

PREA AUDIT REPORT Interim XX Final
ADULT PRISONS & JAILS

Date of report: July 1, 2016

Auditor Information			
Auditor name: Hubert L. "Buddy" Kent			
Address: P.O. Box 515, Chattahoochee, FL 32324			
Email: auditorbuddykent@yahoo.com			
Telephone number: 850-509-1662			
Date of facility visit: June 16-17, 2015			
Facility Information			
Facility name: Bay Correctional Facility			
Facility physical address: 5400 Bayline Drive, Panama City, FL 32404			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 850-769-1455			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	X Private for profit
	Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Richard Subasavage			
Number of staff assigned to the facility in the last 12 months: 197			
Designed facility capacity: 985			
Current population of facility: 976			
Facility security levels/inmate custody levels: Medium, minimum and community			
Age range of the population: 18-71 years of age			
Name of PREA Compliance Manager: Chris Hubbard		Title: Grievance Coordinator/Investigator	
Email address: chubbard@geogroup.com		Telephone number: 850-769-1455	
Agency Information			
Name of agency: The GEO Group, Inc			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700 621 Northwest 53 rd Street, Boca Raton, FL 33487			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 561-999-5827			
Agency Chief Executive Officer			
Name: George C. Zoley		Title: Chairman of the Board	
Email address: gzoley@geogroup.com		Telephone number: 561-893-0101	
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		Title: PREA Coordinator	
Email address: pmoreland@geogroup.com		Telephone number: 561-999-5827	

AUDIT FINDINGS

NARRATIVE

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

Richard Subasavage, Warden
Winters, Assistant Warden
Thomas Weeks, Chief of Security
Isabella Ford-Odum, Classification Supervisor
Ricky Walsingham, DOC Government Analyst
Jeanne Cantwill, PREA Compliance Coordinator
Jewell January, Executive Secretary

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 16, 2015 from 10:30 am to 12:00 noon. There are a total of six buildings on the secure grounds. The lawful capacity for the facility is 985. The population at the time of the audit was 976. The average daily population for the previous twelve months was 976. The age range of the inmates assigned to the facility is from 18 to 71 years of age. There have been 730 inmates assigned to Bay 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 five years or less. The custody level of the inmate population is Medium, Minimum Community. There are 208 positions assigned. There is 197 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, six 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 27 cells in "A" dorm utilized for disciplinary and administrative segregation. Segregation cells are doubled bunked. The total bed capacity is 54. At the time of the audit the segregation count was 35. The inmates are placed into Administrative Confinement pending disciplinary charges, pending protection needs (short term, no long term at this facility) and pending investigation.

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 was also requested. 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 were selected. There are no sight or hearing impaired inmates assigned to the facility. There are no limited English speaking inmates assigned. There are no youthful inmates assigned to the facility. There are 31 self reported gay/bisexual inmates. There is one transgender inmate and no inter-sex inmates assigned to Bay Correctional Facility. A total of 25 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 six staff and 22 inmates. There are 108 volunteers and 25 contractors approved to enter the facility on a daily basis. The majority of the contractors are medical staff.

The facility follows Florida Department of Corrections Rules Policy and Procedures.

DESCRIPTION OF FACILITY CHARACTERISTICS

Bay Correctional Facility is located at 5400 Bay line Drive, Panama City, Bay County, Florida. Bay Correctional Facility was constructed in 1995 for the State of Florida, Department of Corrections, through contract with Florida Department of Management Services and Corrections Corporation of America. The original facility was constructed to hold 785 inmates. In 1995 the facility underwent an expansion, adding the open bay dormitories in H Building, affectionately known as The Island.

In February of 2014 the GEO Group, Inc. was awarded a three year contract for the Operation and Management of Bay Correctional Facility by Florida Department of Management Services. Bay Correctional Facility has a contracted population of 985 Male Inmates with custody levels consisting of: medium, minimum and community sentenced inmates. At the time of transition Bay Correctional Facility's population consisted of Medical Grades I & 2, in June 2015 the facility transferred and received 150 Inmates, to complete a population adjustment where the facility now has a maximum of 150 Inmates with a Medical Grade of S-3. S-3 inmates require both ongoing counseling and monitoring in conjunction with medication treatments. They are assigned a case manager. Programs include academic and vocational education, substance abuse treatment, cognitive-based behavioral programs, and transitional services.

Academic programing has an average daily attendance of 138 and 25 enrolled in college courses. College Classes are at the inmate's expense. Vocational programs have a total of 83 enrolled. The Landscape Management students scored 100% in "Green Industries Best Management Practices" and received certification by the University of Florida. Substance abuse had an average daily attendance of 182. Life Skills and Cognitive Behavior has a 194 average daily attendance. There is an average daily attendance of 38 inmates attending faith based program and 72 attending other religious programs.

Bay Correctional Facility's Medical services are contracted through Correct Care Solutions.

The facility is primarily under one roof. There are a total of 6 building all connected by a long hallway. You enter the facility near the center of the front hallway. After clearing the security screening area you enter the facility the administrative section is on the right, visitation is on the left. Continuing on you enter into the main hallway going left continue to the end for A and B Housing. A housing is the designated, secure confinement unit which includes 54 beds and is inclusive of Administrative and Disciplinary Detention. B housing contains 56 beds, and C and D housing each contain 64 beds. E, F and G housing each have four two-man cell units, each with a capacity of 64 beds, giving each of these housing units a total capacity of 256 beds. Housing Unit "H" is the one open bay housing unit and contains six open bay units housing forty eight in each unit, with a capacity of 48 offenders.

Outside the secure perimeter Bay Correctional Facility has a Maintenance shed and storage trailer.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 1 (41)

Number of standards met: 37

Number of standards not met: 1

Number of standards not applicable: 4

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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. GEO has an agency PREA Coordinator who is very knowledgeable and assists the Facility Compliance Manager with adhering to the standards. The Facility PREA Manager is the Institutional Inspector/Grievance Corridorator.

The Department PREA Coordinator assists the Facility Compliance Manager as needed to ensure Department policies, procedures and guidelines are followed.

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

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Bay CF is a private facility. They do not contract inmates out.

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)
- XX 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 is to operate following Department of Corrections procedures. Staffing procedure are outlined in PPD 602.030. The facility operates at Level I staffing levels or critical 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 camera monitors are located in the central control room. The post chart shows two sergeants roving between housing units and one officer per two housing units. The sergeants may be assigned other secondary duties. There are not any officers that are assigned in the housing unit control room. This leaves one officer for two housing units. Daily housing logs reflect shift supervisors making unannounced rounds on all shifts. The facility post chart only reflects critical and non critical posts. There are no level II post listed. Level II post are normal operations post. The response teams are made up of various level I staffing position and when an incident occurs these level I positions would be unsupervised for the time of the incident. There are no staff assigned to housing units B, C, D and G. Staff periodically checks on these units. The post chart was corrected to show post levels rather than critical and non critical post. Note the contract does not require staffing of level III post.

The rosters requested were daily rosters showing staff working that shift. Quarterly rosters were provided showing the number of positions approved. I note that you do not fill the relief positions and the relief factor is 0.24. The relief factor is low. Auditor gave Agency additional time to address the non-compliance with this standard.

FDC Procedure 602.030 pages 4-9

FDC Procedure 602.033 pages 4-5

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)

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Bay Correctional Facility is an adult male facility does not receive inmates under the age of 18 years. The standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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
602.018 Section 2 pages 4-5
602.036 Section 2 pages 2-4

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 no limited English speaking inmates assigned. The auditor verified a staff translator list was available. The Department has a contract with Language Line for all languages. The language line is available for use by staff when a staff translator is not available. There are posters in English and Spanish posted on 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.

Standard 115.17 Hiring and promotion decisions

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

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

Geo Procedure 5.1.2A states

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

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

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

d. GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees.

GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct.

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

f. Unless prohibited by law, GEO shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work. The facility is notified of any arrest by the Department of Corrections as soon as it is entered in the Live II system.

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

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

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

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

Standard is Not Applicable

The Warden confirmed there have been no upgrades to the facility cameras since August 20, 2012

GEO Procedure 5.1.2A states Facilities shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse. There have been no upgrades since the contract began on February 1, 2014. Cameras are fixed cameras. Each housing unit has one camera.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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.

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 Correct Care Solutions staff. Correct Care Solutions 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. A telephonic interview was conducted with Florida Department of Corrections OIG staff.

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

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Interviews with Administrative staff and investigative staff corroborate that all reports of sexual abuse or harassment are reported to the OIG 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 2 allegations of sexual abuse received. During the past 12 months, There was one allegation resulting in an administrative investigation. One allegation resulting in criminal investigation. Both cases are still open. One allegation against staff.

Procedure 108.015 Page 7-8 Inspector Responsibilities

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 transgender 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 Bay Correctional Facility is trained. In the past twelve months 164 employees assigned to the facility were trained on the PREA requirements. Employees sign and state that they understand the training they receive.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates have been trained on their responsibility under department policies. In the past twelve months, there have been 50 volunteers and 25 contractors who have been trained in the agency's policies. The facility maintains documentation of volunteer training in the personnel office. Medical maintains their training files in the personnel department. Volunteers and contract staff interviewed discussed the agency zero policy and articulated how to respond to an allegation of sexual assault. The auditor reviewed contractor and volunteer training records, each have signed they understand the PREA training they received.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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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Intake process was observed the inmate handbook was reviewed and interviews with staff and inmates revealed that inmates receive information at the time of intake about the zero tolerance policy and how to report instances of, or suspicions of sexual abuse or harassment. During the last twelve months 767 inmates were given this information at intake. Departmental policy also requires that inmates that were transferred to Bay Correctional Facility are educated regarding their rights to be free from sexual abuse, harassment and retaliation. Documentation is made of the inmate's participation in these educational sessions.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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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A review of the Inspector's training record along with his interview indicated he 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.

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)
- XX 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.

Medical staff and mental health practitioners who work regularly at Bay Correctional Facility are trained. Each 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 number and percent of all medical and mental health care staff who work regularly at this facility and have received training by the agency policy are 34 and 100% respectively. Documentation of the training is maintained at the facility.

115.35 Procedure 602.053 page 7 &8

Standard 115.41 Screening for risk of victimization and abusiveness

- XX 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 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 seven aggressor profiled inmates assigned to the facility. There are five inmates profiled as victims assigned to the facility. The facility does not have access to the bed management system. They utilize a spread sheet to insure victims and aggressors are not housed together. There were 767 inmates received and screened upon arrival at Bay CF.

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

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 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, biannually and anytime in which their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned. Additionally, inmates who are identified as 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)
- XX 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 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 seven days for the first 60 days and 30 days thereafter. Review shows there were one inmate in protective status for over 30 days during the past year. The one inmate over 30 days was for investigation into a staff inmate relationship. Inmate was seen every seven days by

classification staff. The inmate segregation record was reviewed and staff signatures and comments were on the record.

FAC 33-602.220

FAC 33-602.221

Standard 115.51 Inmate reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX 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 OIG web site <http://www.dc.state.fl.us/apps/igcomplaint.asp> or www.geogroup.com/Reporting_Sexual_Abuse_PREA.

GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at www.reportlineweb.com/geogroup

FDC Procedure 602.053

FAC 33-103.006 Filing a Formal Grievance

Standard 115.52 Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

FAC 33-103.006 states "If the inmate or third party is filing a grievance involving sexual abuse, it shall be clearly stated in the first line of the grievance that it is a grievance related to sexual abuse. Also on Form DC1-303 the third party filer shall check the box next to Third

Party Grievance Alleging Sexual Abuse. If this statement is not included in the grievance and if the third party box is not checked, the grievance shall be responded to. This will not be a reason to return the grievance without action to the filer". There have been 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)
- XX 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.

Bay Correctional Facility has a memorandum of understanding with Gulf Coast Childrens Adocacy Center, Panama City, Florida.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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.

Bay Correctional Facility has third party reporting of sexual abuse or sexual harassment through the DCWEB email reporting system to the OIG reporting mailbox and also on the DC website. Inmate and staff acknowledged both during interviews. Third party reporting is available via the DCWEB and third party grievances. The TIPS line is the phone system that allows inmates to third party report. The TIPS number is posted next to all phones.

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.asp>

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

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

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)
- XX 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)
- XX 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 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)
- XX 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 ensuring 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 two allegations of sexual abuse. In each case the staff member receiving the allegation separated the alleged victim and abuser.

FDC 108.015 Section 7b, 7e, 7g-I Page 5, 7r & 7u Page 6

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 9-10 and 64

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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.

Bay Correctional Facility has an institutional plan, which outlines what is to take place in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. Interviews with specialized staff

confirmed they were knowledgeable about their individual and collaborative responsibilities.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

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

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

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

Not Applicable Bay 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)
- XX 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 supervisor receives an appointment (IM05) to interview the inmate every 30 days. The appointment is triggered by the initial MINS entry. They refer the inmate to Mental Health Services for interviews. 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 conducts periodic checks up to 90 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 staff monitors staff by reviewing performance reviews or reassignments and shift changes.

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Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 twelve months to protect an alleged victim unless available alternatives have been evaluated. Policy states inmates placed in this status shall be reviewed every seven days for the first 60 days and 30 days thereafter.

FAC 33-602.220 Administrative Segregation

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 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 Bay 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)
- XX 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
PREA Audit Report

sexual harassment is substantiated. During the interview with the Inspector he 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)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

FDC 602.053
FDC 108.015

Standard 115.76 Disciplinary sanctions for staff

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

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

Florida Statute 944.35 describes the penalty for staff involved in sexual abuse as; termination shall be the presumptive disciplinary sanction. There was one allegation of sexual abuse made against staff. The case is currently open. 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
GEO Policy 5.1.2 E Page 10

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 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 there 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 Bay Correctional Facility.

FDC 602.053 Prison Rape: Prevention, Detection, and Response
FDC 205.002 Contract Administration and Management

Standard 115.78 Disciplinary sanctions for inmates

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

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

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

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

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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. Connect Care Solutions provides this service. Inmates receive information and timely access to contraception and to sexually transmitted infection prophylaxis. There is no cost for forensic exams or treatment to the inmate.

Health Services Bulletin 15.03.36

FDC 602.053 Prison Rape: Prevention, Detection, and Response Page 12-13

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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. Bay Correctional thru Connect Care Solutions offers mental health services to all known inmate abusers, if appropriate. The facility also offers mental health service to all known inmate victims as well. This practice was confirmed by interviews with Medical and Mental Health staff. Staff stated no inmates reported prior victimization during the intake process.

Standard 115.86 Sexual abuse incident reviews

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

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

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

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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 all PREA cases. The PREA Coordinator has access to information in MINS. The information is aggregated for all to be placed in Annual Report. The report was completed and provided to DOJ in September 2015.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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, and to identify problem areas and take corrective action. The Institutional PREA Compliance Manager ensures the data 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.

GEO PREA Coordinator completes an annual report and post on the GEO web site.

FDC 602.053 Prison Rape: Prevention, Detection, and Response

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- XX 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.

GEO PREA Coordinator completes an annual report and post on the GEO web site.

AUDITOR CERTIFICATION

I certify that:

- XX The contents of this report are accurate to the best of my knowledge.
- XX No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- XX 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

July 1, 2016

Auditor Signature

Date