 6, 8c Page 8, 9a Page 8



### Standard 115.63 Reporting to other confinement facilities

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

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

If an inmate reports he was sexually abused while confined at another facility the receiving warden shall contact the warden or facility director where the alleged abuse occurred within 72 hours. Interviews with the warden, assistant warden-PREA Compliance Manager demonstrated they all know the procedure to follow.

There were no reports received of sexual abuse while confined at another facility.

115.63(a)-1: Procedure 602.053 Section 4a7 Page 10

### Standard 115.64 Staff first responder duties

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

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

Procedure outlines the procedures to take to respond to allegations of sexual abuse for security as well as non-security staff. Interviews of all staff regardless of whether they were security or non-security showed staff knew what to do. Staff were aware of ensuring the inmates' safety as well as securing physical evidence to ensure it is not destroyed or contaminated. Each housing unit had a documentation checklist to follow to assist staff in ensuring the inmates' safety and secure physical evidence to ensure it is not contaminated or destroyed.

Training records and staff interviews confirms the staff is trained as first responders.

115.64(a)-1: Procedure 602.053 page 9-10

115.64(a)-1: Procedure 108.015 Section 7b, 7e, 7g-l Page 5, 7r & 7u Page 6

### Standard 115.65 Coordinated response

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

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

The facility has a plan coordinating actions taken by security staff and the medical staff. The plan includes the reporting for investigation and chain of evidence preservation of evidence.

115.65(a)-1: Procedure 602.053 Section 4a, Page 9, 4a3 Page 10, 5a-i Pages 11 & 12, 6, 6c, 6f1 & 6f4 Pages 12 & 13

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

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

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

The security agreement effective January 14, 2015 covers the discipline of staff on Page 13 article 7. Contracts were reviewed the PREA language was included in the contract. All new and renewed contracts will be identified as PREA covered contracts when appropriate. These contracts will include the following language to ensure compliance with 28 C.F.R. Part 115, "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA."

Procedure 205.002 page 15

### Standard 115.67 Agency protection against retaliation

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

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

The Senior Classification Officer is designated as responsible individual to monitor retaliation for ninety days after any reported incident. Inmates or staff is monitored for up to 90 days for retaliation. Monitoring includes reviewing disciplinary reports, housing or program changes and any negative job performance awards. The Senior Classification Officer utilizes a Excel spread sheet to track each inmate making an allegation. The department currently utilizes the classification appointment program to provide appointment every 30 for inmates reporting sexual abuse or harassment.

115.67 (a)-1: Procedure 602.053 Section 3c Page 9, 4a & 4a6 Pages 9 & 10

### Standard 115.68 Post-allegation protective custody

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

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

Policy is in place for post allegation protective measures. Should an inmate be placed in administrative confinement they are seen every seven days by classification staff. Every effort is made to remove the inmate from administrative confinement in less than 30 days.

115.68 (a)-1: Florida Administrative Code 33- 602.220 Section 2a & 2b Page 1, 3c, 3c3, 3cf, 3c3g Page 3, 4d Page 4, 5a-p Page 5 & 6, 8c Page 8

## Standard 115.71 Criminal and administrative agency investigations

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

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

IG staff has received Train the Trainer from the Moss Group. All staff has been PREA trained for investigating sexual abuse and harassment cases.

All allegations of sexual abuse or sexual harassment are to be investigated. By policy all allegations except inmate on inmate harassment will be investigated by the Office of the Inspector General.

Investigations are conducted by the Inspector General's Office. The Inspector will be a support staff should an outside investigator be working the case (FDLE, County Sheriff's Office).

115.71(a)-1: Procedure 108.003 Section 1a, 1b, & 1d Pages 7 & 8, 5a Page 11, 5k Page 13, 7a & 7b Page 14, 7j Page 16, 10a Page 17, 13a, 13b, 13f, 13g & 13j-l Pages 18-20

Procedure 108.015 Sections 2-3 Page 4, 7a-c, 7e, 7g-l, 7m, 7p, 7r, 7u Pages 4-6, 8a-c, 8g & 8i Page 6, 9a-d, 9g & 9h Pages 7 & 8, 10a-c Page 9, 12a Page 10, 13 Page 10, 15a-c Pages 10&11

## Standard 115.72 Evidentiary standard for administrative investigations

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

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

The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment is substantiate. Confirmed during interview with the investigator.

115.72(a)-1: Procedure 108.003 Section 14 in definitions Page 6 & 8j Page 16

### Standard 115.73 Reporting to inmates

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

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

Following the completion of an investigation the inmate is informed of the outcome of the investigation. The IG inspector or a member of management advises the inmate of the outcome of the investigation or inquiry.

Interviews confirm the inmate is advised of the outcome of the investigation.

115.73(a)-1: Procedure 108.015 11a-d Page 9

### Standard 115.76 Disciplinary sanctions for staff

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

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

Florida Administrative Code 208 is the Disciplinary Procedure followed by the Department.

115.76 (a)-1 33-208.003 Section 6, 13, & 20

### Standard 115.77 Corrective action for contractors and volunteers

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

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

All contractors and volunteers are subject to the policies of the Department of Corrections. Contracts reviewed all had the PREA language in them. All new and renewed contracts are identified as PREA covered contracts when appropriate. These contracts include the following language "The contract/vendor(s) will comply with the national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Federal Rule 28 C.F.R. Par 115. The contractor/vendor(s) will also comply with all of the Florida Department of Corrections' (FDC) policies and procedures that relate to PREA."

### Standard 115.78 Disciplinary sanctions for inmates

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

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

Formal Disciplinary Procedures are in place. Reports of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

33-601.301 Inmate Discipline - General Policy.

(1) In order that inmates might live in a safe and orderly environment, inmates whose behavior is in noncompliance with department rules shall be corrected through preventative discipline techniques or the disciplinary process.

33-601.314 Rules of Prohibited Conduct and Penalties for Infractions.

1-5 Sexual battery or attempted sexual battery 60 DC + All GT

1-6 Lewd or lascivious exhibition by intentionally masturbating, intentionally exposing genitals in a lewd or lascivious manner, or intentionally committing any other sexual act in the presence of a staff member, contracted staff member or visitor

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

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

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

Inmates answering positively to the questions on the questionnaire referenced to victimization or perpetration are to be offered follow-up counseling with mental health staff within 14 of the screening.

There were no reports of prior victimization or previous perpetrated sexual abuse. There are logs in place to track and report such incidents should prior incidents be reported.

115.81(a)-1: Procedure 602.053 Section 6c-f Pages 12 & 13

**Standard 115.82 Access to emergency medical and mental health services**

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

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

Inmates who allege victimization that involves any type of physical contact will be given a medical examination. Medical staff are to follow the sexual battery protocol as outlined in Health Service Bulletin 15.03.36. There is no charge per policy for medical services for PREA related incidents. A refusal must be signed should the inmate refuse treatment.

115.82(a)-1: Procedure 401.010 Section 1d9 Page 3  
Procedure 602.053 Section 6c-f Pages 12 & 13

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

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

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

Ongoing medical and mental care is provided to sexual abuse victims and abusers who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of victims includes, follow-up services, treatment plans, and, referrals for continued care following their transfer to, other facilities, or their release from custody. The care is provided at no cost for PREA related incidents.

115.83(a)-1: Procedure 401.010 Section 1d9 Page 3

**Standard 115.86 Sexual abuse incident reviews**

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

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

Assistant Warden Programs/PREA Manager, Chief of Security, and Classification Supervisor. At a minimum the team also gets input from the shift captain, IG investigator and medical staff.

115.86(a)-1: Procedure 602.053 Section 12 Page 14



### Standard 115.87 Data collection

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

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

The data is collected from the Management Information Notification System (MINS). Every incident is reported using the MINS reporting system.

115.87(a)-1: Procedure 602.053 Section 7 Page 13

### Standard 115.88 Data review for corrective action

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

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

At the end of the calendar year the facility will prepare a corrective action plan to improve the effectiveness of sexual abuse prevention, detection, and response. The corrective action plan will take into consideration all PREA allegations that have been reported. A comparison of the current year and previous year data is to be completed.

Procedure 602.053 Page 13

**Standard 115.89 Data storage, publication, and destruction**

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

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

Up to date survey information is submitted by Inspector General’s Office and verified by the PREA Coordinator. In addition to keeping the paper documents according to retention schedule a retention folder is located on the computer at cos201\PREA Retention.

**AUDITOR CERTIFICATION**

I certify that:

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

Hubert L. "Buddy" Kent

March 10, 2015

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Auditor Signature

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Date