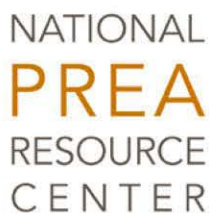


ADULT PRISONS & JAILS



| | | | |
|--|---|------------------------------------|--|
| Auditor Information | | | |
| Auditor name: Hubert L. "Buddy" Kent | | | |
| Address: P.O. Box 515 | | | |
| Email: auditorbuddykent@yahoo.com | | | |
| Telephone number: 850-509-1662 | | | |
| Date of facility visit: June 23-24, 2015 | | | |
| Facility Information | | | |
| Facility name: Lake City Correctional Facility | | | |
| Facility physical address: 7906 E US 90, Lake City, FL 32055 | | | |
| Facility mailing address: <i>(if different from above)</i> Same as above | | | |
| Facility telephone number: 386-755-3379 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Joseph Taylor | | | |
| Number of staff assigned to the facility in the last 12 months: | | | |
| Designed facility capacity: 1016 | | | |
| Current population of facility: 886 | | | |
| Facility security levels/inmate custody levels: Close, medium, minimum, community | | | |
| Age range of the population: 18-24 years of age | | | |
| Name of PREA Compliance Manager: Jeff Bowe | | Title: | Assistant Warden of |
| Email address: jeffrey.bowe@cca.com | | Telephone number: | 386-466-1401 |
| Agency Information | | | |
| Name of agency: Corrections Corporation of America | | | |
| Governing authority or parent agency: <i>(if applicable)</i> | | | |
| Physical address: 10 Burton Hills Blvd., Nashville, TN 37215 | | | |
| Mailing address: <i>(if different from above)</i> Same as above | | | |
| Telephone number: 615-263-3000 | | | |
| Agency Chief Executive Officer | | | |
| Name: Damon Hininger | | Title: | President and Chief |
| Email address: Damon.hininger@cca.com | | Telephone number: | 615-263-3301 |
| Agency-Wide PREA Coordinator | | | |
| Name: Lisa Hollingsworth | | Title: | Senior Director |
| Email address: Lisa.hollingsworth@cca.com | | Telephone number: | 615-263-6915 |

AUDIT FINDINGS

NARRATIVE

The audit team proceeded to the conference room in the Administration area of the facility. The team expressed the appreciation for the opportunity to be involved with Lake City Correctional Facility in the PREA process. The following persons were in attendance:

Jeffery Bowe AWP
Richard Washburn Warden
George Dedos AWO
T Wilson Secretary Specialist
M Malicoat HSA
R. Shaw Administrative Captain
R Ditter DMS Contract Monitor
Proy Chaplain
G Harden Quality Assurance

After a brief discussion about the audit, the team proceeded to the compound for a facility tour. The tour of the facility was conducted on June 22, 2015 from 10:00 am to 12:00 noon. There are a total of 6 buildings on the secure grounds. The lawful capacity for the facility is 1016. The population at the time of the audit was 976. The average daily population for the previous 12 months was 975. The age range of the inmates assigned to the main is from 18 to 24 years of age. There have been seven hundred eighty inmates assigned to Lake City Correctional Facility during the previous twelve months for 72 hours or more. On the days of the audit there were no inmates assigned prior to August 20, 2012. The average length of supervision is 5 years or less. The custody level of the inmate population is Close to Community. There are two hundred fifty four positions assigned. There is one hundred five staff hired during the past twelve months. The contract went into effect on February 1, 2014. The areas toured were a total of fifteen multi occupancy cell housing units, 6 open bay dormitory housing units and various departments within the secured perimeter.

The various departments toured were Classification, Food Service, Medical, Mental Health, and Security. Segregation/Confinement unit is two units of 24 cells each. Segregation is utilized for disciplinary and administrative reasons. Segregation cells are doubled bunked. The total bed capacity is 96. Housing units C, D and E are segregation housing. At the time of the audit the segregation count was thirty five. The Inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending.

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. A list of all inmates currently housed at the facility that have had a PREA case. From these listings, one inmate from each housing unit, two segregated inmates, one who reported sexual abuse or harassment and two listed as non-heterosexual. There was one limited English proficient inmate selected. The language line was utilized translated for the interview. There are no sight or hearing impaired inmates assigned to the facility. There are no youthful inmates assigned to the facility. There thirty one self-admitted gay/bisexual inmates. There are no transgender inmates nor inter-sex inmates assigned to Lake City Correctional Facility. A total of twenty five inmate interviews were conducted. Ten random staff interviews were conducted and included staff from all work shifts and all areas of the facilities. The Specialized Staff Interviews included twelve interviews for staff designated as: Intermediate/higher-level, Medical, Mental-Health, Contractor, Investigative, Screening for Risk of Victimization and Abusiveness, Supervisors in Segregation, Incident Review Team, Monitors Retaliation, First Responder Security, First Responder Non-Security, Intake Staff and a Volunteer. During the tour the auditor randomly spoke with 6 staff and twenty two inmates. There are two hundred twenty one volunteers approved entry into the facility on a daily basis. The majority of the contractors are medical staff.

The facility must follow Florida Department of Corrections Rules Policy and Procedures.

DESCRIPTION OF FACILITY CHARACTERISTICS

Lake City Correctional Facility, located at 7906 East Highway 90, just outside of Lake City, Florida is an 1016-bed enclosed secure institution housing male youthful offender ages 18-24 ranging from community to close custody classifications who were sentenced to terms of imprisonment as youthful offenders under Florida Statute 958 to the Florida Department of Corrections (DOC). Lake City Correctional Facility is a secured compound enclosed by perimeter security fences, and comprised of a total of eleven buildings serving as inmate housing, education, recreational, storage and administration. There are 2 buildings outside the secure perimeter and 9 buildings inside the perimeter. The facility houses youthful offenders with security classifications of close, medium, minimum and community. The compound is enclosed by double chain link fences. Rolls of razor wire are affixed to the bottom, center and top of the (outer) fence. The secure perimeter is broken by a pedestrian entrance at the front of the facility, and by a vehicular sallyport at the rear. Department of Corrections custody levels are:

Community: class of inmates who are eligible for placement at a community residential facility.

Minimum: class of inmates who are eligible for outside work assignments but not for placement in a community residential facility.

Medium: class of inmates who are eligible for placement at a work camp with a secure perimeter but who are not eligible for placement in an outside work assignment without armed supervision.

Close: class of inmates who must be maintained within an armed perimeter or under direct, armed supervision when outside of a secured perimeter.

Lake City Correction Facility opened in early 1997; CCA designed and built the 171,000 square foot facility as two buildings under one roof. The rated capacity at that time was three hundred fifty medium custody inmates. In the spring of 2005, two additional wings were added to the largest building on the compound, increasing the square footage under roof to 248,672 square feet. This addition increased the rated capacity of the facility to nine hundred twenty six medium custody inmates. The administration area, master control, security offices, 6 inmate housing units containing sixteen pods, visitation, chapel, education classrooms and offices, regular library and law library are located in one building. The second building contains the culinary arts program, gymnasium, kitchen and entrances to three outside exercise areas. Adjacent to the second building is a greenhouse which is not currently in use. In 2008, full unit management was implemented. The inmate population is now housed by classification, assigned programs, and/or job assignments. Each unit management team has a specific programmatic mission. The facility also implemented the Extended Day Program. Lake City Correctional Facility offers a range of educational, vocational and social programs tailored to meet the needs of the inmate population. The unit management and programmatic partnership is designed to assist inmates to prepare for a successful reintegration back into society. The facility is enclosed in double security fences. Lake City Correctional Facility offers services to include food services, medical care, dental care, recreation, multi-denominational religious programs and services, work programs, academic and vocational-technical education, visitation, social and mental health services, library, laundry, mail and telephone access.

Mission Statement: In partnership with (the Florida State government), to provide a meaningful public service by operating the highest quality adult corrections (facility) in the United States.

SUMMARY OF AUDIT FINDINGS

115.12 Not Applicable - CCA does not contract with other providers for the confinement of those inmates under their care.

115.14 Not Applicable - Lake City does not house youthful inmates. They house inmates 18-24 per Florida Statute 955

115.18 Not Applicable - Lake City has not upgraded or installed new cameras since August 2012.

115.66 Not Applicable-Lake City Correctional Facility does not enter into any collective bargaining agreements. Employees are at will employees

Number of standards exceeded: 4 (11-31-33-41)

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 4 (12-14-18-66)

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 were aware of the Zero tolerance policy. Staff was aware of prohibited behaviors regarding sexual assault and sexual harassment. Inmates received 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. Ninety eight percent plus of her work time is spent on PREA. She coordinates with the other forty nine institutional PREA managers and 7 private facilities. The PREA Coordinator is very knowledgeable about the PREA requirements and very effective in meeting the requirements of PREA. The Department of Corrections PREA Coordinator provides assistance and guidance to the Facility Manager.

CCA has an agency wide coordinator the Senior Director PREA Programs and Compliance. She was interviewed at an earlier audit by Rodney Bivens. Institutional PREA Manager is the Assistant Warden of Programs. Responsibilities and requirements are spelled out in DC and CCA policy.

FDC 602.053 Prison Rape: Prevention, Detection and Response Page 2 Section 2
CCA Policy 14-2 Sexual Abuse Prevention and Response Pages 2-3 and 10

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not Applicable-CCA does not contract with other providers for the confinement of those inmates under their care.

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.

Based on Departmental Policy and CCA Policy 14-2 Sexual Abuse Prevention and Response, review of staffing plan, Annual staffing plan review, Administrative Duty Officer Live Staff Roster review, Log Book Supervisory rounds and Control Room and Housing log. Based on interviews with Warden, PREA Compliance Manager and PREA Coordinator. CCA-Lake City Correctional Facility has developed and documented a staffing plan that is supplemented by video monitoring to protect inmates against sexual abuse. There have been no deviations from the staffing plan in the previous 12 months.

The shift supervisors to the extent possible keep staff from alerting others by altering the sequence of areas they visit. Staff and inmate interviews confirmed the unannounced rounds by supervisors.

FDC 602.030
CCA Policy 14-2 Sexual Abuse Prevention and Response

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 Lake City Correctional Facility houses male inmates aged 18-24 who are classified as "Youthful Offenders" by Florida Statute 958. No inmate assigned is under the age of 18.

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. Rule prohibits body cavity searches except by medical personnel. A review of search logs confirmed no cross gender visual body searches or body cavity searches were performed. Dormitory housed inmates are provided privacy while showering (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. Housing and Control Logs show the Officer in Charge making unannounced rounds.

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

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 utilized to convey information to inmates in any language other than English. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted on the 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. The intake process was reviewed and confirmed orientation was provided by staff and DVD.

Inmates/residents are provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. In the event an inmate has difficulty understanding provided information and/or procedures outlined in policy, employees ensure that such information is effectively communicated to such inmates on an individual basis. Reasonable auxiliary aids effective and appropriate to the needs of the inmate are provided when simple written or oral communication is not effective. Inmates are not relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate safety the performance of first-responder duties, or the investigation of the inmate allegations.

FDC 602.053 Prison Rape: Prevention, Detection and Response Page 2 Section 2
CCA Policy 14-2 Sexual Abuse Prevention and Response Page 13 and 14

Standard 115.17 Hiring and promotion decisions

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

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

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

Continual screening of employee background and criminal history is conducted through Department of Corrections Live Scan system.

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

Policy 14-2 Sexual Abuse Prevention and Response page 4-5

Policy 3-20-1 Career Opportunities (Internal Applicants) page 6

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 have been no upgrades to the camera's since August 20, 2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Department of Corrections has current agreement with Panhandle SART team to conduct forensic evaluations. Investigative Officer confirm the Chain of Evidence Protocol during the interview process. Policy states no co pay for any PREA incident or follow-up. Mental health services are provided by CCA staff. CCA Mental Health staff provides follow up counseling. The Inspector General's Office is responsible for all investigations of sexual abuse or sexual harassment. Inspectors were trained by the Moss Group to conduct sexual assault investigations. Office of Inspector General conducts the sexual assault investigations determined to be criminal investigations. CCA has two licensed mental health counselors on staff. Information provided by the facility reflects no SART exams conducted in the previous 12 months.

A memorandum of understanding between Another Way INC. Domestic Violence and Rape Crisis Center and CCA to make a victim advocate available to the victim, either in person or by other means.

FDC Procedure 108.015 Sexual Battery, Sexual Harassment and Sexual Misconduct Investigations Pages 3,4,7 and 10.
FDC Procedure 602.053 Prison Rape: Prevention, Detection, and Response Page 10-13.
Policy 14-2 Sexual Abuse Prevention and Response Page 21-23

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. The agency ensures that an administrative and/or a criminal investigation are completed for all allegations of sexual abuse and sexual harassment as defined in policy FDC 108.015. During the past 12 months, There were six allegations of sexual abuse received. During the past 12 months, There were a total of 14 cases of both sexual abuse or harassment. One is open. Six were unfounded and 7 were unsubstantiated. No allegations resulted in criminal investigation. There was one allegation against staff.

Procedure 108.015 Page 7-8 Inspector Responsibilities Pages 4-6
Policy 14-2 Sexual Abuse Prevention and Response Pages 21-23

Standard 115.31 Employee training

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

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

All staff are trained on the policy of zero tolerance and their responsibilities to fulfill their obligations including the searching of transgendered or intersex inmates. Each employee, regardless of his or her position, is trained as a first responder. Interviews of random staff and general questions asked during the tour demonstrated they understand the zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting.

Training records, staff interviews and curriculum reviewed indicated that the staff at Lake City Correctional Facility are trained. In the past 12 months, 229 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

The standard requires that this training be refreshed every two years, however, as a part of the commitment to eliminating sexual abuse and sexual harassment in facilities, CCA has opted to ensure this training is provided annually.

115.31 (a) 1: Procedure 602.053 Section 2c Pages 7 & 8
Policy 14-2 Sexual Abuse Prevention and Response Pages 5-7

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past 12 months, there have been thirty five volunteers who have been trained in the agency's policies. The facility maintains documentation of volunteer training in the personnel office. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. Each volunteer completes a read and sign document. "I confirm that I have read the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors- and am therefore eligible to receive two (2) credits for training." The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received.

115.32 (a) 1: Procedure 602.057 Section 1g1 Page 5
Policy 14-2 Sexual Abuse Prevention and Response Pages 7-8

Standard 115.33 Inmate education

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

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

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. Lake City Correctional Facility requires that inmates view Speaking Up: Discussing Prison Sexual Assault, a video designed for inmate orientation during the intake process and annually. During the intake process inmates are provided information through the PREA pamphlet and the inmate handbook that explains the zero tolerance policy regarding sexual abuse and sexual harassment of the agency and facility. Both are available in English and Spanish. Inmates acknowledge receiving the PREA information in writing. Posters are visible on the hallway walls and in the housing unit. Inmate handbooks are available on each housing unit.

During the tour and random interviews inmates acknowledged the information provided during the orientation process. Inmates were aware they had the right to be free from sexual abuse and sexual harassment that they have the right to be free from retaliation for reporting sexual abuse or harassment.

Policy 14-2 Sexual Abuse Prevention and Response Page 13

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)

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

A review of the Inspector's training record along with his interview indicated they received specialized training, in addition to general training provided to all employees. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. One CCA investigator was trained as well as 5 Unit Manager staff members have received investigative training. The Office of the Inspector General is responsible for conducting sexual abuse and harassment case. CCA staff provide support in the investigative process.

All Department of Corrections investigative staff has been PREA trained for investigating sexual abuse and harassment cases. Twenty one inspectors were trained by the Moss Group as train the trainers. They have provided training to all the inspectors in the department.

115.34 Procedure 108.015 Page 10 & 11

Standard 115.35 Specialized training: Medical and mental health care

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

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

In addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work at Lake City Correctional Facility receive specialized medical training. Interviews with medical and mental staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment. Medical staff do not conduct forensic examinations. They provide basic medical care until the SART team arrives at the facility. The initial encounter with the inmate after sexual abuse is reported is to provide a brief assessment and medical necessary stabilization if needed.

The auditors check the training records of medical and mental health staff. Records show the specialized training conducted per policy. Training is provided via the DVD Specialized Training for Medical and Mental Health Staff. There are twenty six medical and mental health staff assigned all have received training based on records provided.

115.35 Procedure 602.053 page 7 & 8
Policy 14-2 Sexual Abuse Prevention and Response Page 7

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Department of Corrections has embarked on an aggressive initiative to reduce in-cell violence between inmates. The focal point of this initiative is to ensure inmates considered predators or potential predators are housed appropriately. Inmates that can be considered a danger to others should not be housed in cells with inmates who can be considered potential victims. To that end, a major system identifies these types of inmates as well as inmates that may be sexual aggressors or victims. The system is IBAS (Inmate Behavioral Assessment Scale). The Department utilizes a complex web system designed by the Bureau of Classification Management to identify potential inmate predators, prey and those inmates at risk for sexual violence either as an aggressor or as a victim. This is a multi-tiered system that performs a variety of significant functions including ensuring appropriate housing of identified and potential predators and sexual aggressors. Criteria to include past violent convictions, violent disciplinary reports, STG affiliation, release dates, as well height and weight differentials are considered when housing inmates. The housing officer must review and approve any bed changes made. There are no aggressive profiled inmates assigned to the facility. There are no inmates profiled as victims assigned to the facility. There were 780 inmates screen upon arrival to Lake City Correctional Facility.

115.41 (a) -1: 602.053 Section 2a1, 2a6 & 2a7 Page 6, 11 Page 14
Policy 14-2 Sexual Abuse Prevention and Response page 13

Standard 115.42 Use of screening information

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

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

The auditor interviewed members of the intake staff and classification staff to question them on how the IBAS system is used to determine work/housing and education assignments. Each explained how it was used in detail considering victimization among other things. The placement of transgender and/or intersex inmates is done only after a Medical Review Committee has reviewed the case. Transgender/Intersex inmates receive a face-to-face review within fourteen days of arrival and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as at high risk for perpetration or victimization are monitored through the IBAS system, to ensure inmates are not assigned to work, housing or education assignments in a manner that might increase their propensity for abuse.

FDC Procedure 601.209 Page 5 and 6

FDC Procedure 602.053 page 6 and 7

FDC Technical Manual page 5 and 6

Standard 115.43 Protective custody

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

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

The administrative segregation unit is housed in A housing unit . Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Policy states inmates placed in this status shall be reviewed every 7 days for the first sixty days and thirty days thereafter. Review shows there was 1 inmate in protective status for over 30 days during the past year. The 1 inmate over 30 days was for investigation into a staff inmate relationship. Inmate was seen every 7 days by classification staff. The inmate segregation record was reviewed and staff signatures and comments were on the record.

FAC 602.220

Standard 115.51 Inmate reporting

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

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

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

Reports may be made on line by accessing IG web site <http://www.dc.state.fl.us/apps/igcomplaint.asp>

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

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

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

Inmates may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint.

An inmate shall not be required to use an informal grievance process or otherwise attempt to resolve an alleged incident of sexual abuse with employees.

FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been two (2) grievances involving PREA related issues filed during the previous year.

FDC Procedure 602.053
FAC 33-103.006 Filing a Formal Grievance

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 facility has a Memorandum of Understanding with Another Way, Lake City, Florida. The facility provides 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 hot line numbers. The facility informs inmates, prior to giving them access, of the extent to which such communications are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. There were no request for access to outside advocates during the previous 12 months.

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.

Lake City Correctional Facility has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the IG reporting mailbox and also on the DC web site. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DC WEB line and third party grievances. TIPS line is the reporting line with the telephone system. The TIPS number is posted next to all phones. Anonymous Tip Line: 866-246-4412 In addition to the TIPS line third party reporting may be made directly to the institution Lake City Correctional Facility: 386-755-3379 or the agency phone line 615-263-3000.

Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, shall be permitted to assist inmates in filing grievances alleging sexual abuse. Third parties are also permitted to file such grievances on behalf of inmates. The third party grievance form is available on line at www.dc.state.fl.us/oth/inmates/prea-grievances.html. Citizens may complete report by accessing the IG web site <http://www.dc.state.fl.us/apps/igcomplaint>.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page
FAC 33-103.002(17)

Standard 115.61 Staff and agency reporting duties

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

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

Procedure requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported.

Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / inmate interviews.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Pages 3-5 and 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.

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 7
FAC 602.220

Standard 115.63 Reporting to other confinement facilities

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

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

Departmental policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation shall notify the Warden where the alleged abuse occurred. The receiving Warden will complete a MINS report reporting the incident to the Inspector General. Interviews of the Warden, and PREA Compliance manager demonstrated they knew the procedures to follow. During the previous twelve months there were no alleged incidents at other institutions reported during the intake process to staff.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 2-5 and 10
FDC 108.015 Inspector Responsibilities
FDC 108.007 Reporting Incidents to the Inspector General and the Management Information System

Standard 115.64 Staff first responder duties

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

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

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

In the past twelve months there were 6 allegations of sexually abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser. Security staff responded to each allegation as first responder.

There were a total of fourteen cases of both sexual abuse or harassment. One is open. Six were unfounded and 7 were unsubstantiated.

FDC 108.015 Section 7b, 7e, 7g-l Page 5, 7r & 7u Page 6
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 9-10 and 64
Policy 14-2 Sexual Abuse Prevention and Response page 18

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.

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

The stand was marked as Meets but is Not Applicable Lake City Correctional Facility does not enter into any collective bargaining agreements. Employees are at will employees

Standard 115.67 Agency protection against retaliation

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 10 (7)
CCA Policy 14-2 Sexual Abuse Prevention and Response page 10,16, 21, 26.

Standard 115.68 Post-allegation protective custody

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

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

The department has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews with the Warden, Segregation Supervisor and some Segregation line staff all indicated that segregation has not been used during the last 12 months to protect an alleged victim. Policy states inmates placed in this status shall be reviewed every 7 days for the first sixty days and 30 days thereafter.

FAC 33-602.220 Administrative Segregation
FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 9
CCA Policy 14-2 Sexual Abuse Prevention and Response page 14

Standard 115.71 Criminal and administrative agency investigations

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

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

The Senior Inspector conducts all investigations immediately on being notified of the allegation. Once the Inspector believes a crime has been committed the case is referred to the Office of the Inspector General. Office of Inspector General is the lead agency in sexual abuse investigations at Lake City Correctional Facility. Their training records and interview demonstrated the special training they received from the Moss Group and the department trainers. According to the interview the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as inmate or staff. The Inspector does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

FDC 108.015 Investigative Process

Standard 115.72 Evidentiary standard for administrative investigations

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

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

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

FDC 108.015 Investigative Process

Standard 115.73 Reporting to inmates

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

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

The auditor reviewed completed investigative files at Lake City Correctional Facility. In each closed case file was written notice of notification where the inmate was informed of the outcome of the investigations whether it had been determined to be substantiated, unsubstantiated, or unfounded. The inmate signed the receipt in the file confirming they were given notification. Policy states any substantiated allegations of sexual abuse by a staff member, the inmate would be informed in writing to include whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate was alleged to have been sexually abused by another inmate, the investigator informs the alleged victim whenever: the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or been convicted on a charge related to sexual abuse within the facility. During the past 12 months, There were 6 allegations of sexual abuse (2) and sexual harassment (4) were received. During the past 12 months there were 2 allegations resulting in an administrative investigation and 4 allegations referred for criminal investigation.

FDC 602.053
FDC 108.015

Standard 115.76 Disciplinary sanctions for staff

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

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

Florida Statute 944.35 describes the penalty for staff involved in sexual abuse as; termination shall be the presumptive disciplinary sanction. There were two allegations of sexual abuse made against staff. One was unfounded and the second was unsubstantiated. Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. GEO policy states Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Florida Statute 944.35
FAC 60L-36.005 (3) d-g
CCA Policy 14-2 Sexual Abuse Prevention and Response

Standard 115.77 Corrective action for contractors and volunteers

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response
FDC 205.002 Contract Administration and Management
CCA Policy 14-2 Sexual Abuse Prevention and Response

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.

The department prohibits all sexual activity between inmates. Disciplinary policy stipulates that inmate-on-inmate sexual activity (not forced) will result in a disciplinary report be written for violation of 9-7 Sex acts or unauthorized physical contact involving inmates. This report results in a disciplinary hearing being held on the inmate within the facility. Staff-on inmate sexual activity will be subject to disciplinary action and/or criminal prosecution.

FAC 33-601.314 Inmate Discipline

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

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

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

Procedure requires that any inmate reporting any prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community. Any inmate received at Lake City Correctional Facility and makes any reference to victimization and perpetrated sexual abuse is seen by medical/ mental health usually right after intake interview or no longer than the next day. Medical and Mental Health staff get written consent before reporting prior sex victimization, which took place outside an institutional setting. Interdisciplinary progress notes are well documented of the follow-up and any future requirements/treatment. Interviews of medical and mental health staff, and inmates confirmed follow-up meetings are scheduled and conducted.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
CCA Policy 14-2 Sexual Abuse Prevention and Response Page 18

Standard 115.82 Access to emergency medical and mental health services

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

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

Procedures mandate the inmate victims of sexual abuse receive immediate access to medical and mental health services. Facility Medical Services provides this service unless the inmate is send out for emergency services. Review of policies and interviews with staff and inmates confirm inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Treatment would be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There have been no sexual abuse incidents that required medical attention during the previous twelve months.

Health Services Bulletin 15.03.36
FDC 602.053 Prison Rape: Prevention, Detection, and Response
CCA Policy 14-2 Sexual Abuse Prevention and Response

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

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

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

Procedure 602.053 requires all inmates be offered medical and mental health evaluations to those who were sexually abused in any prison, jail or juvenile facility including follow up services. Interviews with staff and inmates; and medical and mental health documentation demonstrate there is on-going medical and mental health care for sexual abuse victims and abusers. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning such abuse, and treatment is offered. There have been no sexual abuse incidents that required on-going medical care. Lake City Correctional Facility through medical department offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all know inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff. Staff stated no inmates reported prior victimization during the intake process.

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12 and 13
CCA Policy 14-2 Sexual Abuse Prevention and Response Page

Standard 115.86 Sexual abuse incident reviews

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

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

Policy requires post incident reviews are done within 30 days of the conclusion of every investigation except were the allegation was unfounded. In addition to the Warden the Incident review team shall include upper-level facility management and the facility SART, with input from line supervisors investigators, and medical or mental health practitioners. This was confirmed in interviews with the Investigator, Warden and PREA Compliance Manager. The Assistant Warden Programs-PREA Compliance Manager is to document the review in a report, including recommendations for improvements, if any to the Warden. The incident review team is made up of Assistant Warden-Programs, Chief of Security, Health Services Administrator and Mental Health Staff. There were four incidents reviewed in the previous twelve months.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
CCA Policy 14-2 Sexual Abuse Prevention and Response Page 21

Standard 115.87 Data collection

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

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

The Department of Corrections provided documents demonstrating data was being collected, aggregated and maintained. Data is collected from MINS system. This collects data on inmate on inmate sexual assault and harassment cases. Office of Inspector General (OIG) has a separate system on staff on inmate sexual cases. PREA Coordinator has access to info in MINS. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ in February 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
CCA Policy 14-2 Sexual Abuse Prevention and Response Page 27-28

Standard 115.88 Data review for corrective action

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

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

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

CCA PREA Coordinator completes an annual report and post on the CCA web site. www.cca.com/media/Default/documents/PREA/CCA

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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 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.

Up to date survey information is submitted and verified by the CCA PREA Coordinator. CCA also maintains documents for the facility. Corrections Corporation of America makes 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 web site. www.cca.com/media/Default/documents/PREA/CCA

FDC 602.053 Prison Rape: Prevention, Detection, and Response
CCA Policy 14-2 Sexual Abuse Prevention and Response

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 /s/

July 18, 2015

Auditor Signature

Date